

**Clients' experience of 'being listened to' in  
the psychotherapeutic context: an  
interpretative phenomenological analysis**

**Elena C Coltea**

**DCounsPsy**

**2018**

**Clients' experience of 'being listened to' in  
the psychotherapeutic context: an  
interpretative phenomenological analysis**

**Elena C Coltea**

A thesis submitted in partial fulfilment of the requirements of the  
University of East London for the degree of Professional  
Doctorate in Counselling Psychology

January 2018

# Abstract

The capacity to listen gives a profoundly integrating character to human relating and coexistence. It holds distinct importance within the psychotherapeutic context since therapists' foremost activity is aimed at attuning to clients' meanings of experience. Across the psychotherapeutic literature, listening transpires to be the most effective agent for client change and the heart of the therapeutic relationship. However, research on the listening experience per se is scarce, and existing perspectives on listening tend to primarily convey practitioners' as opposed to clients' stance and observations. In response to this, the current study explores clients' experience of 'being listened to' in the psychotherapeutic context. Interpretative Phenomenological Analysis of textual data generated via semi-structured interviews with six women in recent or current psychotherapy identified two master themes: 'Being listened to': no place to hide and Cues to self: the phenomenology of 'being listened to'.

The themes capture collectively shared, distinct aspects of the listening phenomenon as it unfolds in the intersubjective client-therapist space. Importantly, clients' experience of 'being listened to' emerges to be a spiralling accumulation of a set of end-products of various combinations between certain key conditions: successful negotiation of deliberate-existential vulnerability; matched client-therapist readiness; sense of connectedness and feeling held; embodied awareness; and experiencing recognition. Through listening, the therapeutic encounter facilitates for clients a transformational experience of 'being listened to' potentially leading to a state of 'no place to hide' and contributing to the establishment of a distinct experience of self with existential and social legitimacy. The 'gaze of the other' (here, the therapist) is re-emphasised as unavoidable and fundamental for accomplishing this transformational potentiality of the 'being listened to' spiral.

The findings' implications for practice, training and theory development as well as the study's strengths and limitations, and ideas for future research are addressed.

# Table of contents

List of tables and figures .....	vi
List of abbreviations .....	vii
Acknowledgements .....	viii
<b>Chapter 1. Introduction to the thesis</b> .....	1
1.1 Background to the study .....	1
1.2 Origin of the research topic .....	3
1.3 Overview of chapters .....	4
<b>Chapter 2. Literature review</b> .....	5
2.1 Defining listening .....	5
2.2 Listening as seen in psychotherapy .....	7
Listening as seen in psychoanalytic and psychodynamic psychotherapy .....	7
Listening as seen in person-centred psychotherapy .....	8
Listening as seen in existential psychotherapy .....	9
Listening as seen in cognitive-behavioural therapy .....	10
Listening and silence .....	11
Listening and embodiment .....	12
2.3 Listening as emerging from research .....	12
Existing research on listening in the psychotherapeutic context .....	13
Listening and other aspects of the psychotherapeutic context .....	14
2.4 Rationale for the current study .....	15
<b>Chapter 3. Methodology</b> .....	18
3.1 Research aim and questions .....	18
3.2 Qualitative research and research paradigm .....	18
3.3 Epistemological-ontological reflexivity .....	20
3.4 Research method .....	20

3.5 Research design .....	23
Sampling .....	23
Recruitment .....	24
Data collection .....	25
Pilot interview .....	25
Data analysis .....	26
3.6 Validity and quality .....	27
3.7 Ethical considerations .....	28
<b>Chapter 4. Analysis .....</b>	<b>30</b>
4.1 ‘Being listened to’: no place to hide .....	31
Vulnerability: two sides of the same coin .....	32
Contextual vulnerability .....	33
Deliberate-existential vulnerability .....	35
Readiness to be found, are you ready to find me? .....	38
Specialness in the therapeutic relationship .....	43
I know you see me, therefore I can see myself .....	47
4.2 Cues to self: the phenomenology of ‘being listened to’ .....	51
An embodiment feeling .....	52
Feeling held and contained .....	56
A distinct experience of self .....	60
Knowing through not feeling ‘being listened to’ .....	63
<b>Chapter 5. Conclusions and discussions .....</b>	<b>67</b>
5.1 Retelling the story of ‘being listened to’ .....	67
The ‘being listened to’ spiral: key conditions .....	68
The ‘being listened to’ spiral: a diagonal view of a listening occurrence .....	70
5.2 Situating the findings within literature .....	73
5.3 Evaluation of the study .....	89

Sample characteristics .....	90
Other methodological limitations .....	91
Qualitative criteria for evaluation .....	92
5.4 Contributions to knowledge and implications for practice .....	93
Ideas for further research .....	98
5.5 Personal reflections .....	99
References .....	102
Appendix 1: Relevant demographic information about research participants .....	122
Appendix 2: Research recruitment flyer .....	123
Appendix 3: Invitation letter .....	124
Appendix 4: Interview schedule .....	126
Appendix 5: Demographic questionnaire .....	127
Appendix 6: Consent to participate in the research study .....	128
Appendix 7: Debrief sheet .....	129
Appendix 8: Transcript example with explanatory notes .....	130
Appendix 9: List of collective emerging themes .....	136
Appendix 10: Ethical approval .....	140
Appendix 11: Project title change form .....	143

# List of tables and figures

## Tables

<i>Table 4.1</i> Master themes and subthemes arising from the IPA analysis of all six participants' narrative of their experience of 'being listened to' as clients in therapy ...	30
<i>Table 5.1</i> Qualities associated with the effective listener .....	78

## Figures

<i>Figure 2.1</i> Chinese character for 'listen' .....	7
<i>Figure 5.1</i> The 'being listened to' spiral: the key conditions that shape its rhythm, dynamism, quality and impact .....	69
<i>Figure 5.2</i> Micro-view of clients' experience of listening in the psychotherapeutic context .....	72

# List of abbreviations

BPS	British Psychological Society
CBT	Cognitive behavioural therapy
C <sub>uS</sub>	‘Self-unseen-by-client-as-yet’
C <sub>vS</sub>	‘Client-view-of-self’
C <sub>vTv</sub>	‘Client-view-of-therapist-view-of-client’
E	Embodied awareness
HCPC	Health and Care Professions Council
ILA	International Listening Association
IPA	Interpretative phenomenological analysis
NHS	National Health Service
R	Matched client-therapist readiness
R <sub>C</sub>	Client readiness
Re	Feeling re-cognised and found
R <sub>T</sub>	Therapist readiness
S	Sense of connectedness and feeling held
T <sub>v</sub>	‘Therapist-view-of-client’
V	Successful negotiation of deliberate-existential vulnerability



# Acknowledgments

I would like to thank all participants in this study. I am deeply grateful for their support and willingness to share their time and their experiences of psychotherapy, and I feel honoured to have been trusted with such inspiring and insightful personal accounts of their therapeutic journey.

I could not be more grateful to my director of studies, Dr Aneta Tunariu. Her widespread knowledge and astounding expertise, alongside her generous and constant encouragement and heartfelt kindness, have given me precious guidance and invaluable support in undertaking the research project and writing my thesis.

My wholehearted thanks also go to my beloved partner for his priceless support, encouragement and understanding throughout completing the doctorate programme and conducting the research. I would also like to deeply thank all my family and friends for their support and for being with me along this journey.

Not least, my gratitude also goes to all authors and researchers for their valued contributions to knowledge in the listening, psychology and psychotherapeutic fields, as well as to my colleagues, lecturers and clinical supervisors that I have met along the way and who contributed to my personal and professional development in diverse ways.

# Chapter 1. Introduction to the thesis

The present thesis centres on a research study which aims to carry out a qualitative exploration of clients' experience of 'being listened to' in the psychotherapeutic context. This chapter briefly introduces the study and the research question and gives an overview of how the thesis is organised.

## 1.1 Background to the study

Listening is an integral part of human nature and occurs continuously in our presence in the world. It is a vital need for coexistence that gives a profound and integrating character to human interrelations and communication. Listening is even more important in the psychotherapeutic context as psychotherapists' foremost activity aimed at attuning to and understanding the meanings of clients' experience (Barnlund, 1968; Mozdierz, Peluso, & Lisiecki, 2014). Furthermore, literature suggests that clients value most the opportunity to be listened to and talk (Howe, 1993), and listening is seen as the most effective agent for client change and growth (Rogers, 1967; Rogers & Farson, 1957) and the mortar (Graybar & Leonard, 2005) and heart of the therapeutic relationship (Langs, 1978). Feeling 'being listened to' in therapy can provide clients with opportunities for deep self-listening within a powerful and reinforcing experience (Moja-Strasser, 2002) that enables self-awareness and change. Since counselling psychology draws upon humanistic values (Cooper, 2009; Joseph, 2008; Orlans & Van Scoyoc, 2008; Strawbridge & Woolfe, 2010) grounded on the therapeutic relationship as the primary foundation (British Psychological Society [BPS], 2005), listening emerges as the grounding channel able to liven up counselling psychology values in the psychotherapeutic context.

Nonetheless, as illustrated in philosophical literature (Corradi Fiumara, 1990), western culture appears to be rather grounded in a system of knowledge inclined to overlook the listening process, which lies in the shadow of the development of human culture. Moreover, the importance of listening can be considered even more actual nowadays. In today's ever busier and more pressured world, surrounded by more technological clutter and noise pollution than ever before, we may find it harder to listen to others whilst being less listened to by them. Bearing this in mind, it can be asserted that this can impinge on

the counselling and psychotherapeutic framework, too. That is, either clients may feel a stronger need for ‘being listened to’ as a result of being less listened to outside therapy, or even some practitioners may face challenges in listening to their clients in a focused and dedicated way over the entire duration of the session. Additionally, whilst deep listening can be a difficult and time consuming process (Purdy, Loffredo Roca, Halley, Holmes, & Christy, 2017), manualised treatments could be a threat to listening within the therapeutic framework (Graybar & Leonard, 2005), as could also be the focus on outcome-related requirements. Even if these play an important role in meeting good standards within the psychotherapeutic practice, a question may arise regarding the extent to which counselling psychologists or psychotherapists really listen to clients’ experience and respond to their therapeutic needs, relative to the extent to which they listen to the demands of the manual or become distracted and focused on reaching the outcomes required.

