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Integrative therapists' subjective experiences and understanding of emotional connection in their practice

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Abstract: There is abundant literature on the therapeutic relationship and its importance, on relationality, and on the depth of empathy. Despite this, the experience of emotional connection in therapy from psychotherapists' perspective, which is central to the development of the therapeutic relationship, is relatively scarce. There is little in the literature on how the therapist-client bond develops and how it helps clients. This study aimed to explore how integrative psychotherapists experience emotional connection and how in their view it develops. The study used hermeneutic phenomenological inquiry, specifically Interpretative Phenomenological Analysis (IPA). Semi-structured interviews were conducted with four integrative psychotherapists on their experience of emotional connection in their work with clients. It was found that the most influential conditions and therapist qualities that influence emotional connection from the therapists' experience were: 'Embodied, emotional openness'; 'Empathy'; and; 'Striving towards a therapeutic relationship'. These themes and their professional implications are discussed.

Keywords: Emotional connection, integrative psychotherapy, Interpretative Phenomenological Analysis, psychotherapists' experience, therapeutic relationship

Emotional connection in therapy has been conceptualised from different perspectives, including humanistic/existential, integrative, and psychoanalytic fields. For Carl Rogers (1957), the therapeutic relationship was placed at the heart of a therapy of empathy, love, acceptance, unconditional positive regard and congruence - therapeutic qualities he suggested are pivotal for positive change. Like Rogers, Ernesto Spinelli (2006, p.2) argues that "existential psychotherapy bestows an

undisputed centrality upon the relationship between psychotherapist and client". Although the conditions these authors propose as pivotal to the therapeutic relationship differ, with Rogers' firmly stipulating the core conditions (empathy, congruence, acceptance, unconditional positive regard) and Spinelli the quality of inter-relatedness (engagement, authenticity), in essence they agree on an approach to therapy that is humane, relational and interpersonal. Integrative therapy embraces these qualities and conditions. Implicit to perspectives promoting the relational, humane approach, is the belief that a trusting

therapeutic relationship can help make reparation for individuals with attachment difficulties by providing a safe, nurturing, loving and empathic experience that can militate against obstacles posed by early developmental failures.

Humanistic theory was influenced by Abraham Maslow's ideas of the hierarchy of needs, providing a bedrock for some theorisation on child development. However, according to DeRobertis (2006), there is no unified and systematic humanistic theory of child development; hence he utilised Rogers' and Karen Horney's ideas to develop an integrated humanistic theory. In sum, this theory encapsulates the idea that children need to feel safe and loved to develop into self-aware and autonomous human beings who trust their environment and can form healthy adult relationships.

Psychoanalytically informed attachment theory (Bowlby, 1969), on the other hand, was pivotal in conceptualising the foundations of relationality and what can go wrong developmentally through the concepts of attachment and the Inner Working Model (IWM) to "describe cognitive and emotional representations of self and others that operate fairly automatically and unconsciously to monitor attachment related experiences on an ongoing basis that form the basis for behaviour" (Pearlman & Courtois, 2005, p. 451). IWM result in beliefs developed about self and others, directly impacting on relational attachment styles and influencing the quality of relationships with others. Securely attached individuals are capable of feeling connected with others, which contributes to emotional well-being. Referring to constructivist self-development theory, Pearlman & Courtois (2005) identify three self-capacities: (a) affect tolerance, (b) self-worth, and (c) inner connection to benevolent others (related to the notion that object relations theorists label object constancy). "The early life experiences that lead to secure attachment contribute to the development of these self-capacities" (Pearlman & Courtois, 2005, p. 452). Thus, difficulties in early attachment present obstacles in individuals when trying to develop healthy adult relationships. Emotional connection in therapy could potentially pave the way for working through early attachment difficulties and helping clients develop healthier relational patterns.

The writing on emotional connection in therapy was prolific in the 1960's with the humanistic *Zeitgeist* spearheaded by Rogers' work. It occupies a central place in humanistic/existential and integrative psychological discourses. The sizable body of literature in academic fields has since reflected this interest. For example, research on what clients value mostly in therapy identified listening, warmth and the non-judgmental approach of therapists (Hubble et al, 1999)- attributes that capture the relational humane approach to therapy. It is therefore established among clinicians and theoreticians alike that these therapist attributes greatly contribute to effective therapeutic outcomes.

The Literature on the Therapeutic Relationship and Emotional Connection

This section is not exhaustive of the literature on the therapeutic relationship and on emotional connection. It intends to provide a summary of some key discourses relevant to this study. What is important to say is that literature on the therapeutic relationship and emotional connection are mostly academic, with little direct description of clinicians' own experience of this phenomenon. According to Lodge (2010), despite the plethora of publications on the therapeutic relationship and on emotions, little has been published on the actual felt emotional connection in therapy. The therapy relationship is not merely characterised by a set of tools, tasks and techniques. In therapy, human subjectivities come together, sharing a motivation, to go on a journey of discovery.

It is intrinsic to being human that when spending time together sharing common goals, we develop attachments (Bowlby, 1969, 2005) that make the shared journey a journey with a heart. Our early scripts often repeat themselves in our adult relationships, including in therapy, without us necessarily being aware of it. Person-centred and experiential therapies originating in Rogers' (1957, 2003) emphasise the power of love and the importance of an affectively attuned, empathic relationship that can transform habitual maladaptive emotions, often the source of depression (Greenberg, 2017).

Within a psychotherapeutic setting, the in-depth sharing of emotional experience can provide the basis for a potential environment for emotional connection. The centrality of the therapeutic relationship has been historically associated with humanistic/existential approaches. However, increasingly, relational psychoanalysis (from Kohut, 1977, Stern, 1985, Bowlby, 1969 to Mitchell & Aron, 1999 and others) recognises the importance of the relationship and the benefits of emotional connection. Horney was one of the earliest psychoanalysts whose idea of the self who is "forward moving and growth oriented, whereas traditional psychoanalysis focuses on the child's past" (DeRobertis, 2006, p. 184). Later, Kohut suggested that emotional connection aids the development of an empathic atmosphere where the therapist is able to "think and feel oneself into the inner life of another person" (Kohut, 1984, p. 82). Similarly, Obegi (2008, p. 431) asserts that "It is a well-accepted idea that the emotional bond between client and therapist is the bedrock of therapeutic alliances". De Robertis (2006, p.195) argues that, "All of these thinkers created theories of development that stress the overriding importance of the self as the integrative, consolidating tendency in development that is the source of growth and health within the child."

