Sharing a living room: Empathy, reverie and connection

Lynn McVey

'June', an integrative psychotherapist, is working with a young adult client who lives with elderly parents and has few friends or interests outside the home. The client has tended not to express strong emotion so far in their short-term work, but today she says:

> *'I'm worried about being on my own'.*

She tells June she is wondering what her life will be like when her parents die. In that moment, as June listens intently to the client and tries to see things from her point of view, an 'implicitly intricate' (Gendlin, 1996, p.174) experience flashes though her. It is subtle and fleeting, yet at the same time vivid and full of feeling; unexpected and unbidden, yet strangely familiar. As the client speaks, June 'sees' momentarily in her mind's eye an image of herself in her own living room at home:

> I *imagine myself in my house where I live. I live in the countryside... it's just fields. Very beautiful and I see all the green. And I see myself. And I see kind of the world under my feet, the whole earth... and I feel this place so far from my family and my culture... I feel like nothing.*

Thinking about it later, June recognises this image and the feelings it contains. She realises it is present, on the edge of consciousness, when she thinks about losing her own parents, who live overseas, far from her current home in the UK. It contains aching anticipatory grief and emptiness.

The above vignette comes from a small-scale, in-depth doctoral study (McVey, 2017) that I – a researcher and integrative counsellor – undertook with UK therapists about how they experience, use and make sense of a relational phenomenon known in the psychoanalytic literature as reverie. Ethical approval for the study was granted by the University of Leeds' School of Healthcare Research Ethics Committee and (because some participants offered primary care counselling through the NHS IAPT programme), the relevant NHS research and development office. June was one of seven participating therapists from different work contexts and theoretical backgrounds, including humanistic and psychodynamic modalities, who gave their informed consent to take part in the study and to data from our interviews being used in papers such as this. June described her own background as relational and integrative. Like the other participants, she took part in two video-recorded interviews, in the first focusing on her experiences of reverie in clinical practice and in the second exploring these experiences in more detail by reviewing clips from the first interview with me. The interviews were video-recorded to include, as far as possible, both verbal and nonverbal aspects of our interaction.

Reverie, the subject of the above study, has been defined as a capacity for containment of the other's unprocessed emotional experiencing, which involves taking that experiencing into ourselves, as

it were, and working with clients from the heartfelt, connected place thus established (Bion, 1962; Ferro & Civitarese, 2015; Grotstein, 2005; Ogden, 1999). It can take almost any form; indeed it can be expressed – as June's image appears to have been – in the most ephemeral and seemingly personal contents of our stream of consciousness when we are focusing on our clients, including mental imagery, memories, bodily sensations and fleeting daydreams (Ogden, 1999). In this paper June's living room image will be conceptualised as a reverie - a fleeting mental representation laced with emotion and born out of connection and containment – and, in addition, as an expression of June's empathy for her client, through which, as Rogers (1980) put it, she entered 'the private perceptual world of the other and [became] thoroughly at home in it' (p.142); so at home, in fact, that she found a version of her own living room there.

There are many links between reverie, a concept that originated in psychoanalytic circles, and empathy, which, though important in all psychotherapeutic modalities, has a special place in humanistic practice. Yet despite its significance, it has been suggested (Grant, 2010; Nakata, 2014) that the nature of therapists' inner empathic experiencing – 'what a therapist does internally to experience empathic understanding' (Nakata, 2014, p.61) – is not fully addressed in the therapeutic literature, even in person-centred writings, and that more work is needed to explore and understand its precise forms. Viewing experiences like June's from the perspective of reverie can, I propose, contribute to such work, providing a sort of magnifying lens, which reveals, in the fine detail called for by the above authors, the relational, embodied and imaginative materials from which some forms of empathy are constructed. The paper ends with suggestions about working empathically with reverie, which may interest practitioners from a range of modalities, including humanistic approaches.

Empathy

I begin by considering how June's living room image might be understood as an expression of her empathy for her client, in the light of humanistic and person-centred therapeutic accounts of the state or process, and philosophical and scientific interpretations. Viewed as one of the necessary and sufficient conditions for therapeutic personality change (Rogers, 1957), empathy is at the heart of the person-centred approach; indeed, in his later writings, Rogers (1980) considered it to be 'the most potent factor in bringing about change and learning' (p.139). In his classic definition, Rogers (1957) defined empathy as a capacity 'to sense the client's private world as *if* it were your own, but without ever losing the 'as if' quality' (p.226), thus emphasising both the way in which the empathic therapist gains a vivid, subjective perspective on the client's experience (she senses the client's private world as if it were her own) and the other-focused nature of such sensing (she does not sense the client's inner world as her own – but as if it were her own).