Although it would be impossible to imagine the therapeutic process without listening, research on the listening experience within the therapeutic framework is scarce. Moreover, it is the psychotherapist’s voice on the importance of listening in psychotherapy and on clients’ experience of listening that transpires from existing literature, as will be reflected in chapter 2. Whilst less attention has been paid to clients’ view on listening, a gap exists in current research regarding their experience of ‘being listened to’ by their psychotherapists. Therefore, research exploring clients’ experience of ‘being listened to’ in the psychotherapeutic context emerges to be essential for the counselling psychology and psychotherapy field.

The current study aims to contribute to theoretical and applied understanding of the listening phenomenon in the psychotherapeutic framework from different vantage points. It sets out as its primary objective to gain an in-depth and rich understanding of clients’ meanings and experiences of ‘being listened to’ in the psychotherapeutic context. The study uses interpretative phenomenological analysis (IPA) as a qualitative research method congruent with counselling psychology values that captures clients’ individual subjective experiences and meanings (Smith, Flowers, & Larkin, 2009). Through collection and analysis of textual data and production of insightful findings, the study is anticipated to bring original contributions to the field of counselling psychology and other psychotherapeutic settings by adding new evidence-based knowledge to the area of clients’ experience of ‘being listened to’ and by raising awareness of the importance of the listening phenomenon in the psychotherapeutic context. This will inform the

counselling and psychotherapeutic practice and provide benefits to both practitioners and clients. Additionally, the study is envisaged to contribute with recommendations for future research on both listening and other therapeutic aspects. Other areas of knowledge are also expected to benefit from the study, including other mental health professions, healthcare, social sciences, and education.

## **1.2 Origin of the research topic<sup>1</sup>**

Within my being-in-the-world relational experiences, I have always been fascinated by a certain state of silent wonder and unity with the world around me, which I perceive as subtle communication. Arising from my openness, curiosity and willingness to grasp, feel and experience other human and non-human beings around me, this state has crystallised into my meaning of ‘listening’.

During the counselling psychology training and practice, I started to pay increasing attention to the role of listening in human relations in general and in the psychotherapeutic context in particular. Therefore, my interest evolved naturally towards grasping a deeper understanding of how people listen to each other, what role listening plays in establishing and maintaining relationships, how I listen myself to clients/others, and how my listening impacts on clients/others, myself, the therapeutic relationship and process. Through training and practice, I have been able to broaden further my meaning of ‘listening’ to also cover the aspect of responding to verbal and non-verbal communication. I have been equally intrigued to observe how my personal experience and relationship dynamics change depending on the person listening to me and how this experience crystallises even before the person responds to what they listen to. As a client in psychotherapy, I experienced listening in the therapeutic setting in such different ways, depending on the stage of therapy, the topic addressed, the therapeutic relationship, the therapist, and myself.

Moreover, I have observed that whilst the listening phenomenon has received limited attention in psychology and psychotherapy research, theory mainly covers listening from practitioners’ perspective. Therefore, I feel that my decision to undertake research

---

<sup>1</sup> This section was written in the first person for two chief reasons. Firstly, so that the reader can be addressed directly. Secondly, to scaffold the self-reflexive character of the conveyed message.

exploring clients' meanings of their own experience of 'being listened to' in the psychotherapeutic framework has also grown out naturally from the existing context.

### **1.3 Overview of chapters**

The thesis is structured into five chapters. This introduction chapter is followed by a literature review (chapter 2) aiming to capture the current understanding of the listening phenomenon in the psychotherapeutic and other contexts, including listening definitions, perspectives on listening in therapy, and research on listening. The rationale and aims of the current study are then formulated. Chapter 3 describes the methodology chosen for undertaking the research, including the rationale for qualitative research and research paradigm, epistemological-ontological reflexivity, research method and design, validity and quality, and ethical considerations. Chapter 4 presents the analysis of the research data through an explicit account of all themes supported by relevant quotes from participants. Finally, chapter 5 synthesises the findings and situates them in the existing literature (theory and research); the study is then critically evaluated and its contributions to knowledge, implications for practice and suggestions for future research addressed. The chapter concludes with personal reflections on the research process.

# Chapter 2. Literature review

## 2.1 Defining listening

Listening enables communication within daily human existence. Various areas of knowledge based on social interactions ranging from business and education to healthcare and spirituality acknowledge listening as a fundamental quality in effective communication. Communication scholars perceive listening as a *multidimensional construct* (Wolvin, 2010), yet there is no cohesive theory or generally accepted definition (Witkin, 1990). More recently, the need for different definitions of listening has been suggested (Bodie, 2012; Worthington & Bodie, 2018) so that the complexity of the listening process can be explored in line with the characteristics of the theoretical structure pertaining to each field of knowledge.

The International Listening Association (ILA), a scholarly society dedicated to the practice, research and teaching of listening, defines listening as “*the process of receiving, constructing meaning from, and responding to spoken and/or nonverbal message*” (ILA, 1995). Wolvin (2010) emphasises the fourfold perspective encapsulated by the ILA definition of listening:

- a. physiological (receiving audio and visual stimuli; includes neurological processes);
- b. psychological (memory, attention, expectations, interpretation, behaviour);
- c. sociological (listener’s feedback, culture);
- d. communication (active role in the interaction).

Bostrom (2006) highlights individual differences of listeners due to their different cognitive abilities and interpersonal skills. Purdy (2000) suggests that listening is a more complex, multidimensional experience that involves social and cultural forces, and multiple facets of human expression. The multidimensional nature of listening is further emphasised (Halone, Cunconan, Coakley, & Wolvin, 1998) as a complex construct consisting of:

- a. cognitive (understanding, receiving and interpreting content and relational communication);

- b. affective (motivation to attend to others);
- c. behavioural (verbal and non-verbal responses) processes.

Additionally, Wolvin (2013) suggests that the communication goal and context influence the listening sequence and proposes a purpose-based taxonomy of listening; namely:

- a. discriminative;
- b. comprehensive;
- c. therapeutic;
- d. critical;
- e. appreciative listening.

Whereas discriminative listening differentiates audio and visual stimuli, and comprehensive listening aims at a deeper level of understanding, in therapeutic listening the listener is a sounding board whose responses provide perception otherwise not available through self-introspection alone. However, other authors argue that listening is rather a *dynamic process* in which different sequences interact continuously as communication progresses (M. Osborn & S. Osborn, 1991).

Various authors within the fields of communication and counselling (Bodie & Crick, 2014; Copeland & Shearon, 1994; Lipari, 2010; Nelson-Jones, 2013; Worthington & Bodie, 2018) concur that '*listening*' differs from '*hearing*' by going beyond sound perception and ear capacity to respond to complex circumstances requiring reflection, interpretation and judgment. Lipari (2010) uses etymology to illustrate that '*listening*' has a common root with 'attention' and 'giving' to another, whereas '*hearing*' has a common root with 'perception' and 'sensation' of sound. This aspect is also graphically captured by the Chinese character for 'listen' (Figure 2.1), in which hearing is just one part of listening alongside other senses (seeing) but also attention, thoughts, and feelings.

Under the umbrella of *psychology*, the phenomenon of listening is seen from different angles. Whereas cognitive psychology typically sees listening as part of the general information-seeking cognitive process, humanistic psychology, similar to communication scholars, places listening at the heart of human interaction and trace the roots of the process of listening in philosophical works (Witkin, 1990). In counselling and psychotherapy, different concepts are used when referring to the quality of listening, such as 'empathic', 'full', 'non-judgemental', 'deep', 'effective', 'reflective', or 'active'. The latter appears to be the most widely used, as will be discussed in what follows.



Figure 2.1 Chinese character for 'listen' (adapted from scarlettabbott solutions, 2016).

## 2.2 Listening as seen in psychotherapy

In psychotherapy, listening emerges to be therapists' foremost communicative activity supporting attunement to and understanding of clients' experience and meaning (Barnlund, 1968; Mozdierz et al., 2014). Literature (Howe, 1993) suggests that clients, irrespective of the psychotherapeutic modality, value most the opportunity to be listened to and talk in a structured setting to therapists that appear to them as concerned human beings despite their imperfections. In the psychotherapeutic context, listening can become a creative art offering clients, as highlighted in existential psychotherapy (Moja-Strasser, 2002), a new, powerful and reinforcing experience that facilitates self-awareness and change.

### Listening as seen in psychoanalytic and psychodynamic psychotherapy

Psychoanalysis acknowledges the central role of listening to clients within the therapeutic setting (Akhtar, 2013; Ivey, 2000). By placing unconscious meanings to clients' conscious communicative acts in therapy, psychoanalytic listening aims at a form of deep listening to *apprehend and comprehend latent meanings* in client material. Freud's (1912) analytic listening recommendations stem from the notion of "evenly suspended attention" (p. 111). This represents an analytic listening attitude which uses equal attention to whatever the client brings into the analytic space and is nonselective, non-judgmental and not seeking to understand. When describing the therapist's role, Freud described it as



“simply [to] listen, and not bother about whether he is keeping anything in mind” (p. 112) whilst “[he] should withhold all conscious influences from his capacity to attend, and give himself over completely to his unconscious memory” (p. 111). Freud considered that what is thus achieved is sufficient for all treatment requirements and enables the therapist’s own unconscious to reach the client’s unconscious content.

Freud’s concept of “evenly-suspended attention” (1912, p. 111) was adapted by Reik (1949) into “free-floating attention” (p. 157) to introduce the idea of “listening with the third ear” as the therapist’s unconscious capacity to decode unconscious and repressed psychological information in the therapeutic setting. Based on this, various psychoanalytic authors (Arnold, 2006; Freedman, 1983; Ivey, 2000; Reik, 1949) suggest that therapists can achieve deep listening through rhythmic sequences of receptive states of unfocused attention in order to attune to their clients, and states of focused attention to restructure and formulate an understanding of the client material.