There is evidence of conceptual rapprochement among different perspectives (inter-subjective, psychoanalytic, existential and humanistic) around the therapeutic relationship-centred notion that human relationality is pivotal in positive change and is becoming the thread that binds these perspectives together. In the person-centred approach the relationship between client and therapist is at the centre. Subjective experiencing was recognised as a postmodern perspective in existential philosophy and has taken centre stage in existential phenomenological therapy. A growing recognition that therapist and client impact on each other (inter-)subjectively sprang out of postmodernism. Various concepts such as Buber's (1970) *I-Thou* captured relationality in the sense of subject-to-subject relating. Atwood & Stolorow (2014) led the movement of inter-subjectivity described as phenomenological psychoanalysis. Again, the therapeutic relationship was at the centre of inter-subjectivity, recognising that two subjectivities interact and develop a unique dynamic. As Martinez Rodriguez (2017) postulated:

Therapy takes place inside a relationship. As therapists, we are a "participant" audience. We participate in allowing ourselves to resonate with the other and answer in the context of a co-created relationship, and therefore work within a fully intersubjective realm. (2017, p.17)

Concepts such as 'implicit knowing' and the 'felt sense' have been elaborated by various psychotherapy writers namely Stern (2002) and Gendlin (1990). Speaking philosophically, Martin Heidegger's *Dasein* had a profound effect on existentialism. *Dasein* translated into being-in-the-world and it involves relatedness as self-awareness. He postulated that: "*Dasein* is a being that does not simply occur among other beings. Rather it is ontically distinguished by the fact that in its being this being is concerned about its very being" (Heidegger, 2010a, p.11). He suggested that tuning into our *Dasein* is fundamental. This Heideggerian self-awareness and understanding of another complement connectedness. Therefore, one's own ability to tune-into oneself enables the craft of tuning-into others. It is here that subjectivities meet and emotionally connect.

Emotional connection in therapy requires the willingness by both participants to be engaged and emotionally involved. Cooper (2005) uses the term *relational depth* to describe feelings of deep immersion between people and these feelings are experienced as real and genuine. The term has roots in Rogers' 'presence' referring to therapists fully meeting the client. Samuels (1991), referring to Jung's work on the collective unconscious, also advocated the importance of analysts involving themselves emotionally in the process of collaboration with the patient in the exploration of the *psyche*. The idea of analyst emotional involvement in relational psychoanalytic and humanistic perspectives impacted heavily on notions of neutrality and by implication, the Freudian idea

of objectivity in the analyst began to lose ground. Gargiulo (1999) believed that unlike the orthodox psychoanalytic stance of neutrality, therapy is more effective when:

We are alive, when we can interact with those whom we love, not as salves for our injuries but as possibilities for experiences. To be able to use ourselves, to be able to use our world by recognising relationships is to feel effective and related (Gargiulo, 1999, p.32).

Humanists Mearns & Cooper (2005, p. xii) defined relational depth as "profound contact and engagement between two people, in which each person is fully real with the Other, and able to understand and value the Other's experiences at a high level". Although not explicitly linked to emotional contact, engagement and realness would include emotional connection.

In contemporary relational psychoanalysis, emotional connection between people has been conceptualized from the premise of inter-subjectivity. Schore & Schore (2007) argue that right brain development, responsible for the structure of an emotional sense of self, is influenced through intersubjective and implicit interactions with the mother. Ramberg (2006) postulated, from the start of life the child and the mother have a natural coordination, which he described as intersubjectivity before a secondary intersubjectivity evolves. Ramberg (2006) summarises what is encapsulated in various notions of inter-subjectivity:

Two people can develop (co-create) an intersubjective consciousness in a mutually experienced present moment; our experiences are naturally slightly different from each other, but they are sufficiently alike for a "consciousness" of a shared mental landscape to arise, when our two experiences are mutually confirmed (Ramberg, 2006, p.21).

The perspectives discussed thus far are underpinned by the assumption that people thrive psychologically through connecting with others and through experiencing healthy attachments with their therapists. There is agreement across perspectives that the therapeutic relationship could potentially create an environment for reparation of early traumas and developmental issues. Where the literature falls short is when demonstrating how these positive therapeutic relationships develop in practice and specifically, what ingredients in these relationships make up for effective change. The section that follows aims to review relevant empirical studies that may shed light on this question.

Empirical Research

Lambert's (2013) often cited review, like many other meta-analyses of empirical studies, confirms that psychotherapy is effective and more cost effective than medical practices.

Building on four decades of empirical research, the therapeutic relationship has been placed at the heart of positive outcomes in therapy. Norcross (2011) identified the alliance, empathy, goal consensus and collaboration as key ingredients to the therapeutic relationship. Empathy is seen as the most robust factor, and associated with attunement, is explained as the therapists' "sensitive ability to understand the clients' feelings, thoughts and struggles, from the client's point of view" (Norcross, 2011, p.12).

Research over the last twenty years, mostly from meta-analyses of quantitatively orientated outcome studies, has evaluated the factors that make therapy effective. Variables contributing most on effective therapy have been associated with the therapeutic relationship (e.g. Lambert, 1992, Luborsky et al, 1975; Norcross & Wampold, 2011) and the alliance (Guillermo Bernal et al, 1998). Empathy and the therapeutic relationship and collaboration are consistently cited as key to effective outcomes (Elliott, Bohart, Watson, et al., 2006; Watsona, Steckleyb, & McMullen, 2013). Thomas', (2006, p.203) research on perceptions of therapists and clients of therapy, highlights that "Relationship factors are estimated by Hubble and associates (1999) to account for 30% of the change. This set of factors represents the strength of the therapeutic alliance between the therapist and client(s)". Norcross & Wampold (2011) presented the work of the task force based on a series of meta-analyses on effective therapeutic relationship factors. They concluded that the alliance and empathy, goal consensus and collaboration, were found to be highly effective, while other factors such as congruence/genuineness, repairing alliance ruptures, and managing countertransference and positive regard were deemed promising. Wampold's (2015) meta-analyses confirmed that the common factors are important for producing the benefits of psychotherapy. A study by Orlinsky et al (1994) emphasised the importance of the therapist-client relationship. They argued that the value of this is consistently replicated in studies that it can be considered a fact. Therapist personality impacting on effectiveness has been studied in clinical trials and in naturalistic settings.