The tension between connection with and separation from the other in empathy has been highlighted by several person-centred authors (for example, Bozarth, 2001; Rud, 2003) and is reflected, too, in contemporary philosophical and scientific accounts, which situate empathy at different points on the self-other continuum. Indeed, there are differences even within these accounts, such as simulation theory, according to which empathy involves simulating another's feelings within oneself. The simulation theorist Coplan (2011), for instance, locates empathy towards the separation end of the continuum, regarding it as an intentional process in which we seek to put ourselves in the other's place imaginatively, whilst maintaining 'clear self-other differentiation' (p.5). In this way, she argues, we avoid 'pseudo-empathy' (p.12), where we confuse our experience with the other's. Schmid (2001) makes a similar point from a therapeutic perspective, noting that Rogers' (1957) *'as if'* axiom separates empathy from identification: 'Empathy means to resonate to the melody the other plays...*without playing one's own melody'* (Schmidt, 2001, p.54, italics added).

Looked at from the perspective of these authors, the image of her living room that came to

June when working with her client might not, at first, appear empathic, because it drew on a memory that originated in her own frame of reference rather than the client's. A different interpretation is available, however, when June's experience is viewed through the writings of other simulation theorists, who situate empathy further towards the connection end of the continuum. These authors suggest that the brain's mirror mechanism enables us to re-use our own mental experiencing to understand others, when we map, automatically and unconsciously, their observed actions, emotions or sensations onto our own bodies (Gallese & Sinigaglia, 2011). In the concept of embodied simulation (Gallese, 2009), for example, our capacity to feel our way into others' psychological states rests on the mutual triggering of corresponding motor, viscero-motor and somatosensory neuronal responses which generate similar felt experiences, establishing embodied connections between us and a 'shared "we-centric" space' (Ibid., p.520) from which to relate to each other.

Rogers (1980), too, came in his later work to emphasise 'we-ness' rather than separation within empathic relationships, and wrote about experiences with clients that compare quite closely with June's, in which senses rose up in him, suddenly, including an image of a client as a pleading little boy. He believed such images were likely to resonate deeply with clients, and advocated communicating them congruently. Several other humanistic authors also stress that the therapist's own mental images (Bozarth, 2001), bodily sensations (Nakata, 2014), and imaginings (Gunzberg, 1997) can provide a key to empathic sensing. Thorne (2002), for example, writes about a first meeting with a client in which he was aware of a 'kaleidoscope of thoughts, feelings and impressions' (p.70), including a metaphorical image of her as a stained glass window, and he suggests that 'encourag[ing] and... attend[ing] to such awareness is an essential part of my professional responsibility as a person-centred therapist' (Ibid.).

Viewed from this angle and in the context of her deeply held intent to see things from the client's point of view, June's living room image can be understood as expressing, in an immensely subtle and immediate way, her empathic understanding of the client. Just like Rogers' (1980) image of the pleading little boy, it rose up in her unexpectedly and apparently irrelevantly. And yet, embedded within it were strong feelings of loss, emptiness and disconnection; feelings which were of great significance to the client, too, as she began to voice her fear of being alone when her parents died. The experience gave June a visceral perspective on the potential sharpness of the client's pain, simulated (but not replicated) in the pain she was feeling in her own body. Indeed, looked at this way, we may begin to wonder whose living room June imagined in that moment. Was it hers? Was it, conversely, the client's? Or was it a 'we-centric' (Gallese, 2009, p.520) amalgam of the two?

Reverie: Sharing a living room

To explore these questions, I turn now to the psychoanalytic concept of reverie, which originated in the work of the British psychoanalyst Wilfred Bion (1962), who defined it as the therapist's capacity to contain and transform clients' unprocessed emotional experiencing. For such containment to take place, therapists must first take in that experiencing; a process that Bion (1963; 1962) attributed to unconscious projection. Grotstein (2005) suggests it takes place when a client communicates his state of mind through externalised signalling or 'nudging' (p.1059), including subliminal hinting and prompting, gesture, facial expression and tone of voice, to which the therapist in turn responds receptively. Reverie is the fruit of that receptiveness and includes those inner mental representations 'summoned from within [the therapist's]...own font of experiences' (Grotstein, 2008, p.199) that correspond most nearly in her intuition to the client's signalled state of mind. In this way a 'mutually inductive resonance' (Grotstein, 2005, p.1055) is established between them.