Bion (1970) proposes an ideal analytic attitude which can act as a prerequisite of the analytic listening. This involves beginning each clinical session by eschewing memory and desire and being at peace with not-knowing, ready to work in a context of not-knowing, and prepared to be with no need to comprehend (Miller & Souter, 2013). Moreover, Langs (1978) undoubtedly accentuates the importance of listening in the therapeutic framework by placing listening at the heart of the therapeutic relationship: “if you learn how to listen, everything else will follow” (p. 10). Langs goes on to underline that through listening the therapist can gather valuable information on relevant client details and how the relationship functions, so that the right interventions can ultimately be chosen.

### **Listening as seen in person-centred psychotherapy**

One of the most prominent humanistic psychologists, Carl Rogers contributed considerably to the development of the concept of listening in the therapeutic framework. He emphasises the importance of listening through its extreme potency as the most effective agent for client change and growth, enabling real communication and understanding within the therapeutic relationship (Rogers, 1951, 1967; Rogers & Farson, 1957). Rooted in Rogers’ (1951) work on active, or empathic, listening, the term “*active listening*” has become a common descriptor of the listening activity in various contexts

(Bodie, 2012). In therapeutic literature, active listening is seen as a combination of communicating non-verbal immediacy to show involvement and unconditional attention; non-judgmental paraphrasing; and asking questions to encourage disclosure (Weger, Castle, & Emmett, 2010).

Rogers (1975) emphasises that empathic listening makes clients feel sensitively and accurately understood and provides effectiveness in changing their basic structure of self by promoting self-exploration and self-therapeutic attitudes so that they can become aware of, accept and integrate various aspects of self. In this respect, a trustful and collaborative relationship built by therapists around Rogers' (1957) core conditions of congruence (genuineness and self-awareness), unconditional positive regard (acceptance and validation of clients' experience), and empathic understanding (sensitive and accurate reflection of clients' experience) facilitates such a transformative listening experience. Furthermore, Rogers clearly shows the bidirectional link between good communication and therapy by asserting that whilst "psychotherapy is good communication within and between people", all the same "good communication [...] within or between people is always therapeutic" (Rogers & Roethlisberger, 1991, p. 105).

### **Listening as seen in existential psychotherapy**

Although often considered in other therapeutic literature as a skill or technique, existential therapy literature sees listening in a *perpetual unity with being* since it is "not an issue of 'technique', but of 'being'" (Spinelli, 1994, p. 207). In an interpretation of Buber's understanding of listening, Gordon (2011) outlines the essential condition of listening – paying deep and active attentiveness to the other's speech so that the listener can actively experience the speech. From Buber's perspective, "truly listen entails being present to the other, that is, responding to the other as a whole person" (Gordon, 2011, p. 207) rather than following skills or techniques. Furthermore, Gordon brings out the idea that genuine listening might not be taught nor learned and suggests that a sense of learning can source from being inspired through the power of example of others' experience and paying close attention to oneself, others and the world.

Similarly, Wilberg's (1998) interpretation of Heidegger's philosophical work illustrates the unity of being and listening in therapy: understanding clients' words requires taking "a stand under language and in being" (p. 6). In so doing, proper listening implies

focusing not only on the “inner bearing of both counsellor and client” (p. 6) but more importantly on the ‘between’ space of relationality, which is made possible by attuning to another being. Resonating with this, Mearns and Cooper (2005) talk about ‘*holistic listening*’ as “listening that ‘breathes in’ the totality of the Other rather than focusing down on one particular element” (p. 120). From this perspective, they suggest that listening to clients involves “attending to the client, and attuning to their being, at an emotional, cognitive and embodied level” (p. 119).

### **Listening as seen in cognitive-behavioural therapy**

Cognitive-behavioural therapy (CBT) literature focuses predominantly on providing strategies and techniques for effecting client change, yet it also highlights the need for a sound therapeutic relationship (Gilbert & Leahy, 2007; Wenzel, Brown, & Beck, 2009) in which attentive listening and empathy are considered to be essential (Butcher, Elias, & Cavalli, 2007; Levensky, 2003; Sage, Sowden, Chorlton, & Edeleanu, 2008; Wenzel et al., 2009). Emphasis is placed on the form of *active listening* that allows the therapist to reflect and check what is said, make notes and summarise, ask follow up questions and use pauses and silences to encourage further disclosure of client material (Butcher et al., 2007; Levensky, 2003; Sage et al., 2008; Van Bilsen, 2013). Nevertheless, there is an almost unanimous consent amongst authors in CBT literature (Butcher et al., 2007; Gilbert, 2007; Levensky, 2003; Padesky, 1993; Sage et al., 2008; Van Bilsen, 2013) that listening should also be aimed at body language signals – including eye contact, body posture, head nods, facial expressions, breathing patterns – as well as changes in voice quality and aspects of behaviour.

The CBT theoretical framework for the development and use of specific techniques and skills is also applicable to listening. Padesky (1993) proposed a four-stage process of guided discovery through Socratic dialogue that includes: asking informational questions; listening; summarising; and synthesising or analytical questions. Within this process, good listening is seen as paying attention to idiosyncratic words, metaphors and emotional reactions to identify particular ideas or beliefs whilst also using empathic reflections and being alert for unsaid material such as conscious or unconscious avoidance or difficulty to disclose particular aspects of experience. Some authors (Jacobson & Christensen, 1996; Jacobson & Margolin, 1979; Oliver & Margolin, 2003) proposed acquiring specific skills and techniques in order to demonstrate accurate listening through

parroting, paraphrasing, reflecting back and validating the client, whereas others (Gilbert, 2007; Levensky, 2003) went further to add the mind-reading dimension meant to also reflect back unsaid feelings or thoughts.

## **Listening and silence**

Silence in therapy has been linked with various processes including communication of transference struggle (Sabbadini, 1991), cognitive processing (Perfetti & Bertucelli-Papi, 1985), regression (Winnicott, 1963a), emotional attunement (Gendlin, 1996) and therapeutic resistance (Freud, 1912/1990; Reik, 1926). Some authors (Cook, 1964) found silence in therapy as a productive element facilitating insight and therapeutic success, whilst H.M. Levitt (2001) encourages therapists to acknowledge silence in therapy as an active moment rather than absence of discourse. However, Slattery (2010) states that, in order to be therapeutic, silence requires a sufficiently developed therapeutic alliance.

Initially, clients' silence was considered to be highly unproductive; a form of unwelcomed resistance to the process of analysis (Arlow, 1961; Laplanche & Pontalis, 1980). Early on Freud saw resistance, including when manifested as selective silence by clients, to be directed against recall and verbalisation and quite likely a manifestation of negative transference. Freud (1926/2001) reconsidered his thinking on the nature of silence and concluded that verbalisation alone did not necessarily prevent resistance (Arlow, 1961). However, Winnicott (1963a) states that "significant relating and communicating is silent" (p. 184), and silence is recognised as an "element of human language, not its opposite; it is a complement to words, in constant dialectical interaction with them, not their converse" (Sabbadini, 1991, p. 407). Psychoanalysis "shows the power of the word and the power of silence" (Reik, 1924, p. 173), and *listening to clients' silence* and understanding its meaning during sessions emerges to be important in learning about their inner world (Reik, 1926; Sabbadini, 1991).

The therapist's silence is recognised to offer clients critical opportunities to speak. The use of the therapist's *silence as part of 'listening'* is pivotal to the therapeutic process. It represents an opening for clients to fill in with free associations, with symbolic images from dreams or metaphors of language in use – all of which can convey important unconscious meanings (Knoblauch, 2011). Winnicott (1971) also reasons that therapists' silence encourages clients to make interpretations themselves, to which aim therapists

would need to be patient and contain their own needs and impulses. Additionally, Bion (1970) acknowledges the role that therapists' silence plays in communicating non-verbal material.

## **Listening and embodiment**

Starting from Freud's psychoanalytic work, psychotherapy has considered the interaction between psychological and somatic processes. Listening to insights emerging from the embodied senses can yield knowledge about the microcosms of the here-and-now that form part of the communications outside those symbolised through language. This knowledge, as Knoblauch (2005) proposes, is significant as it incorporates "embodied experience in addition to symbolization as a portal into unconscious meaning and its centrality to therapeutic action" (p. 808). Bucci (2005) included subsymbolic images, which correspond to embodied emotion schemas, in his multiple code theory of emotional processing alongside verbal symbolic and non-verbal symbolic images. Meurs and Cluckers (1999) highlight the important role that the body plays in channelling communication. Similarly, Shaw (2004) considers the body as the foundation of human intersubjectivity, for which reason he recommends paying adequate attention to therapists' bodily reactions in relation to countertransference within the intersubjective space between clients and therapists.

## **2.3 Listening as emerging from research**

In a review of the current state of listening research, Purdy (2010), as a communication scholar, emphasises the place of listening at the core of human social nature as the basis and enabler of human relationships, and the binding ingredient of human interactions. Whilst quantitative research on listening in various fields already exists, Purdy highlights its limitations in applicability and richness of understanding and draws the attention to the *need for robust qualitative research* to understand human experience of listening. Witkin (1990) also underlines the need for additional qualitative research on listening.

Listening is found to be essential in *healthcare*. Quantitative research investigating the perception of healthcare providers' communication (Xiao & Barber, 2008) found patient satisfaction to be predicted by their perceived listening. Listening amongst empathy and

immediacy were found to be the main contributors to patient satisfaction with the communication skills of the physician (Wanzer, Booth-Butterfield, & Gruber, 2004). Exploring the lived experience of feeling/being listened to using a phenomenological hermeneutic approach (Parse method), other studies in nursing (Jonas-Simpson, 2003; Kagan, 2008) conveyed the importance of feeling/being listened to for health and quality of life, creating nurturing feelings of contentment and genuine interconnectedness.

It is also interesting to note research findings on how *listeners impact on speakers'* way of communicating even if exerting no speaking role: listeners' facial expressions, body postures or gestures can convey positive or negative emotions in speakers and thus can act as conversational signals directing the structure of the communication (Bavelas, Coates, & Johnson, 2000; Brunner, 1979; Kraut, Lewis, & Swezey, 1982).