Knox & Cooper's (2010) qualitative study confirms the importance of a warm therapeutic relationship. It highlighted that empirical studies on what clients find helpful in therapy include therapist relational competences, warmth and positive regard and enduring relational depth. The authors refer to a definition of relational depth by Mearns & Cooper (2005, p.36 cited in Knox et al, 2013) as:

A feeling of profound contact and engagement with a client, in which one simultaneously experiences high and consistent levels of empathy and acceptance towards the Other, and relates to them in a highly transparent way. In this relationship, the client is experienced as acknowledging one's empathy, acceptance and

congruence - either explicitly or implicitly - and is experienced as fully congruent in that moment (Knox et al, 2013, p.2).

Knox and Cooper's study focussed on the conditions required to facilitate the emergence of specific *moments* of relational depth. It claims to be phenomenological, although the authors do not elaborate on the type used and the analysis seems rather more informed by grounded theory. Researchers used semi-structured interviews with trained person-centred therapists, asked to talk about their experiences when they were clients during their training. The study found that participants experienced moments of relational depth if their therapists were open, trustworthy, understanding, and having some similarities to themselves.

Participants did not know if their therapists were person-centred or not. Therefore, findings could not indicate whether relational depth is a characteristic of humanistic/integrative therapists or applies generally to therapists of any orientation with a set of personality traits conducive to developing relational depth. Participant experience was retrospective, not immediate, which could be influenced by their own bias as person-centred therapists. However, a substantial meta-analyses study (Hubble et al, 1999) that included clients' perspective on what is helpful in therapy confirmed warmth as important, an aspect of, but not the full emotional connection as defined earlier. It would be interesting to see if future studies can identify what clients - who are not therapists - actually find helpful in terms of relational depth.

The common factors approach to integration (Hubble et al, 1999) has looked at common tools/qualities in each approach that can be therapeutically helpful and how the alliance is core. In Bordin's (1979) formulation, the therapist-client bond is a component of the alliance (Obegi, 2008). The therapeutic alliance has been described in the literature as a relational factor consisting of collaboration and emotional connection. As Horvath & Luborsky's (1993, pp.139-140) paper illustrates, the term first found in Freud, is common to different approaches. They note how in *The Dynamics of Transference*, Freud discussed the value of the analyst's showing both "serious interest" in, and "sympathetic understanding" of, the client in order to permit the healthy part of the client's self to form a positive attachment to the analyst.

It is well documented that the alliance is fundamental to positive therapeutic outcomes. Although theorisation of the concept of the alliance varies, it is commonly used to refer to collaboration and understanding between therapist and client. Horvath & Luborsky's (1993) research over the last two decades found different therapies produce similar amounts of therapeutic gains. This led to ideas that there are common

variables to different therapy approaches influencing positive change. For example, a significant finding is that “Relationship factors are estimated by Hubble and associates (1999) to account for 30% of the change” (Thomas, 2006, p. 203).

Despite the plethora of empirical studies confirming common factors in psychotherapy effectiveness, little would seem to have been explicitly written on practitioners’ own views on what is effective in therapy, especially therapist factors. It is within this context that this study set out to investigate practitioners own experience.

As researchers, our focus was to trace theoretical and empirical ideas on the therapeutic relationship, relationality in general, and about emotional connection in particular. We aimed to be inclusive of conceptualisations from different perspectives, avoiding the common practice by theoreticians of making modality centred claims of certain ideas. We traced relationality and relationship, not only in the humanistic tradition, but in psychoanalytic thinking traced back to Horney (1939) and Heimann (1960), whose conceptualisation of countertransference was that it is more than a direct response to the client’s transference but the contribution a therapist makes to the therapeutic relationship (Brucia, 2018).

Aims of our Study

Our study aimed to investigate integrative therapists’ experiences of moments of emotional connection with their clients and what conditions contributed to these moments. Within the literature on the therapeutic relationship, associated research has identified methods of practice and interventions that are effective. Yet there is arguably a lack of evidenced based practice on how integrative therapists experience, understand and describe emotional connection in their work. This is surprising given that at the heart of the integrative approach is a relational therapeutic relationship (Finlay, 2015). The method of interpretative phenomenological analysis (IPA) was selected specifically to support an approach that gains closer understanding of the subjective experience of integrative therapists.

Research Question

What are the experiences of integrative therapists of emotional connection with their clients and their views on the development of this connection?

Methodology

Research Design

This phenomenological study takes an approach to studying the lifeworld that rests on the phenomenological attitude - a “process of retaining a wonder and openness to the world while reflexively restraining pre-understandings, as it applies to psychological research” (Finlay, 2008, p.1). The restraining of pre-understandings – otherwise called bracketing – aims to “lead the inquirer away from distraction and misdirection of their own assumptions and preconceptions, and back towards the essence of their experience of a given phenomenon” (Smith et al, 2009, p.14) . This involves a series of reductions (Finlay, 2008).

The version of hermeneutic phenomenology embraced here in this study is IPA. IPA was developed by Smith et al (2009) and has become one of the most popular methods in qualitative psychology. The hallmark of IPA is the examining of how participants make sense of their experiences and its main focus is on exploring the meaning participants create about their lifeworld. IPA is influenced by phenomenology, hermeneutics and idiography. It is phenomenological due to its exploration of individual perceptions as opposed to generating objective realities.

The hermeneutic aspect of IPA is concerned with interpretation, a notion rooted in Heidegger’s (1962, p.8) ontology about existence. IPA researchers use the hermeneutic of empathy (although recognizing this is never completely possible), trying to understand the participants’ world and make meaning comprehensible by translating it. IPA recognises that interpreting and making sense requires engagement and due attention by researchers who engage in a double hermeneutic. IPA also focuses on the double hermeneutic in analysing text, explained by Smith et al (2009, p.36) as, “firstly, the participant's meaning-making is first-order, while the researcher's sense-making is second-order”. In this, the researcher is attempting to formulate meaning of the participant's experience, while the participant is trying to understand her/his own experience.