From this perspective, a memory, image or other apparently wholly subjective experience generated in the therapist in response to the client does not,

in fact, belong entirely to the former, but develops from that resonance and contains information about it and the therapeutic relationship. Rather than being subjective, it is shared or intersubjective. Ogden (2004; 2003) claims that even when such experiences have their origins in our own lives (as June's memory-image did), they are shaped profoundly by the relational contexts in which they arise; so much so that they should not be regarded as artefacts from the past but as new constructions, specifically designed to express emotional truths about the present.

I propose that June's living room image was a reverie, and to illustrate the point we will now return to the counselling room with June and her client, to the moment when the client said: 'I'm worried about being on my own'. It will be remembered that the image that came to June in that split second – swiftly and almost outside her awareness - was of herself standing on her living room floor before a window that looked out over green fields. Readers may also recall that June had experienced the image before. In fact, she only recognised its familiarity during our discussions, owing to our mutual intention to explore her experiencing in as much detail as we could. As we talked, June realised that something very like the image came fleetingly to her when she feared losing her own parents who live in another country, and it was associated particularly with journeys back to the UK after visiting them, when the appalling thought came to her that one day she would make that journey for the last time. The image expressed the dreadful transience of the time we have with those we love and the threat of being left alone without them, generating a complex, anxious state of mind that June summarised with the phrase: 'What happens if I lose this?' When the client said, 'I'm worried about being on my own', she seems to have been feeling something very similar. 'Nudged' (Grotstein, 2005, p.1059) by the client's talk (no doubt accompanied by other non- and para-verbal signals) about her fear of being alone, June's mind furnished an image that was tailor-made to evoke concordant feeling in her at just the right time. As she reflected during our interviews, it seemed to June that she and the client connected deeply at that point, because of the image and the feelings in it.

Powerful as that sense of connection was, however, we might wonder what the concept of reverie adds to it, over and above what we already know from accounts of empathy. June herself was not consciously aware of the full meaning of her experience in the moment, especially its link with her own parents, but she felt the feelings all the same, and responded from them to the client with realness and compassion. What matters, it seems to me, was that June did not dismiss the image as her 'own stuff' and push it aside. Instead, she let herself feel the feelings in the image fully and in so doing connected with the client. In other words, when we open ourselves to the possibility that our fleeting, subjective inner experiencing can express intersubjective truths about our relationships with clients, it can free us to feel those truths fully. If June had ignored her reverie she may still have felt some of its force (owing to its speed and liminality), but she may have missed aspects too, perhaps especially at its most delicate and nuanced edges. And is it not such edges, at the very limits of clients' and our own awareness, that we seek to track and explore in therapy?

June did not, however, ignore those edges, and as a result we were able, during our discussions, to find even more feeling and information in the reverie. As we talked, June became increasingly aware of her bare feet in the image, heavily planted on the living room floor. Her 'reverie feet' were much bigger than her real feet and they were also fleshy and rounded, like a baby's: 'like big baby feet', she explained. When I asked her what she made of that odd detail, she was once again struck by a touching realisation. The feet reminded her of the out-sized, chubby extremities of a particular kind of doll, called a 'troll', that she had owned when she was 11 or 12 years old. The dolls have an unusual contrasting quality: their feet (as well as being very large) are baby-ish – plump and dimpled – whilst their faces look old and wrinkled.

In representing the feet, simultaneously, as

both big and baby-like, the reverie, too, seems to have expressed something about contrast or ambivalence; states which the client appears to have been struggling with herself, in that although she was a young adult - 'big' (like the feet) and certainly not a baby - her dread of being abandoned when her parents died may have plunged her into the terror of a helpless infant. Feelings of ambivalence and confusion are also characteristic of adolescence (the period June had been moving into when she owned the dolls, aged 11 or 12, and which the client was just leaving), when we are not sure whether we are adults – ready to live our lives independently - or children – who crave the safety and security of the parental home. In its strange contrasts, the reverie appears to have offered June a means by which she could feel her way into complex, contrasting experiencing of this kind. In a way, then, although the feet in the image 'belonged' to June, and although the living room was her own too, they were also the client's. In the moment of her reverie it was as if June's body contained the client, struggling to stand on her own two (baby/grown-up) feet, wracked with worry, grief and a sense of aloneness, while outside, the sun shone on green fields, and life went on.