### **Existing research on listening in the psychotherapeutic context**

Thomlison (1987) noted a lack of psychologists' involvement in listening theory and research. Although this observation was made a few decades ago, it can be argued that even today theory and research on listening still remains scarce in psychology and psychotherapy, including counselling psychology. One of the reasons could be, as transpires from literature (Copeland & Shearon, 1994; Nichols, 2009), that listening is often taken for granted and thus overlooked without being paid the deserved attention and consideration.

In relation to *active listening*, research has found it to be a trainable skill (D.H. Levitt, 2001; Paukert, Stagner, & Hope, 2004). However, evidence demonstrating its effectiveness appears to be scant (Bodie, 2012; Weger, Bell, Minei, & Robinson, 2014) and some counselling researchers (Libow & Doty, 1976; Scholl, 2002) found that clients may prefer other listening response (such as receiving advice) over active listening.

A qualitative research study, conducted by Myers (2000), related to *empathic listening* was identified. The study emerged from a previous research investigating the process of empathy within the therapeutic relationship, and employed a design based on Seidman's open-ended phenomenological interview (Seidman, 1991) and written narratives. Five women clients were interviewed after over twenty sessions with two different therapists (a man therapist and a woman therapist) of humanistic orientation. Both therapists

conducted interviews with the research participants who had previously been their clients in therapy; each interview considered clients' experience in the therapeutic relationship with the other therapist. The study's findings emphasise the importance of listening in psychotherapy and offer useful discussions about clients' experience of being listened empathically. The study concludes that, according to the participants, 'being heard' is a fundamental constituent of their therapeutic bond with the therapist, and correlates feeling understood (including self-understanding) and safety and trust with 'being heard' by their therapist.

Several limitations affect Myers's (2000) study and knowledge claims. For example, it is worth exercising caution in relation to the circular (thus confirmatory) versus open-ended (thus exploratory) relationship between (i) the researcher's assumptions about 'being heard'; (ii) how the research questions were then formulated; and (iii) how these seemingly unexamined presumptions can be further identified in the findings. For instance, Myers (2000) asks "How does being heard promote a sense of being understood, a sense that the therapist has empathy for the client's experience? How does being heard by an empathic listener promote self-understanding?" (p. 149). Myers (2000) then categorises the main themes as: "Experiences of misunderstanding / Not being listened to"; "Feedback"; and "Safety". The five women clients who had completed sequential, ongoing therapy with each therapist (at a university counselling centre) then became the research participants and were interviewed by their former therapist. This raises further ethical, methodological and trustworthiness of knowledge claims range of issues – not least requiring a robust accountability of bias vis-à-vis the swap in roles; likewise, in relation to the sensitive operation of power dynamics; and in relation to the overall credibility and transferability of the findings.

### **Listening and other aspects of the psychotherapeutic context**

Both qualitative (Bachelor, 1995; Littauer, Sexton, & Wynn, 2005) and quantitative (Sexton, Hembre, & Kvarme, 1996) research studies on clients' perception of the *therapeutic relationship* reveal that listening is amongst the most important qualities that clients look for in therapists: careful, attentive listening helps clients to feel accepted and understood, and communicates therapists' interest in their experiences.

A quantitative study by Simpson and Bedi (2012) investigating clients' perceptions of the *therapeutic alliance* reports effective listening to be one of the most important individual factors of counsellors' ability to form the therapeutic alliance. It may make clients feel safe and understood and empower them to build better self-awareness and self-understanding, and achieve growth.

Whilst *trust* is seen in counselling and psychotherapy as an important characteristic that an effective counsellor should cultivate for building a strong and effective therapeutic relationship (Dryden, 2008; Egan, 2014; Fletcher-Tomenius & Vossler, 2009; Fong & Cox, 1983; Laughton-Brown, 2010), empirical research demonstrates that listening is a vehicle for augmenting trust. In a qualitative study carried out by Mechanic and Meyer (2000) on conceptions of trust amongst patients with serious disease or mental illness, listening is perceived by patients as the strongest aspect of interpersonal competence in building trust in their doctors.

Lloyd, Boer, Kluger and Voelpel (2015) published a quantitative study designed to assess whether and how listening quality affects interpersonal and intrapersonal processes such as trust and emotional wellbeing. Unacquainted participants were grouped in fifty dyads and instructed to talk to each other whilst being allowed to show their attentiveness only non-verbally. Statistical analysis of participants' self-report questionnaire responses demonstrates that higher quality of listening (as perceived by speakers) determines stronger emotional wellbeing and trust in (their) listeners. Some limitations of the study's findings naturally arise when contrasting the controlled laboratory conditions and the (largely) unscripted counselling setting. For example, in regard to the predetermined answers designed by the researchers impeding participants' full reflection of their perception of 'being listened to' and its effects.

## **2.4 Rationale for the current study**

Counselling psychology values include prioritisation of clients' subjective and intersubjective experiencing, focus on growth facilitation and actualisation of potential, orientation towards empowering clients, appreciation of client uniqueness, and commitment to democratic, non-hierarchical client-therapist relationship (Cooper, 2009; Orlans & Van Scoyoc, 2008). The profession of counselling psychology is considered to have at its core a humanistic value base (Cooper, 2009; Joseph, 2008; Orlans & Van



Scoyoc, 2008; Strawbridge & Woolfe, 2010), and thus the therapeutic relationship represents the primary foundation of the set of values which counselling psychology draws upon and applies in practice (BPS, 2005). Furthermore, the quality of the therapeutic relationship has been found to be a strong and consistent predictor of therapy outcome irrespective of the therapeutic approach (Barber, Sharpless, Klostermann, & McCarthy, 2007; Horvath & Symonds, 1991; Lambert & Barley, 2002; Martin, Garske, & Davis, 2000). Additionally, it has been conveyed that listening is the heart (Langs, 1978) and “the mortar of the therapeutic relationship” (Graybar & Leonard, 2005, p. 2), in which the success of the therapy is firmly grounded.

The literature reviewed acknowledges listening as a complex, multidimensional process that enables communication and understanding, and helps bridge the always already separating existential divide between individuals of a dialogue, in this case clients and psychotherapists. Moreover, clients seem to appreciate ‘being listened to’ and consider listening as a fundamental element of their alliance with the psychotherapist. It emerges that listening facilitates feeling safe and understood, and empowers clients to build better self-awareness and self-understanding and achieve growth.

In counselling, listening is perceived to be central to effective therapy and inherent to any theoretical approach (Rowan, 1986), as well as “the most fundamental skill of any counselling model” (Leva, 1987, p. 221). As such, the quality of listening can come to represent a grounding platform through which to bring-to-life counselling psychology’s values in the therapeutic room. Since counselling psychology practice includes not only psychotherapeutic work with clients but also “management/leadership, supervision, assessment, training, research, writing, policy development, social justice work, and community intervention” (Kasket, 2012, p. 65), listening, it can be argued, represents a sine-qua-non condition for each and every one of these professional activities. Additional significance of listening in counselling emerges from its being “the single most important goal” (Nelson-Jones, 2013, p. 55) for any training in counselling skills. However, existing literature presents listening and clients’ related experience in therapy mostly from practitioners’ standpoint. Moreover, research on the listening experience in counselling psychology and other psychotherapeutic settings is scarce. In response to this, the current study aims to contribute to bridging the existing gap in research by exploring how clients experience ‘being listened to’ in the psychotherapeutic context, what meanings they attribute to this experience, and what happens to them when they feel ‘being listened to’, or less or not ‘being listened to’. In so doing, it is hoped that the study will deliver original

contributions to the field of counselling psychology and other psychotherapeutic settings. In-depth understanding of meanings that clients make of their experience of 'being listened to' offer 'bottom up', expert-by-experience generated recommendations for theory development, training and practice. It is hoped that the study will help raise awareness of the personal and interpersonal importance of listening and will add to the evidence-based knowledge on the listening phenomenon in the psychotherapeutic context.

# Chapter 3. Methodology

## 3.1 Research aim and questions

The aim of this study is to explore how clients experience ‘being listened to’ in the psychotherapeutic context. The research questions are as follows:

- How do clients experience ‘being listened to’ by their psychotherapist/counsellor?
- What meanings do clients attribute to their experience of ‘being listened to’ in therapy?
- What happens to clients when they feel ‘being listened to’, or less or not ‘being listened to’, by their psychotherapist/counsellor?

## 3.2 Qualitative research and research paradigm

The quest for knowledge is grounded in guiding paradigms as sets of interrelated beliefs of researchers about the nature of reality (ontology), knowledge acquisition (epistemology), values guiding the research (axiology), research methods (methodology), and language and presentation of findings (rhetoric) (Guba & Lincoln, 1994; Ponterotto, 2005). Whereas various philosophical and paradigmatic taxonomies exist, Guba and Lincoln’s (1994) classification, applied by Ponterotto (2005) to counselling psychology, appears to be the most frequently cited (Morrow, Castañeda-Sound, & Abrams, 2012).

Ponterotto (2005) placed research paradigms guiding counselling psychology research onto a continuum ranging from positivism to postpositivism, to constructivism-interpretivism, and to critical-ideological. Positivism adopts a realist ontology assuming one true, identifiable and measurable reality, whereas postpositivism adopts a critical realist position still accepting an objective, yet imperfectly apprehendable, reality; by adopting a relativist position, constructivism-interpretivism and critical-ideological assert that multiple, subjective realities can be constructed as influenced by the context and mediated by dynamic interactions between researchers and participants. Whereas

positivism and postpositivism adopt a neutral, value-free axiology in which the researcher aims to avoid biases and to remain objective and detached, constructivism-interpretivism and critical-ideological accept researcher values as an integral part of the research. The objectively presented, scientific and precise rhetoric specific to positivism and postpositivism contrasts the personalised, subjective rhetoric adopted by constructivism-interpretivism and critical-ideological, in which language is considered to construct rather than simply describe reality. Methodologically, positivists adhere to quantitative approaches to verify theories, postpositivists rely on quantitative and some qualitative approaches, whilst constructivists-interpretivists and criticalists-ideologists adopt qualitative approaches to provide deep insight on subjective meanings that participants attribute to their experience (Morrow, 2007; Ponterotto, 2005).