The idiographic approach in IPA allows sufficient in-depth engagement with each individual case (immersion) and detailed analysis of similarities and differences among participants. The researcher carrying out the interviews (Andros, second author), disclosed his personal interest in the subject and his experience of emotional connection with clients. This reinforced the alliance and engagement between researcher and participants. However, this was a challenge with him being a novice, interviewing very experienced practitioners. Interestingly, participants sensed the

researcher’s anxiety and engaged in a conversational tone, a dynamic that, we believe, enhanced the data production. IPA refers to the notion that although researchers attempt to get close to the participants’ world, this cannot be achieved absolutely. Getting close to the participants’ world is mediated by researcher interpretation.

Smith et al (2009) state that while the main interest with IPA is to bring a detailed and in-depth analysis of particular lived experiences, it also attempts to highlight the shared themes and the diversity of those themes. This idea hinders any attempt towards generalisability.

Participants

In line with recommended sampling in IPA (Smith & Osborn, 2008), this study interviewed 4 participants who met the inclusion criteria of being an integrative psychotherapist and having five years (See table 1) post-qualification experience.

Once participants agreed to volunteer, we arranged a date and time for the interview, a letter, a copy of the consent form and a participant information leaflet explaining the study to them were sent, to confirm these arrangements before the interview. They all signed the consent form. A snowball method of sampling was used to recruit participants (Hollway & Jefferson, 2000). We approached an experienced therapist who recommended another, and this snowballed into four volunteers. A pilot interview was conducted to evaluate the interview schedule.

Participants pseudonyms	Therapy experience years	Gender	Cultural background
Jasmine	15	F	White English
Tom	21	M	White European
Laura	21	F	White European
Tanya	12	F	White English

Table 1. Demographics of participants

Reflexivity

As therapists ourselves, we espouse a relational or intersubjective perspective emphasising an authentic relationship between client and therapist with positive and negative shared moments intrinsic to any relationship, including the therapeutic. Our view is that all therapeutic relationships are journeys that client and therapist navigate

through obstacles: negotiating conflict, while rejoicing in moments of discovery and emotional connection. Our values are part of the interpretation and findings, discussed in the analysis, discussion, and strengths and limitations sections of this paper.

This paper is part of a much larger study and we hope we have done justice to the topic in this condensed form. We adopted Finlay’s (2002, p.222) variants of reflexivity: (i) introspection, involving self-dialogue and personal introspection explicating how meanings emerge; (ii) intersubjective reflection, capturing the emergent mutual meanings within the research relationship; (iii) mutual collaboration, which utilizes participants’ interpretations resulting in modifying researcher interpretations; and (iv) discursive deconstruction that involves examining the ambiguity of multiple linguistic meanings and how this impacts on how the research is presented. The second author (Andros) carried out the interviews and immersed himself in the data, constantly reflecting on personal bias, bracketing this and trying to stay true to the data, while acknowledging that his subjectivity would inevitably impact on the creation of meanings during the analysis and the findings. The first author (Maria) who supervised the study, challenged and encouraged the second author to think outside his own views of emotional connection and stay close to the views of participants. Dialogue and reflection between the two authors fine-tuned the analysis.

Validity

Leung (2015) argued that validity in qualitative research is about appropriateness of the tools, procedures and data generated in relation to the research question. The same applies to the methodology, design, sampling and data analysis and whether these are within the methodological remit and fit to answer research question.

Ethical Considerations

Ethical permission for this study was granted by the Regents’ University London Ethics Committee. Participants were given pseudonyms for confidentiality/anonymity purposes. They consented to the use of material from their interviews for the purposes of this study. Participants were fully informed of the research procedure and that they could withdraw their participation at any time during the process without any consequences or judgement (Willig, 2008). The researcher carrying out the interviews adopted a relational approach, involving conversation, encouragement, displaying curiosity and engagement, qualities we believe led to deep data generation.

Data Collection

Semi-structured interviews using an engaged conversational style were conducted asking open-ended questions, inviting participants to share their views and experiences, asking them to elaborate and encouraging examples from their practice to demonstrate how they see emotional connection evolving. For example, the following open-ended question facilitated sharing of experiences, including examples from practice: “Can you tell me about moments of emotional connection with your clients and what value you attach to this connection therapeutically?” This was followed by prompts: “How did these moments come about in your view?” “How did you interpret/understand these moments?” “Why do you think these moments appeared in the particular phase of the therapeutic process?” “What was going on in your mind (i.e. thoughts/associations/fantasies) then?” Therapists and researcher discussed the subject through conversational turn-taking and mutual self-disclosure. The researcher shared his experience of emotional connection with his clients, which encouraged participants to engage further in conversation.

Analytic Procedures

The goal of the analysis in IPA is to tease out the lived experience of participants’ perceptions and how they make sense of their experiences. We followed Smith et al (2009) analytic steps and guidelines, involving taking an interpretative stance towards trying to understand the participants’ world. The abstracted, conceptual reading of the interviews remained faithful to participant words and the meaning participants were conveying. We adopted Smith et al’s guidelines in trying to combine the hermeneutic of empathy with a hermeneutic of questioning, the latter characterised by critical reflection on text interpretations.

While keeping in line with the idiographic approach to qualitative analysis of IPA, we began analysing data from the first interview, before moving onto the next. All transcripts were read several times, trying to “stay close with the participants’ explicit meaning” (Smith et al, 2009, p.83). We were aware of the double hermeneutic in IPA, which is tentative in that it produces “an account of how the analyst thinks the participant is thinking” (Smith et al, 2009, p.80).

The coding and analysis involved rigorous immersion in the data, identifying themes, patterns and relationships between them. Superordinate themes were developed for each participant. Once superordinate themes were created, we looked for connections across them. Some themes were reconfigured thus condensing the material further and creating sub-themes. Themes as applied to all participants were clustered under the developed master themes that best

represented them. A pattern consisting of all participant data was created.

The next stage of analysis identified a pattern across participants. Smith describes this stage as more theoretical. The analysis identified three master themes: *Embodied, emotional openness*; *Empathy*; and *Striving towards a therapeutic relationship*.