Working empathically with reverie: Suggestions for practitioners

When we came to the end of our discussions, June and I reviewed the impact on her practice of working with reverie. She talked about how openness to the potential relational implications of her inner experiencing had enriched her awareness of clients and her self-awareness. In the hope that the notion of reverie may have a similarly rich impact on readers, whatever their theoretical orientation, I now suggest some points to bear in mind when working empathically with reverie, drawn from what I learned from June and the other participants in my research study.

First, I recommend that while attending deeply to our clients, as carefully and fully as we can (nothing in this paper is intended to diminish the primacy of this task), at the same time we attend to our own fleeting inner responses, whatever form they take. During the study, I was impressed by the enormous diversity of these responses - as diverse, it seems, as the micro-moments in which they are experienced, the people who experience them and the relationships from which they arise - ranging from mental imagery and memories, like June's reverie, to fleeting thoughts, sensations and feelings. I have found that reverie can be almost formless too, manifesting itself in ineffable yet intensely felt senses that resist categorisation. One feature that links such responses, however, is their tremendously ephemeral and subtle quality, and as a result acute sensitivity is required to track them, as June's example amply shows. It might be thought that tracking one's own experiencing with such care risks reducing the attention one pays to the client, but Ogden (1999) contends that, owing to its intersubjective nature, attending to reverie is inseparable from attending to the client and, indeed, contributes to the liveliness and accuracy of the therapist's sense of the client. In a nutshell, then, the approach seems to be one of openness: openness to the client's process and to one's own response, whatever its form; to what that response feels like; and to what these feelings might reflect about the client, oneself and the therapeutic relationship.

What we do with these feelings is a clinical judgement, informed, of course, by the client's needs and theoretical and ethical concerns. For Rogers (1980), experiential tracking of this kind is a way of 'learning to listen to [our] guts' (p.158) and of modelling such listening to our clients, thereby supporting them on the journey towards fully-functioning personhood. Psychoanalytic practitioners like Ogden, working from a different theoretical basis, use reverie to inform interpretations; a point that might concern non-directive person-centred practitioners. Yet, as Khan (2012) points out, relational psychoanalysts (like Ogden) tend to work within an over-arching attitude of non-directivity, so that even when offering interpretations, they do so tentatively, making it clear that the client is free to disagree, clarify or express alternative accounts. Indeed, Ogden (1999)

advocates working in a careful, nuanced way with reverie, speaking from the feeling of the reverie but not directly about it, so as not to distort the focus of the session; waiting for reveries to accumulate before attempting interpretation; and eschewing facile, literal translations of the therapist's reverie into the client's 'reality'.

This leads to my final point about working empathically with reverie. I recommend taking a tentative approach to such work; a point that all therapists in my study emphasised strongly, regardless of their theoretical modality. For June, this involved acknowledging that her own concerns might sometimes cloud or distort her empathic experiencing and as a result she was keen not to assume a link between her feelings and the client's, but instead checked the accuracy of her sensing with clients repeatedly (including the client with whom she experienced the living room reverie). In other words, if we are to use and re-use our own experiencing to serve the client and not ourselves, it is essential that we work with reverie lightly and carefully. Altman (2016), a psychoanalytic psychotherapist, puts it like this:

> *the only way to proceed... is... tentatively and with an openness to surprise and discovery, with bi-directional feedback from [client] to [therapist] and back again, to feel one's way toward a co-constructed interaction. (p. 174).*

Conclusion

In her powerful humanistic discussion of empathy, Freire (2013) calls for new perspectives, generated through dialogue between the person-centred community and other psychotherapeutic modalities:

> *particularly the developmental and intersubjective perspectives, which illuminate the relationship between empathy and the experience of 'we-ness': that is, the transcendence of the separate and disconnected self. (p.176).*

This paper is my attempt to respond to that call, from the intersubjective perspective of reverie. In it, I have proposed that reverie can enhance our understanding of some forms of empathy and the 'we-ness' that underpins them, thereby throwing further light on the immensely ephemeral, fine-grained nature of the therapist's inner experiencing in empathy. Whilst I do not claim that reverie is the only or 'best' form of empathic connection, I do suggest that, when approached sensitively, tentatively and with clients' needs foremost, it can make rich relational information available, enabling us to enter others' private, inner worlds; even, sometimes, to share a living room with them.

Acknowledgements: I wish to thank 'June' for generously sharing her experience of reverie with me. I am deeply grateful to her.