Traditionally, psychology has abounded in quantitative research following positivist attempts to understand phenomena by identifying regularities and causalities between constituents (Krauss, 2005). However, by aiming at objective measurement of reality without considering human perception, positivism is considered to be less suitable to capture meanings of human experiences (Punch, 2014). Whilst gradually shifting from a traditional prevalence of quantitative research to a balance between qualitative and quantitative approaches (Ponterotto, 2005), counselling psychology has led the way in psychology by adopting qualitative research to facilitate adequate exploration of complex human experience (Morrow, 2007). Quantitative research tends to identify cause-effect relationships by observing objective facts and reducing phenomena to researcher-defined variables and hypotheses (Howitt & Cramer, 2011), whereas qualitative research focuses on in-depth, open exploration and interpretation of participants' individual experience and subjective meanings. Morrow (2007) highlights the value of qualitative research in gaining in-depth understanding of therapy processes, whilst others (Hoyt & Bhati, 2007; Strawbridge & Woolfe, 2010) stress that qualitative research and counselling psychology share common principles by adopting a more humanistic approach to explore subjective experiences and meanings. Therefore, a qualitative approach was chosen to remain consistent with the aim of exploring and understanding participants' subjective and lived experience of 'being listened to' as clients in the psychotherapeutic context.

Furthermore, constructivism-interpretivism appears to be the most frequently adopted paradigm in qualitative research (Ponterotto, Kuriakose, & Granovskaya, 2008), and it has been asserted that deep meanings of lived experience can be apprehended by *qualitative research* framed within a *constructivist-interpretivist paradigm* (Ponterotto,

2005), with the researcher being actively engaged in the research process (Lincoln, Lynham, & Guba, 2011).

### **3.3 Epistemological-ontological reflexivity<sup>1</sup>**

On both a personal and professional level, I value subjective, unique and intersubjective experiences. My perspective departs from the dichotomy subject-object, or individual-world, and embraces Heidegger's (1962) concept of 'being-in-the-world' and Willig's (2013) view that "different perspectives generate different insights into the same phenomenon" (p. 172). Therefore, as regards the nature of reality (ontology) and the way knowledge is constructed (epistemology), I adopt the relativist stance that clients construct multiple, equally valid truths and meanings based on their own experience of 'being listened to' in the psychotherapeutic context, which are shaped by their own social, historical and cultural context. I also consider that clients' meanings of their experience of 'being listened to' are hidden and can be revealed through an interactive dialogue between researcher and participants, and through interpretation. At the same time, I acknowledge the inherent multiple, subjective interpretations of participants' data and the impact of both my personal worldview, values and lived experience and the contextual interaction between myself as a researcher and participants. Therefore my research study draws upon a *relativist ontological position* and a *constructivist-interpretivist epistemological standpoint*.

### **3.4 Research method**

In seeking a deeper understanding of clients' meanings of their subjective experience of 'being listened to' in the psychotherapeutic context, *interpretative phenomenological analysis (IPA)* was considered to be the most suitable method due to its particular psychological interest in how people make sense of their experience (Larkin & Thompson, 2012). IPA reflects a unique epistemological openness (Larkin, Watts, & Clifton, 2006): its contextualised phenomenological characteristic of being concerned

---

<sup>1</sup> This section was written in the first person for two chief reasons. Firstly so that the reader can be addressed directly. Secondly to scaffold the self-reflexive character of the conveyed message.

with an in-depth investigation of human lived experience in the world bonds with adopting, rather than Husserl's purely descriptive stance, the hermeneutic dimension forged by Heidegger's view to create a 'double hermeneutic' process in which the researcher is actively engaged in making sense of participants' meanings of their experience (Smith et al., 2009; Smith & Osborn, 2008). In so doing, IPA is co-constructive as the emerging meanings stem from the relationship between researcher and participants. IPA is also idiographic by focusing on the particular rather than the universal to provide detailed analysis of particular occurrences of lived experience (Smith et al., 2009). Moreover, this method is congruent with counselling psychology values by enabling the exploration of the individual subjective experience lived by clients and their meanings of it. In addition, IPA matches the relativist ontological position and the constructivist-interpretivist epistemological standpoint of the researcher, who embraces the belief of equally valid, multiple realities or truths that are constructed and understood/interpreted in each individual's mind. Furthermore, the use of IPA is also supported by Purdy's evaluation of listening research, which considers that research based on a phenomenological method is able to "describe rather than explain what presents itself as communicative in human experience" (Purdy, 2000, p. 51).

Developed in the mid-1990s as a qualitative approach to psychology able to capture the experiential and subjective (Smith et al., 2009), and increasingly used in counselling psychology, IPA draws on three core theoretical perspectives stemming from the philosophy of knowledge: phenomenology, hermeneutics and idiography.

IPA is *phenomenological* in its principal focus on the individual's subjective experience (Larkin et al., 2006; Smith et al., 2009). Whilst IPA aims at an in-depth exploration by constructing a rich account of individual lived experience, this is not done in a purely descriptive manner. Although Husserl's phenomenological philosophy of research sheds light on the importance of focusing on the experience and its perception, it is more concerned with finding the essence of experience by adopting a phenomenological attitude that attempts to bracket previous knowledge or assumptions and focuses exclusively on the phenomenon analysed (Smith et al., 2009). Heidegger introduced a less abstract and more contextualised phenomenology by emphasising the worldliness of human existence and placing the individual in the world. Drawing upon this worldly phenomenological perspective, IPA acknowledges the uniqueness of individual intersubjective experiences in a wider social, historical and contextual framework of existence in the world (Eatough & Smith, 2008). However, this requires the IPA

researcher's self-reflection so that the analysis of the 'person-in-context' and the person's relatedness to the phenomenon analysed can be facilitated (Smith et al., 2009).

*Hermeneutics*, or the theory of interpretation, also influences IPA. The research process is dynamic, with the researcher actively engaged in making sense of participants' meanings of their experience, and consequently IPA uses a two-stage interpretation process, or a *double hermeneutic* (Smith et al., 2009; Smith & Osborn, 2008). Moreover, IPA combines empathic hermeneutics with questioning hermeneutics by attempting to comprehend participant experience whilst critically enquiring the textual account (Smith & Osborn, 2008).

IPA is also informed by *idiography*, unlike most psychological research that relies on the nomothetic approach (Eatough & Smith, 2008). First and foremost, IPA is grounded on the particular rather than the universal by providing detailed analysis of particular occurrences of lived experience (Smith et al., 2009). Hence IPA aims at understanding meanings of individual experiences rather than trying to formulate universal laws or causal relationships (Eatough & Smith, 2008). Nevertheless, by adopting this approach, IPA allows the development from particular lived experiences of themes that are common and significant to universal existence.

When choosing the method most suitable to address the research aim, *grounded theory* and *discourse analysis* were also considered. However, whilst IPA and grounded theory stem from their largely inductivist approach to inquiry and sit under the qualitative interpretative umbrella, grounded theory aims at a resultant theoretical claim based on a more explanatory analysis of accounts of larger samples and especially to study basic social processes (Smith et al., 2009). Therefore, IPA was considered to suit better the study objective by facilitating insight into participants' individual psychological worlds and meanings rather than creating systematic categorisations (Willig, 2013). Additionally, in discourse analysis human experience is constructed through interactions, primarily conversations, and understanding is shaped accordingly in different situations (Dallos & Vetere, 2005). Since it focuses on the exclusive use of language to discover the social reality behind individual behaviours and thoughts (Thorne, 2000) and places emphasis on accountability and stake in conversation rather than exploring participants' subjective experiences of self (Willig, 2013), discourse analysis was deemed potentially restrictive to this study. Consequently, IPA was considered to suit better the research

objective by focusing primarily on individual phenomenological experience including language alongside context, cognition and affect.

### **3.5 Research design**

By using IPA to address the research questions, the study aimed to gather rich, in-deep understanding of the meanings that clients make of their experience of ‘being listened to’ by their psychotherapist, whilst the self-reflective researcher interpreted their meanings of their particular experience within the therapeutic framework.

#### **Sampling**

Sampling for this study aimed to ensure theoretical consistency with recommendations for qualitative research in general and IPA in particular. Therefore, the sample was *purposively* selected (Smith et al., 2009) so that participants could offer their perspective on the experience of ‘being listened to’ as clients in the psychotherapeutic context. Considering that from an idiographic perspective the study is concerned with gaining a deep understanding of a particular phenomenon (listening) in a particular context (psychotherapy), a *small sample* of six participants was selected. The inclusion criteria aimed to facilitate recruitment of a fairly *homogeneous sample*. Based on the inductive logic of IPA, the specificity of the sample influences the study applicability and supports the reader to evaluate its transferability to clients in other contexts that are more or less similar (Smith et al., 2009). Initial inclusion criteria consisted of English speaking participants aged 18 or over who had been clients in therapy for at least 10 sessions with a counselling psychologist, counsellor or psychotherapist. Due to the more abstract nature of the listening phenomenon, the latter criterion aimed to facilitate participants’ account of their experience of ‘being listened to’. There were no exclusion criteria regarding gender, sexual orientation, socio-cultural background or occupation. During recruitment, it turned out that all participants interested in participating in the research were women and this reinforced sample homogeneity. However, except for the pilot interview participant, the first three willing candidates also had the quality of being newly qualified practitioners (one forensic psychologist and two psychotherapists). Thus, to ensure



sample homogeneity, it was decided to reconsider the inclusion criteria and to also add having a practitioner quality (psychologist or psychotherapist).

Once six participants were selected, confident that rich data can be explored at sufficient depth, as per the sampling recommendations for IPA (Smith et al., 2009), recruitment was stopped. The recruited sample consisted of six women aged between 30 and 50 years who had been in recent or current psychotherapy. Each research participant had been a client in psychotherapy for over 3 years within at least two psychotherapeutic modalities. Demographic details relevant to the study are presented in Appendix 1.