Findings

The emergent themes were grouped into three master themes with interlinked sub-themes (see figure 1).

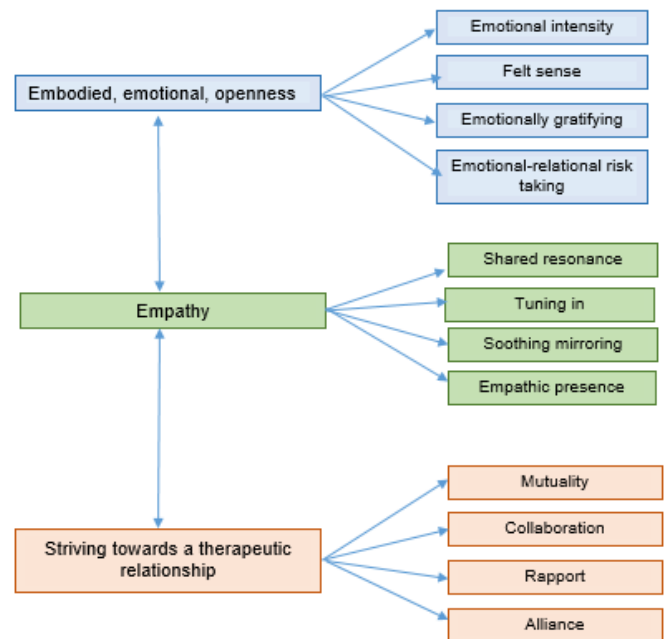


Figure 1. Flow chart of master themes and sub-themes

Master Theme 1: Embodied, emotional, openness

Although empathic understanding is intrinsic to this theme, we sensed embodied, emotional, openness deserved to be distinguished separately due to its specific qualities such as honesty, intuitive understanding and the willingness of therapists to be vulnerable to maximize emotional connection. We felt this was a testament to congruence and authenticity of the linguistic meanings used by participants. Embodied, emotional openness is a state where therapists let go of their defenses, towards inviting clients in to affect, ‘infecting’ them with their subjective experience. At the same time, the therapists trusted themselves to manage their vulnerability, communicate warmth and their felt sense is in synchrony.

1.1 Emotional Intensity

Participants described their feelings during moments of emotional connection as intense moments:

He wasn't used to someone else putting themselves in his shoes... That someone should be able to suggest how he feels. It's, how did you do that? That's right! How did you do that? It was like it was a magic trick. (Laura)

An awareness of each other, an awareness of something significant having happened. That's also a little moment of trust, a moment of connectedness... So, it can range from these almost transcendent moments, which are of course rare but very, very beautiful and special, to moments of shared information, shared experience. (Jasmine)

Tom describes a feeling of 'closeness' and 'warmth' during moments of emotional connection that arise from a deepened understanding, emerging through honesty and openness:

If I feel the client as being honest and open then I experience a closeness... So, if I experience the client being honest with me, open, it might tell me something about them which elicits a strong emotional response in me, maybe identification with the story, or— which would provide greater depth of understanding— or just the nature of the story elicits a warmth in me. (Tom)

1.2 Felt Sense

In addition to an intense and powerful emotional experience, all participants attributed an inexplicable aspect to their experiences that is more embodied and holistically felt:

It's a very difficult and very intangible thing to try and analyse... Because we don't just understand with our cerebral self, we understand with our body, we understand with our feelings and that completeness is what makes things work. (Jasmine)

It's almost like a transpersonal level... because it is at such a depth, and beyond the spoken words... it's beyond the verbal... You can't talk a connection... Because the minute we'd start talking about how we feel, we are doing exactly that. We are talking about how we feel, rather than feeling what we feel... That moment— that sort of mother/ father to child moment, when there are no words, there's just a felt sense. (Tanya)

1.3 Emotionally Gratifying

Participants referred to the outcomes of emotional connection as gratifying:

It creates a very bonding moment...it's a huge relief of course. If I have managed to say, 'and is it so.... or I'm wondering whether— and they go, 'yes', then for me there is a great sense of, ah, we're cooking with gas now... those connections and those understandings enhance me as much as they enhance the client... I feel valuable, I feel useful, I feel that I can make some sort of contribution. (Jasmine)

I feel in that moment, in the pride they bring in, in the sense of achievement and accomplishment that they tell that story with, that they feel something quite deep as well. So, it isn't just me feeling happy or pleased for them but it's something that they have experienced... that they feel pleased about or elated about, it spills over to me and, I guess, reinforces or feeds the connection that's already there. (Tom)

I'm not a kind of sit back, there, there, type of therapist. And, I love the way that I work, I love what I do, I love the relational aspect of how I work. (Tanya)

1.4 Emotional-Relational Risk Taking

Two of the participants indicated that emotional connection arises through taking risks in the midst of client defenses. Jasmine described her fear that a professional complaint would be made against her from an angry client with whom she could not connect with. She described how, despite the threat she felt, she took a risk to continue working with her, which eventually led to connection:

I know it's her defences... but I'm finding myself feeling quite frightened and feeling quite vulnerable... we worked right the way through it. But it's taken a long time... To hold fast, to feel, you know, [that] the work will sustain. (Jasmine)

Tom, on the other hand, spoke about emotional connection arising when clients demonstrate a will to take risks, a leap of faith in dealing with their defences:

It has to do with previous broken hearts, it has— you know, there are contributing factors to it, which we've both looked at, but the fear of actually taking that leap of faith is extremely difficult... At some point they do it, and I feel we have a connection. Okay? She brought, he brought, a will to try something. (Tom)

Master Theme 2: Empathy

Empathic moments were key in emotional connection according to participants. Roger's idea of 'presence' where therapists' affective and cognitive attention is evident in the moment and communicated through empathy, a deep level of understanding and expressing what the client is feeling. Attentiveness influences empathy; moments when clients feel the therapist is attentive, tuned in, resonates with the client's experience, understands and feels what they feel and provides a mirror of this subjective experience, emotional connection emerges.