Lynn McVey is a researcher and BACP-registered integrative therapist, with interests in reverie and the micro-phenomenal nature of client-therapist/participant-researcher interactions. She undertook the qualitative research outlined in this paper as part of a PhD in Psychotherapy and Counselling at the University of Leeds.
Email: L.McVey@leeds.ac.uk

References

Altman, N. (2016). Wilfred Bion: From World War I to contemporary psychoanalysis. *International Journal of Applied Psychoanalytic Studies*, 13(2), pp.163–178.

Bion, W.R. (1962). *Learning from experience*. London: Maresfield Library.

Bion, W.R. (1963). *Elements of psycho-analysis*. London: Maresfield Reprints.

Bozarth. (2001). Beyond reflection: Emergent modes of empathy. In Haugh, S. & Merry, T. eds. *Rogers' therapeutic conditions: Evolution, theory and practice. Vol. 2: Empathy.* Ross-on-Wye: PCCS Books, pp.131-143.

Coplan, A. (2011). Understanding empathy: Its features and effects. In Coplan, A. & Goldie, P. eds. *Empathy. Philosophical and psychological perspectives.* Oxford: Oxford University Press, pp.3-18.

Ferro, A. & Civitarese, G. (2015). *The analytic field and its transformations*. London: Karnac.

Freire, E.S. (2013). Empathy. In Cooper, M., O'Hara, M., Schmidt, P.F., and Bohart, A. *The handbook of person-centred psychotherapy and counselling,* 2nd ed.,

pp.165-179.

Gallese, V. (2009). Mirror neurons, embodied simulation, and the neural basis of social identification. *Psychoanalytic Dialogues,* 19(5), pp. 519 – 536.

Gallese, V. & Sinigaglia, C. (2011). What is so special about embodied simulation? *Trends in Cognitive Sciences,* 15(11), pp.512-519.

Gendlin, E.T. 1996. *Focusing-oriented psychotherapy. A manual of the experiential method.* New York: The Guilford Press.

Grant, B. (2010). Getting the point: Empathic understanding in nondirective client-centered therapy. *Person-Centered & Experiential Psychotherapies*, 9(3), pp. 220-235.

Grotstein, J.S. (2005). 'Projective transidentification': An extension of the concept of projective identification. *International Journal of Psychoanalysis*, 86(4), pp.1051–69.

Grotstein, J.S. (2008). The overarching role of unconscious phantasy. *Psychoanalytic Inquiry,* 28(2), pp.190-205.

Gunzberg, J.C. (1997). *Healing through meeting: Martin Buber's conversational approach to psychotherapy*. London: Jessica Kingsley.

Kahn, E. (2012). On being 'up to other things': The nondirective attitude and therapist frame responses in client-centered therapy and contemporary psychoanalysis. *Person-Centered & Experiential Psychotherapies,* 11(3), pp. 240-254.

McVey, L. (2017). *Pied beauty: Exploring psychological therapists' inner experiencing in reverie.* Unpublished Ph.D. thesis, University of Leeds, UK.

Nakata, Y. (2014). Internal actions for empathic understanding through a bodily-affective mode of sensing. *Person-Centered & Experiential Psychotherapies*, 13(1), pp.60-70.

Ogden, T.H. (1999). *Reverie and interpretation: Sensing something human.* London: Karnac.

Ogden, T.H. (2003). What's true and whose idea was it? *International Journal of Psychoanalysis*, 84(3), pp. 593–606.

Ogden, T.H. (2004). The analytic third: Implications for psychoanalytic theory and technique. *Psychoanalytic Quarterly*, 73, pp.167-195.

Rogers, C.R. (1957). The necessary and sufficient conditions of therapeutic personality change. In Kirschenbaum, H. & Land Henderson, V. eds. *The Carl Rogers Reader.* Boston: Houghton Mifflin, pp.219-235.

Rogers, C.R. (1980). *A way of being*. Boston: Houghton Mifflin.

Rud, C. 2003. Empathy: The adventure of being present. *Person-Centered & Experiential Psychotherapies,* 2(3), pp.162-171.

Schmidt, P.F. (2001). Comprehension: The art of not knowing. Dialogical and ethical perspectives on empathy as dialogue in personal and person-centred relationships. In

Haugh, S. & Merry, T. eds. *Rogers' therapeutic conditions: Evolution, theory and practice. Vol. 2: Empathy.* Ross-on-Wye: PCCS Books, pp.53-71.

Thorne, B. (2002). *The mystical power of person-centred therapy.* Hope beyond despair. London: Whurr.