## **Recruitment**

Initial recruitment was aimed at several mental health charities and third-sector counselling providers. Managers were informed about the study objectives, the research questions, the research design, and the interviewing process. One mental health charity confirmed their support and started to advertise the research study through distribution of flyers to their clients. A copy of the advertising flyer is presented in Appendix 2.

Despite the support from the mental health charity and repeated requests to other organisations, only one participant meeting the recruitment criteria was selected from the original advertising. Whilst this participant was used for the pilot interview, further participants were needed to provide a suitable sample size for the main study. Subsequent snowballing recruitment was started through discussions with peers and professionals in counselling and psychotherapy who were willing to distribute the advertising material to their network of contacts. Following this snowballing method, the researcher was contacted by six participants who met the inclusion criteria and were thus recruited for the main study. The researcher emailed interested participants an invitation letter (Appendix 3) outlining the nature and purpose of the research, and participants' involvement in the research as well as their rights. Participants agreeing to take part were given sufficient time to have any additional questions they might have had responded to.

## **Data collection**

The research used face-to-face semi-structured interviews with open-ended and non-directive questions. The interviews were audio recorded using a portable digital voice recorder, and verbatim transcribed. The interview recordings and transcriptions were transferred to a password-protected personal laptop and a back-up hard-disk, the latter being stored in a cabinet at the researcher's home. A list of interview questions (Interview Schedule) is included in Appendix 4. Demographic information was collected using a demographic questionnaire (Appendix 5) to verify sample homogeneity and compliance with the recruitment criteria. Each participant was offered the possibility to choose their own pseudonym. Before the interview, each participant was given a consent form (Appendix 6), and the interview commenced only after they had agreed and signed the consent form.

The interviews were conducted by the researcher in a private room on the university campus or at participants' workplace, or at their home. This provided flexibility in arranging the interviews at participants' convenience. The interviews lasted up to 60 minutes and used open-ended and non-directive questions to engage participants in a dialogue and encourage them to answer freely and at length whilst minimising any influence from the researcher. The questions also had a sufficient degree of specificity so that participants could talk about the specific topic chosen for the research. The semi-structured interviews gave the researcher enough flexibility to focus on particular points of interest whilst still being able to explore them in depth. Each participant was asked for feedback on the interview experience after concluding the research interview. The participants were given the opportunity to provide additional information if they felt so. They were also given a debrief sheet (Appendix 7).

## **Pilot interview**

Prior to the main study, a pilot interview was conducted with the participant recruited from the mental health charity to pre-test the interview schedule and identify any ambiguity in the questions. The pilot interview assisted by acknowledging the researcher's experience of interviewing and how to improve the role of facilitating participants to speak about their personal experience.

Although the pilot interview provided useful findings and insight for answering the research questions, that participant was the only one in the sample who did not have professional experience as a psychotherapist or psychologist alongside experience as a client in therapy. Therefore, it was decided not to retain it in the data for the main study to strengthen sample homogeneity.

## **Data analysis**

Data collected from the interviews were analysed using interpretative phenomenological analysis (IPA) as described by Smith et al. (2009) and Smith and Osborn (2008). Since IPA is not a prescriptive method, it does not specify a particular way of analysing the data but rather a set of guidelines for facilitating an interpretative analysis able to provide insight and understanding of the phenomenon explored (Smith, 2004).

Each interview verbatim was transcribed whilst also paying attention to replicate the original dialogue as closely as possible. Verbatim transcripts with line numbers were arranged in landscape format with two side sections for exploratory notes and emergent themes. Each transcript was read several times whilst simultaneously listening to the corresponding interview in order to get familiarised and understand participants' experiences, thoughts and feelings. To support identification of emergent themes, exploratory notes were made to capture participants' ideas relevant to the research objectives by making preliminary interpretations and connections with other parts of the account whilst maintaining these notes close to the discourse. Comments were made at three levels (Smith et al., 2009): descriptive (describing the data), linguistic (capturing language use), and conceptual (more interpretative enquiry of the data). Appendix 8 includes a transcript extract illustrating the exploratory notes.

A four-component strategy was developed and applied to identify and select themes for each participant and then across the entire sample. In so doing, priority was given to:

- (a) Themes that appeared to be the most salient to the participants;
- (b) Themes that directly related to (considered or answered) the research questions;
- (c) Themes that best aligned to the requirements of inductive reasoning (i.e., multiple occurrence within and between interview transcripts);

- (d) Themes that were unexpected in relation to the literature review and/or this particular body of data.

For each interview transcript, sticky notes were produced for each emerging theme to facilitate flexible handling in order to group them into clusters and create master themes. These were again verified to ensure they were still embedded in the original transcript and thus reflecting participants' accounts. Master themes were then listed alongside subthemes and supporting transcript extracts in a separate file. Subsequently, a cross-analysis of all transcripts and previously identified themes was performed. This process facilitated grouping of related subthemes together into master themes. Some subthemes were identified to be implicitly contained and represented within others, and therefore it was decided not to retain them. All themes identified through the cross-analysis were finally listed into a summary table (Table 4.1). Appendix 9 illustrates the collective emerging themes and their corresponding subthemes and master themes. A narrative account of the study was then produced by writing up each theme identified; description was combined with exemplification using interview extracts and several levels of interpretation to generate new insights into the research topic.

### **3.6 Validity and quality**

In line with Smith et al.'s (2009) recommendations for assessing validity of IPA research, the current study used Yardley's (2000) principles of validity and quality in qualitative research. These principles are centred around four key dimensions of assessment: sensitivity to context; commitment and rigour; transparency and coherence; and impact and importance.

In order to demonstrate *sensitivity to context*, Yardley (2000) recommends that qualitative research consider relevant literature whilst maintaining sensitivity to participants and the socio-cultural background of the study both during data collection and analysis. *Commitment and rigour* denote the level of thoroughness in the research process (Yardley, 2000), and can be shown through the degree of attentiveness to participants during interviews and care in undertaking the analysis, as well as through appropriateness and reasonable homogeneity of the sample, interview quality, completeness and sufficient degree of interpretation of analysis (Smith et al., 2009).

*Coherence and transparency* are important to provide overall consistency and allow readers to clearly understand the research rationale and process (Yardley, 2000). Transparency can be ensured through thorough description of the research process and methods employed, including sampling, recruitment, data collection and analysis. Transparency is also supported by appropriate use of extracts and commentary which need to reflect substantial engagement with the research data (Larkin & Thompson, 2012). The way in which the researcher acts, influences and informs the research is considered to be a key factor in qualitative research (Willig, 2013), and the disclosure of the researcher's assumptions and values supports readers to interpret and assess the data and take into consideration alternative possibilities (Elliott, Fischer, & Rennie, 1999). Moreover, the researcher's reflexivity plays an important role in recognising their influence in the research process (Kuper, Lingard, & Levinson, 2008) and enhancing transparency (Yardley, 2008). Additionally, Yardley (2000) reasons that the validity and quality of a research study is decisively determined by its *impact, importance and usefulness* for the field of knowledge.

### **3.7 Ethical considerations**

Data collection was commenced after receiving full ethical approval from the School of Psychology Research Ethics Committee of the University of East London (Appendix 10). The BPS 'Code of Ethics and Conduct' (BPS, 2009) and HCPC 'Guidance on conduct and ethics for students' (HCPC, 2016) were adhered to during the entire research so that the dignity, worth and fair treatment of all participants were valued whilst maintaining sensitivity and care during the interviews and interactions with participants.

Each participant was initially provided with an information letter explaining the purpose and nature of the study and how the results would be used, making sure that any concerns or questions were addressed and clarified. Participants were assured of their right to require their data to be destroyed or to withdraw up to the point at which the data were aggregated, as well as their right to refuse to answer any question during the interview had they desired to do so. Participants received the researcher's and supervisor's contact details in order to address any concern related to their participation in the research. All participants gave their informed consent for participating in the research and audio recording the interview. Verbal debriefing was conducted after each interview so that the

experience of participating could be discussed and any unexpected negative effects evaluated. Participants were given details of counselling services to use in case of distress resulting from participating in the research study.

Participants were assured strict confidentiality and protection by removing from transcripts their real name, contact details and any identifying references. Pseudonyms were used instead. Participants' identity, contact details and any identifying references, such as, for example, consent forms, were stored separately to all other data and not shared with any third party. Participants were informed in the invitation letter that extracts from anonymised transcriptions of the interview would be read by research supervisors and other examiners at the university, and included in the write-up of the research. All the information and data collected about participants were securely stored in a cabinet at the researcher's home. Electronic data was anonymised and stored on a personal, password-protected laptop and on a back-up hard-disk (securely stored in a cabinet). Electronic data will be kept for 3 years after the research and assessment have been completed, so that the researcher can use it for writing articles or presenting at conferences. All electronic data will be completely destroyed after these 3 years.

## Chapter 4. Analysis

This chapter presents the themes derived from the IPA analysis of six interview transcripts capturing commonalities as well as variations across participants' narrative about their experience of 'being listened to' as clients in therapy. Following the analytic strategy presented in chapter 3, two master themes emerged, embedding eight subthemes as shown in Table 4.1 below.

Table 4.1

*Master themes and subthemes arising from the IPA analysis of all six participants' narrative of their experience of 'being listened to' as clients in therapy*

Master themes	Subthemes
'Being listened to': no place to hide	Vulnerability: two sides of the same coin  Readiness to be found, are you ready to find me?  Specialness in the therapeutic relationship  I know you see me, therefore I can see myself
Cues to self: the phenomenology of 'being listened to'	An embodiment feeling  Feeling held and contained  A distinct experience of self  Knowing through not feeling 'being listened to'

As indicated in chapter 3, a four-component strategy for selection of themes was applied as part of the interpretative analysis of participants' accounts. Firstly, priority was given to themes that appeared to be the most salient to the participants. Secondly, those themes that directly related to (considered or answered) the research questions. Thirdly, themes that best aligned to the requirements of inductive reasoning (i.e., multiple occurrence within and between interview transcripts). Fourthly, themes that were unexpected in relation to the literature review and/or this particular body of data.