2.1 Tuning-In

All participants referred to moments of feeling tuned-in with their clients. Jasmine spoke about her experience of being tuned-in to her client as a significant part of emotional connection. Tuning in was also central in other participants' accounts:

I get a very clear idea of how they're feeling... when I've used the right words. A feeling of being understood, a feeling of being alongside... that I'm really attuned to that person. (Laura)

I didn't feel disconnected from them up to that point. I might have felt frustrated but I remained connected. It's like a plug: I'm plugged in continually but sometimes maybe someone brings in ten volts and sometimes it's 240 volts. (laughter). But I'm always plugged in. And then in those moments of 240 volts I feel a really strong connection with them. (Tom)

[It's about] the quality of my presence as a therapist... I think probably being open to what is being presented but also being very open to my own processes... Self-awareness— not just with the sort of observing eye sort of self-awareness but real kind of— yeah, being super attuned, I think, to what is going on. (Tanya)

2.2 Shared Resonance

Participants described empathic moments in terms of a shared resonance that is emotionally felt and shared. The theme captures an inter-subjective, shared experience that transcends:

Sometimes there are silences that are real communion... and it needs to just resonate in the air for a while... that was a very pleasing moment, a moment where we can both let it resonate and think, there are implications of that understanding now... A transcendent moment... An

awareness of each other, an awareness of something significant having happened. (Jasmine)

Tom spoke about a sense of an affective resonance through a sadness he felt, evoked by his client:

The story of his childhood created a kind of sadness in me, and I don't want to say a pity for him, but a desire to want to help this man. So, I guess that's maybe an emotional connection. (Tom)

Laura commented on the significance of acknowledging empathic moments through the way that it resonates in the other. She talked about her client's reaction after he had realised that she had understood him at a profound level:

There's the empathic connection where you've said something that you know has resonated... he was talking about how alone he felt and I said to him, I wonder if you're telling me you feel like an alien. He looked at me and he said, how did you do that? ... and just— really tuning in, paying a lot of attention to what he was talking about, but also recognising, this guy just doesn't feel like he's another human being... it was sad that he just had no experience of someone trying to understand his emotional response to something. (Laura)

Tanya described her process in relation to a powerful empathic moment that enabled her to resonate with her client that gave rise to a feeling of mutuality:

That was a very, very powerful moment... and I just felt completely opened... having held that for a while, I asked myself, what, why— what are you feeling, what's going on? Where are you feeling this physically? And he said, I just feel open. As did I. (Tanya)

2.3 Soothing Mirroring

In relation to the way that empathic moments are experienced, two of the participants expressed a feeling of it being like a soothing and maternal or paternal mirroring. Laura, for example, comments on the way she feels that relationships, and specifically the moment of emotional connection, can mirror a child type interaction that involves a caring aspect:

Relationships are all about that primitive feeling of— of being looked after, of being understood— you know, it is the whole thing of mirroring someone and— or even going back, you know, to differentiate babies' cries. So, moms know the difference between a hungry cry, a wet cry, I want to play cry. And I think it's something akin to that, in the moment of connection. (Laura)

Tanya also thought about the essence of deeply empathic moments as:

In those really transpersonal, pure, pure moments of emotional visibility and connection... I wonder how much of that is a sort of maternal mirroring. (Tanya)

2.4 Empathic Presence

All participants spoke about the significance of empathic presence in emotional connection:

[It is like] the acting technique in which you had to sort of feel all the sensations...it's an emotional identification with the character... we have to be both the empathic person and the observant, analytical person, simultaneously... So that we have to have those moments of real connection and then go, okay, what's that? What's going on? What does it tell me? (Jasmine)

In those transcendent moments, no, I still remain distinct... It isn't a merging for me - where we become one, no. We don't become one, we share— an experience that— brings us very close. (Tom)

It's not just about doing, it's about being and experiencing... So that's the connection... it gets inside you. (Laura)

I think it's the presence, the curiosity, the genuine interest in who is this person that creates emotional connection. (Tanya)

Master Theme 3: Striving towards a therapeutic relationship

Participants described their understanding of the influencing factors to the development of an emotional connection in terms of a positive therapeutic relationship, which is key to change in their views. As the literature review showed, there are factors in therapeutic relationships that influence positive change. The themes under master theme 3 capture principles of relational openness and depth as well as emotional commitment to collaborate and engage. Participants firmly embrace the idea that the therapeutic relationship, in their practice, enhances emotional connection.

3.1 Mutuality

Participants believe that mutuality in the therapeutic relationship can advance and deepen an emotional connection. For example, Tom spoke about an emotional willingness that

needs to be invested by both people in a relationship that brings depth to the emotional connection:

It's the depth... it's the willingness for both people to contribute to that relationship. To bring some depth to it... So, there's a mutuality that contributes to the emotional connection. (Tom)

Tanya added that:

Shared moments of humour can advance things enormously... I just think....it just makes the therapist human. (Tanya)

3.2 Collaboration

Participants spoke about collaboration within the therapeutic relationship. Jasmine described how her client reached out for help in a moment of pain and asked her to join him and think about his pain collaboratively:

And he brought it and said, can I just put it down between us and please, please, can we just now think together? (Jasmine)

Tom referred to the level of collaborative investment as being a determinant of the level and depth of a productive relationship:

We're both collectively going to work on the problem... I will do my best, you have to do your best... if I'm the only one exercising will in this therapeutic relationship, it is still a relationship but it's not a relationship that is going to lead to a lot of productivity. (Tom)

Laura spoke about a trusting collaboration with a client who was immersed in an experience of painful flashbacks and finding ways to bring her out of them which involved working together:

We tried things like oils and noise or music... [she] allowed me to put water on her arms, again cold, bring her to...Which, considering she was abused... since she was a baby, shows a particular kind of movement. (Laura)

3.3 Rapport

Two of the participants commented on how rapport is important for the development of the therapeutic relationship.

That isn't about, sitting in great seriousness, expecting them to respond to the kind of therapy blank face...it's more about my manner... a kind of flexibility and

recognising when someone just isn't going to respond to the kind of psychodynamic, way of working. (Laura)

Jasmine commented on the importance of rapport building:

We have to have those moments of real connection and then go, okay, what's that? What's going on? What does it tell me? How can I help her, to understand from that? Because the rapport, the emotional connection, the intuitive moment is hugely vital and without that rapport you can't get anywhere really. (Jasmine)

3.4 Alliance

All participants reflected on how the development of a therapeutic alliance was a fundamental factor contributing to the development of emotional connection, a theme associated with the therapeutic relationship.

With some people we don't get there for a long, long-time...A development of trust, as I said. A feeling in the client that they're really, truly heard. Sometimes just time. Sometimes people need time before they are prepared to share. Really, truly share in a deep way. (Jasmine)

Tom also spoke about the development of trust for the alliance and added his feeling that it is a shared trust that also enables him to feel closer to his client:

The client and I need to build a trusting alliance before they feel able to open up and be honest entirely. And with that they draw me in. (Tom)

Laura also described how a trusting interaction strengthened the alliance with her client, which was also represented as an emotional connection:

So that level of trust— you know, it's a very primitive form of connection. (Laura)

Those moments of recognition can be held; I think it just strengthens the alliance and the trust and the visibility. Connecting with someone's sadness... strengthens hugely the alliance and the relationship and it offers a certain safety. That these feelings that they are so frightening can be safely felt, witnessed and accompanied. (Tanya)

Discussion

Integrative therapist participants' accounts of the experience of emotional connection in their practice highlights certain therapeutic conditions and therapist qualities, as Figure 1

shows. *Embodied, emotional openness, Empathy and Striving towards a therapeutic relationship* capture the therapeutic conditions necessary for emotional connection. Although these master themes were distinguished in the analysis to do justice to their unique qualities, on reflection, they all relate to each other in important ways:

The therapists/participants poignantly embrace the perils of emotional risk taking, aiming to give generously of themselves at the basic human level. The participants believe that *Embodied, emotional openness* on the part of the therapist consists of emotional intensity, the therapist's felt sense and emotional-relational risk taking, an emotionally gratifying experience, leading to emotional connection.

The study lends further weight to the idea that empathy is indispensable and develops through shared resonance, tuning in, providing a soothing mirror and an empathic presence for clients. Striving towards a therapeutic relationship was central to the participants' idea of emotional connection, where they open themselves to being affected, to experiencing what clients experience and to authentic engagement. They all felt that mutuality, collaboration, rapport and an established alliance are the foundations of a healing therapeutic relationship.

Participants referred to a felt sense that connects them with their clients, which resides in both client and therapist; it is an experience without words, intertwined with a warm, open presence that provides the conditions for both participants to feel and sense this connection. It is an implicit sense, difficult to conceptualise, so participants described it as transpersonal. It is a communication at a visceral level like the infant with the care-giver who feel each other to be close without articulation in words. This finding confirms the study by (Hill et al, 2017b) who argued that emotional connection is experienced at an intuitive level.

Participants expressed the feeling of gratification associated with emotional connection, an idea captured in Mearns & Cooper (2016, p.xi), "relational depth takes us back into the heart of things and to the heart of what is often meaningful for us: deep, common, relating; the joy of being with others". This is the rewarding – even liberating - outcome of emotional connection that therapists experience. It provides a sense of accomplishment and both client and therapist feel nourished by it. Participants described it as "professional intimacy". The benefits of emotional connection include higher client awareness, a sense of belonging, feeling visible and loved which lead to psychological transformation.

The therapists emphasised that empathy is a fundamental quality that either precedes or happens simultaneously with emotional connection. It is a widely recognised quality in

positive therapeutic outcomes (Duan et al, 1996). Tuning-in was described as a significant aspect of emotional connection, where both client and therapist feel an understanding has developed between them. They mentioned tuning-in, is an evolving process and can reach pinnacle moments of relational depth, with a positive alliance. According to participants, attunement (tuning-into clients' feelings) helps therapists gain direct appreciation of how a client feels and instigates a sense of togetherness and collaboration. The quality of the therapist's presence, according to the therapists, is a combination of self-awareness of feelings that help access the client emotionally, an inter-subjective, tuning-in experience.

Empathic moments were described as emotionally felt and shared resonance. Silence allows shared resonance to surface in awareness and leads to shifting moments in the work. Acknowledging empathic moments through a way that resonates in the client is what some participants described as important. Tanya described empathic moments as a feeling of mutuality. In addition, empathic moments connecting therapist and client were described as a soothing mirror, likened to the early maternal soothing mirroring, first discussed by Greenberg & Pascual-Leone (2006, p. 616), "Empathy... seems to be particularly important in learning to self-soothe, restore emotional equilibrium, and strengthen the self".

All participants spoke of the significance of empathic therapeutic presence, consisting of emotional understanding, conceptualised by Erskine (2015) as *relational presence* that is not one of merger, but separateness. Becoming lost in the other would be detrimental according to participants, whereas empathy with a sense of separateness is what heals. Two participants stressed the importance of containing emotional material, demonstrating tolerance of potentially painful client emotions, as another aspect of empathy also found in Greenberg et al (2001). Empathy associated with tolerating difficult client emotions according to participants, brings about emotional relief in clients and influences emotional connection.

Our study found that the therapeutic relationship is central and the cornerstone of emotional connection. Without this, participants could not see how emotional connection could evolve. These participant views confirm Clarkson's (2003) and Erskine's (2015) ideas that integrative psychotherapy is about relationship that involves the psychotherapist voluntarily entering into a kinship relation with the client. It is within the therapeutic relationship, Clarkson argued, that understanding, healing and reparation take place. Clarkson also found that the therapeutic relationship and its dimensions go beyond the boundaries of different therapy modalities and are crucial to any therapeutic approach.

Participants spoke of mutuality as a process that deepens and enhances emotional connection. Tom mentioned emotional

willingness that must be invested by both participants and this brings depth to emotional connection. In Tanya's view, mutuality in terms of shared humour can enhance the relationship because it opens the therapist's human side that creates trust; this dynamic nurtures emotional connection. These participant perspectives support some literature in this study arguing the importance of relationality and inter-subjectivity for optimal connection producing positive change.

Most participants described collaboration as an important aspect of the therapeutic relationship. They provided client examples of exploring clients' pain collaboratively, not through the cognitive interpretive level alone but with feeling. According to Ribeiro et al, (2013, p.294) "The quality and strength of the therapeutic collaboration, the core of the alliance, is reliably associated with positive therapy outcomes". Tom, one of the participants believes a collaborative investment is a determinant of the level and depth of a collaborative, emotionally connecting relationship. A trusting collaboration is another description by Laura, which enables clients to release themselves from trauma and leads to emotional connection in the present moment.