The first master theme portrays multiple aspects of the individual experience of feeling 'being listened to' in therapy and the way in which the 'being listened to' experience unfolds and spirals towards its full maturity potential. The second master theme highlights predominant cues through which the participants evaluate and identify the presence of the experience of 'being listened to'. The themes are grouped and presented in sequence for the sake of clarity. Nonetheless they are intertwined and overlap highlighting the breadth, complexity and richness of participants' experience of 'being listened to' in therapy. Each participant's experiences map onto these two master themes yet they differ in terms of magnitude and are punctuated by where an individual is on their unique journey. The latter will be presented and discussed, in the next chapter, as an additional (third) dimension to the identified themes. All the themes are illustrated using verbatim quotations from the interviews.

## **4.1 'Being listened to': no place to hide**

This master theme captures the participants' accounts related to their experience of 'being listened to' and the relationship this has with the notion of 'no place to hide' from both the listening therapist and themselves. The theme illustrates the standpoint of the research participants as clients in psychotherapy and is composed of four complementary, yet interconnected, subthemes: *Vulnerability: two sides of the same coin*; *Readiness to be found, are you ready to find me?*; *Specialness in the therapeutic relationship*; and *I know you see me, therefore I can see myself*.

Whilst journeying through their listening experience in therapy, participants speak of anticipating and actually experiencing vulnerability as a sense of exposure in the presence of their therapist. Subsequently, they report finding themselves in the position of negotiating their feelings of *vulnerability* (the first subtheme). This negotiation centres



on whether, by revealing themselves to their listening therapist, the therapist is able to contain them and what they disclose. If so, clients' experience of 'being listened to' can reach different domains of development. The interview narratives thus also reveal *readiness* (the second subtheme) to be pivotal. That is, clients being or becoming ready to 'be listened to' and their therapists being ready, capable or competent to openly listen to what is being communicated, disclosed and even beyond this. The third subtheme underlines the listening potentiality for crystallising a sense of *specialness in the psychotherapeutic relationship* as a deep sense of connection. This is lived out and pictured as a valuable, soothing and notable experience. The meanings contained by these three subthemes then flow into crystallising the final subtheme *I know you see me, therefore I can see myself*. This underlines a felt state of *no place to hide* from both the therapist and own self, a sense of being deeply and holistically seen, found and recognised by the listening therapist which in turn facilitates self-seeing and self-recognition. That is, clients' experience of 'being listened to' emerges to hold the potential to unfold towards its full maturity so that the listening experience becomes a holistic, transformational one which also encompasses listening to self.

### **Vulnerability: two sides of the same coin**

This subtheme captures participants' collectively shared preoccupation around vulnerability as an inherent feature of therapy in general and especially in relation to 'being listened to'. Two different forms of vulnerability emerge: one relates to the distinct and unique therapeutic context; the other encapsulates a deliberate and existential dimension. According to participants' accounts, these two types of vulnerability may be referred to as *contextual vulnerability* and *deliberate-existential vulnerability*.

Both types of vulnerability relate to participants' feelings around coming in therapy to disclose themselves to their listening therapist, and their anticipation of what might happen as a consequence of this encounter. The way in which participants then manage to negotiate these feelings plays a decisive role in whether they arrive at a state of experiencing that there is *no place to hide*. That is, successful negotiation of vulnerability represents a key condition in order for the 'being listened to' experience to develop towards achieving its full maturity potential. If clients manage to subside the typically restrictive impact of *contextual vulnerability*, then the second form of vulnerability comes

to the fore. Engagement with *deliberate-existential vulnerability* manifests as clients' decision to start and then continue to expose in therapy areas undisclosed until that point.

### **Contextual vulnerability**

The *contextual* dimension of vulnerability illustrates the therapeutic session and the therapeutic relationship as a distinct framework in which clients are to reveal and entrust themselves to their listening therapist. This is clearly illustrated by Alice, who contrasts the therapeutic setup with other setups aside therapy. The former is perceived as being more intense. Not least since it relates to the particularities of communication within the therapeutic framework, and to the uncertainty of what may arise from letting herself be observed by her listening therapist:

*"[...] they're not just doing the social back and forth, they're just, there's like a kind of observing in their listening, in the way that she was... She wasn't offering much, she was more blank, in fact I had to learn to read a lot of reaction from her and so it felt, you know, I didn't know what to expect, I didn't know what she was thinking, I didn't know what was going on, I felt more vulnerable and like kind of naked, unlike a normal conversation does."*  
(Alice, 132-139)

Unlike listening in a social context, which involves continual bidirectional give-and-take of information and repeated shift of attention and listening in turn to each other, listening in therapy is more unidirectionally orchestrated. Additionally, in referring to her therapist as being "more blank", Alice speaks about felt vulnerability; that is, a temporal dimension marked by not encountering rhythmical and regular feedback from the listener in the therapeutic context, like she would in social interactions. Alice's distinct nature of vulnerability is grounded in finding herself in an uncertain environment and, to compensate for this, she makes efforts and looks for cues to assess if she can entrust her therapist. This indicates a need to regain a sense of control within the psychotherapeutic context. The metaphorical description of feeling "naked" in therapy suggests exposure beyond what she is willing to reveal, pinpointing the magnitude of Alice's felt vulnerability in therapy. Vulnerability of this kind can be said to encapsulate a sense of feeling 'being listened to' beyond what the client deliberately chooses to disclose in therapy.

Nicole places further emphasis on vulnerability as an intrinsic aspect of the therapeutic context where “deep rooted” personal issues are exposed within a realm of uncertainty and unknown:

*“[...] when you’re in therapy you’re more vulnerable to the situation and you’re never really sure what’s going to happen when you do bring out some of the stuff that’s deep rooted and, you know, you’re trying to figure it out whilst you’re talking, you’re never really sure what’s going to happen...”*  
(Nicole, 110-115)

Nicole’s contextual vulnerability appears to be amplified by the focus on both verbally disclosing and attempting to understand her underlying aspects of experience. By repeating “you’re never really sure what’s going to happen”, Nicole, like Alice, highlights the amplitude of her experience of vulnerability and its connection with the contextual uncertainty and unknown. Nicole brings further clarification by underlining the particularity of being vulnerable in therapy in contrast with how she feels outside therapy: *“[...] as much as I’m not a vulnerable person, when you’re heading into therapy you are vulnerable”* (Nicole, 647-649). Nicole too, considers the vulnerability experience to be an inherent quality of the therapeutic context.

A further aspect of the contextual vulnerability is conveyed by Maria’s experience of feeling frightened by the contextual uncertainty and unknown. This is also due to the possibility that the listener, in their role of therapist, might use outside the therapeutic framework what they have listened to in therapy:

*“So the scary part was that I was talking to a person I didn’t know, and I wasn’t sure whether I could trust or not to start with, also I didn’t know where my material would end up, so I know that therapists make publications, they talk to supervisors, so I was kind of apprehensive about the confidentiality.”*  
(Maria, 33-38)

Therefore, for Maria, feeling vulnerable seems to be closely related to the contextual situation within which she discloses herself to an unknown professional. Thus, she finds herself in an environment in which, similarly to Alice, she is negotiating the dilemma between her need to entrust the therapist and her state of insecurity; the latter is underlined by “I wasn’t sure” and the repetition of “I didn’t know”. Furthermore, it seems that Maria’s perceived vulnerability in the therapeutic context arising from exposing herself

is amplified by her concern that what she discloses in therapy might overpass the therapeutic space limit and reach a larger audience beyond her control. In the next excerpt, Maria clarifies more and reveals how vulnerability also relates to the anticipation of potentially being judged or treated depreciatively by her therapist: “[...] *listened to means that I do not fear that that person is going to criticise me or is going to look down on me because of how I’m talking or what I’m bringing*” (Maria, 61-63). For Maria, ‘being listened to’ cannot coexist with feeling judged or depreciated, therefore with not being accepted and respected for what she is or does in psychotherapy. This speaks about her inner need for being ontologically recognised by her therapist and, importantly, she experiences the lack of fear of being depreciated as phenomenologically synonymous with ‘being listened to’ itself. Nonetheless, a confirmatory experience of ‘being listened to’ encapsulates the lower prominence of contextual vulnerability and makes room for the onset of *deliberate-existential vulnerability*.

### **Deliberate-existential vulnerability**

Whilst journeying through the experience of ‘being listened to’ in therapy and reaching different domains associated with it, there are opportunities for the deliberate-existential dimension of vulnerability to arise. The participants’ accounts suggest that this facet of vulnerability is *deliberate* so long as they make a conscious decision to make themselves vulnerable in therapy. It is also *existential* due to their awareness of own freedom to engage in their choice to expose and discover new personal domains. It transpires that by actually experiencing feeling ‘being listened to’ in the therapeutic encounter clients have the transformation opportunity that a state of deliberate-existential vulnerability typically engenders. Their expectations and needs for reaching their aims in therapy seem to embody an important stimulus for consciously exposing and unfolding new areas of their lives, experiences and themselves as a person.

Nicole uses metaphor to reflect on her experience of deliberate-existential vulnerability arising from her decision to display openly her feelings and make them apparent within the therapeutic context:

*“When you’re in therapy you feel so vulnerable because, you know, you’re wearing your heart on your sleeve.” (Nicole, 100-102)*

She deliberately chooses to make herself vulnerable within the psychotherapeutic context by showing, exploring and acknowledging personal emotions and feelings. She

clearly explains that she has to make herself vulnerable in therapy by renouncing to resist the process:

*“[...] being in that situation, when you’re in that process, because obviously therapy is a process, and when you’re in that process you have to almost surrender yourself to the process, so it’s very difficult to really think clearly about what you should do until you’re out of it.” (Nicole, 580-585)*

Nicole’s conscious decision to do so emerges from choosing to “surrender [herself] to the process”, which suggests that she decides to voluntarily give up her defences and thus put herself in a more vulnerable position. It transpires that Nicole takes a leap of faith by entrusting her therapist and exposing herself. Moreover, she talks of the impact of vulnerability on her capacity to think and make decisions in therapy and this underlines its magnitude. However, although on the one hand the deliberate-existential vulnerability appears to be an intense difficult experience, on the other hand Nicole voluntarily chooses it for her therapeutic journey. This choice could be grounded in the transformational potential of this form of vulnerability which facilitates discovery of new personal areas and allows the therapeutic process to unfold. Deliberate-existential vulnerability positioning calls for the successful negotiation of the dilemma between taking the risk, renouncing defences and exposing aspects undisclosed until that point, on the one hand, and avoiding this and closing down the revealing, on the other hand.