All participants believed that the alliance is of essence in a positive therapeutic relationship. The development of trust was seen as shared trust that enables both participants to feel close to each other. To trust is to emotionally connect, according to Laura. Recognising moments of connection according to Tanya reinforces the alliance, which in turn reinforces safety in therapy. This finding confirms the importance of the alliance found in the literature (Gregory, 2009; Horvarth et al, 1993). Knox & Cooper's (2010) study focussed on the retrospective experience of therapists when they were clients. Our study elicited the more immediate experience of relationality by integrative psychotherapists. The finding that corresponds between the two studies is that relationality is significant among clients and therapists. However, given that Knox & Cooper's study interviewed therapists on their retrospective experience as clients, the immediacy of the experience may have been lost. Further, the experience of being a client may have been diluted under the rubric of being a therapist. Literature on therapists' experience of emotional connection in therapy is scarce. Hence, we suggest that our study is an important qualitative contribution to the field.

To summarise, the findings of this study highlight that at the core of practice in integrative psychotherapists' approach, relationality is a pivotal factor in developing a trusting, therapeutic relationship characterised of collaboration, mutuality, shared engagement and emotional connection. This finding is consistent with recent literature on integration including Finlay (2015) who emphasises that at the heart of postmodern integration is the quality of therapeutic relationality.

Strengths and Limitations

This IPA study interviewed four participants, a small sample, but one which allows the opportunity to probe in more depth producing rich, emotive and interesting data. We believe the data spoke volumes of integrative therapists' views on emotional connection and our approach involved meticulous engagement between researcher and participants. The research interviewer attempted to be relational himself and disclose his interest in the subject. We feel that sharing commonalities with the participants encouraged participants to be themselves, exploring something they shared. The IPA methodology made it possible to create a richly interpreted, phenomenological account of participant data, arising from the meticulous engagement between the researcher and a small number of participants, something that can be lost with too many participants.

To ensure researcher interpretation was close to participants' experience we sent our analysis to participants, asking for comments. Their responses affirmed that our interpretative analysis seemed to poignantly capture the meaning of their experience and we were reassured by this.

Our own practices and beliefs around integrative psychotherapy will have impacted the meanings we constructed. For example, relationality and emotional connection are central to our practices, a factor that could have influenced our interpretation of the data to fit our perspectives that relationality and emotional connection are significant conditions to participants' experience. However, we regard the double hermeneutic of participant experience and researcher interpretation is not one of conflict, but one where depth is added through researcher knowledge. We explored the way our own biases as therapists of integrative orientations might have impacted on the analysis. To keep researcher bias to a minimum we used reflexive awareness of our own interpretive role in the research process (Willig, 2017). Notes in a reflexive diary were kept which were referred to during the analysis, checking how researcher ideas might lead to certain interpretations. This reflexive process, we believe, helped keep undue bias to a minimum. Ultimately, participants were mature and very experienced, spontaneous and open. We believe that these characteristics would suggest that they would not have been greatly influenced by research disclosure of the personal interest in the study. The excerpts from data show how we organised, thematised and interpreted it. Our interpretations are based on the quality of the therapeutic relationships and alliance described.

All studies are limited as they are written by researchers using a socially constructed language (Patton, 2002). Our own experiential lenses are one way among many of viewing the data. IPA is a flexible method. This enabled the researchers to

apply dialogue and engagement in ways that encouraged the participants. For example, participants were very experienced practitioners who exercised their own agency in sharing experiences, with very little probing from the researcher.

Evaluating our research from a hermeneutic phenomenological point of view, questions are raised about the extent we descriptively synthesised themes rather than offered explicit interpretation. We've chosen to foreground participants' words as they seemed so powerful in themselves. Further reflexive and interpretive work could be usefully engaged in future work to offer more metaphorical flourish towards evoking the phenomenon and bringing it more to life. Although data analysis continued until no further themes emerged (saturation), continuous reflexivity and analysis could potentially enhance the way we have conveyed participant experience.

Our small unrepresentative sample could be seen as a study limitation. Although small, the study succeeded in teasing out the lived experience of practitioners through rich and emotive stories. A future IPA study could have more participants from different cultures to explore any differences in emotional connection. Although quantitative researchers may view IPA as clouded by researcher subjectivity and interpretation, we regard this as the extra factor for shaping data, which produced a lucid account of integrative psychotherapists' lived experience of emotional connection in their practice. To this end, we believe the study achieved its aim.

Conclusion

Our study has highlighted that for emotional connection to be meaningful certain therapist qualities and therapeutic conditions are pivotal. These include being empathic, forming alliances with clients, being relational and collaborative, and working with client defenses. All of these influence the development of a positive therapeutic relationship. An empathic attitude and empathic presence were seen as fundamental to the therapeutic relationship and contributing factors to ensure an emotional connection. Our findings show that therapists experience emotional connection and describe it as the pre-condition to positive therapeutic outcomes, and how it is also as a rewarding experience for them and their clients. This finding differs slightly from those of Elliot et al (2013) who found that positive change in therapy happens following moments of emotional arousal in clients. This study found that emotional connection is deeper when it is shared between clients and therapists. Most importantly that emotional arousal in both therapists and clients is what brings about change, given that shared experience according to participants is what heals.

Through our researcher observations we identified how the integrative therapists in our study share key principles in what emerged to be a relational, inter-subjective approach to therapy, which works. They all believe that dialogue and shared moments of emotional connection reinforce the alliance and contribute to positive therapeutic outcomes. Equally, they felt that striving towards a therapeutic relationship is more than just insight; it is the hub where empathy, openness, investment in understanding clients, shared resonance and emotional connection meet. These factors are transformative for both clients and therapists. While there are subtle differences in the language therapists use to refer to specific factors that contribute to emotional connection, the idea of striving towards a therapeutic relationship was central for them all. Forging a genuine connection is experienced by integrative therapists as the *sine qua non* of positive therapeutic transformation. Emotional connection helps alleviate anxiety, low self-esteem, self-criticism and forges self-awareness, autonomy and empowerment.

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