A further aspect of deliberate-existential vulnerability is described by Claire:

*“It felt like I had made myself vulnerable in a feminine way, because he always thought of me as being clever, and it was all this narcissistic investment in me, I think, to a degree, that I was always uncomfortable with what he was picking up with, and I think maybe I made myself vulnerable in a way that he found distasteful.” (Claire, 688-694)*

Whilst journeying further into the listening experience after having had a fulfilling experience of ‘being listened to’ by that therapist, Claire consciously chose to show a sensitive area of herself previously undisclosed. However, her therapist seemed unable to accept and deal with her vulnerability. This appears to be grounded in the therapist’s narrowing down listening to Claire in line with his personal values and with his view and expectations related to her. This, in conjunction with her perception of the therapist’s

reaction to her vulnerability – finding it ‘distasteful’ – closed down the opportunity to fulfil the transformational potential which deliberate-existential vulnerability engenders.

As the experience of ‘being listened to’ in therapy unfolds and trust in the therapist and the therapeutic process develops, participants report feeling more confident to open up and allow themselves to adopt and tolerate a deliberate-existential vulnerability position which enables working through personal sensitive issues:

*“It was just a long period of time of those continuous... like I might say something and her reacting like what seemed to be congruent here appropriately, either always thinking to have my back and not judging me time and time again, and like putting together all the pieces of my stories over the time.” (Alice, 268-273)*

The use of time related expressions – “a long period of time”; “continuous”; “always”; “time and time again”; “over the time” – portrays a temporal dimension of Alice’s experience of ‘being listened to’ so that deliberate-existential vulnerability can arise. In constantly observing cues for ‘being listened to’ (such as congruent reactions from her therapist; not feeling judged; feeling supported; therapist’s reflecting back comprehensively and accurately what has listened), Alice, as she further reveals, gains a clear awareness – “I knew it gave me confidence” – of her certainty that she can choose to make herself vulnerable in therapy. This highlights the importance of a continuous and trustworthy listening experience for taking a deliberate decision to expose in therapy new sensitive areas of her life. Moreover, Alice reveals a profound aspect of feeling vulnerable in therapy – that is, in revealing oneself the ‘self’ first feels threatened and compelled to self-protect. Embracing the mindset of deliberate-existential vulnerability requires a leap of faith that her sense of self would not be impacted negatively (existentially annihilated) by her therapist, irrespective of what she is going to disclose.

*“I knew it gave me confidence that I could say something that I felt really vulnerable or sensitive for me, and that she wasn’t going to like interpret it in some weird way or, worse, feel that you’re a horrible person, you know, like that...” (Alice, 273-278)*

## Readiness to be found, are you ready to find me?

The second subtheme portrays the participants' collective sense of *readiness* as an essential aspect of the listening experience. The occurrence of *readiness* facilitates the experience of 'being listened to' towards reaching a state that there is *no place to hide* from the listening therapist. Clients' being, or becoming, ready to 'be listened to' and show themselves and their therapist's level of acquired readiness to facilitate suitable listening – together combine to form the essential platform wherein clients discover and recognise themselves. It also becomes evident that there is a continuous and dynamic interplay within the listening as it unfolds in the intersubjective client-therapist space, wherein both the client and the therapist need to play an active role for the 'being listened to' experience to unfold. Each one's role is shaped by the different therapeutic intention stemming from the position of 'being helped' versus 'helping'. It is the client-therapist combined readiness at every moment of the therapeutic journey together that shapes the experience of 'being listened to'. This is vividly illustrated in the next excerpts. For example, Paula speaks of the way in which, despite feeling unprepared to talk and disclose her experience, she started to open up thanks to feeling 'being listened to' by her listening therapist:

*"[...] I became quite defensive in that moment, as if I felt 'fuck off' in my head, like 'I don't have to explain you, I feel like I'm getting told off for how I'm doing things', but this is more like my inner dialogue that I felt was happening, and it was completely like I felt I was regressing, I became really quiet, I felt like 'I just want to get out of here, I don't want to talk about it, just leave me alone'..." (Paula, 234-241)*

and:

*"I felt listened to that ... we had a difficult session, I came back, I opened up about what was going on for me in that session, and I was just totally kind of open, embracing and welcoming it [...] there was the opportunity just to kind of look at it from her perspective, how she experienced me, I was able to say what was going on for myself but without really feeling judged... [pause] and it felt very contained the whole thing..." (Paula, 273-282)*

These excerpts reveal the way in which Paula's lack of readiness to 'be listened to' is blocked by her momentary defences and her undesirable experience is kept locked in a harsh, undisclosed inner dialogue with her therapist. This absence of feeling prepared to

unveil her inner world led to stuckness in Paula's listening experience. There appears to be no wish, need or desire for 'being listened to' by her listening therapist but rather a powerful necessity to just escape from the therapist's presence. The argumentative attitude in her internal dialogue and the high level of disconnection from the therapist underline the intensity of Paula's inner lived experience of not feeling ready to 'be listened to' at that time. Actually, this internal dialogue appears in contrast with externally being "really quiet" and not sharing what was going on with her. However, it transpires that Paula's therapist remained open to listen to her and this in turn facilitated Paula's readiness to 'be listened to' by her therapist. The environment in which the 'being listened to' experience can occur is described as facilitating the possibility for Paula to look at herself from the therapist's standpoint and have an inner sense of how she is experienced by the other. It emerges that the listening experience facilitates the mentalization capacity enabling Paula to develop self-discovery and self-understanding. The combination of the therapist's readiness and Paula's thus acquired readiness allows the listening experience to resume. This highlights the reciprocal, synchronised relationship between readiness and the listening experience. That is, listening both facilitates and is being facilitated by readiness; readiness supports the development of the 'being listened to' experience and, in turn, self-listening. Later in the interview, Paula clearly underlines the reciprocal and causal process which readiness within listening engenders:

*"I feel like she gave me the courage, it's kind of like the way somebody that really listens to you gives you the courage to open up and to share, especially if it's difficult for you to share your intimate world with another person..."*  
(Paula, 475-478)

Paula acknowledges the direct impact of the therapist's ability to listen to her through encouraging her to take a leap of faith to unveil herself. This highlights the essential role played by the therapist's readiness to provide suitable listening for Paula to gain the ability to expose and disclose her "intimate world" which otherwise might have not been possible. Therefore, the therapist's readiness to listen enables and feeds into Paula's readiness to 'show' herself in therapy. This excerpt shows the key role which the client-therapist alignment of readiness plays for 'deliberate-existential vulnerability' to come to the fore and be allowed to happen by clients in therapy. That is, therapists' readiness facilitating clients' readiness to consciously choose making themselves vulnerable and, in this way, to continue their journey towards reaching new transformational domains that



the listening phenomenon engenders. This represents a collective feature reflected in the narrative of all participants.

Furthermore, a key element of readiness is clients' attention and search for the presence of cues both to check if their therapist offers suitable listening and to evaluate if they feel 'being listened to' so that they can entrust the therapist and disclose (or continue to disclose) new personal domains. As detailed in the presentation of the second master theme, the cues tend to be appraised by clients through their internal responses to their listening experience, and through their therapist's verbal and nonverbal responses. Luna reveals the way in which, in order to feel ready to disclose her experience and unveil herself, she needs first to experience a variety of cues which help her check if her therapist is there for her and listens to her:

*L: "So I think that was recently with my counsellor who doesn't say much, but I do check with her face, and it's important that she is looking... if she is not looking then I feel totally not listened to, that she's not looking at me..."*

*R: I was just wondering how you experience this when she's not looking to you, what is the relationship to listening and that look of hers...*

*L: She's with me when she's listening, when she's looking at me... when she looks away it's like I'm abandoned, like she's somewhere else, she might be thinking about something else, she's not thinking about me, she's not connected and I used to complain when she didn't look at me, so now she tends to look at me all the time ... so I check that, and if that's there, then I can relax and I can, even if I look away, I kind of feel that that person is there, that presence of her is there, and she's receptive to me, and she's open to what I'm saying, and I check her expression in her eyes... that's important, how she is looking, not just that she's looking, so a good experience is a particular expression on her face which is attuned to what I'm actually saying, so that's telling me that she understands, she's getting it, what I'm saying..." (Luna, 127-150)*

Hence, Luna describes a complex experience when 'being listened to'. This encapsulates multiple facets of visual and felt cues that allow her to check, and have a clear sense, that her therapist is listening to her. The therapist's look and the "expression in her eyes" appear to be paramount for Luna. These seem to reveal her therapist's readiness to listen to her by being present, "connected", "receptive", "open", "attuned" and able to

understand and ‘get’ her, and help Luna to feel met in her experience. Additionally, Luna speaks of a powerful felt impact of the listening therapist’s look on her experience. That is, the presence of ‘the look’ gives comfort whereas its absence leads to a feeling of abandonment even if physically the therapist is still there. The look and Luna’s interpretation of its existence and meaning have a clear impact on her ‘here and now’ readiness to disclose, and when it is absent she demands for its reestablishment. The therapist’s gaze encapsulates the information that Luna needed to feel safe enough and confident to allow herself to be vulnerable and disclose in therapy; in other words, allowing herself to be found: *“I feel that I want to say, I want to be talking... so I can open up”* (Luna, 153-154).

Additionally, Claire talks about the importance of the spiritual dimension of the therapist’s readiness to listen to her. This guided Claire towards becoming ready herself to unfold her experience, which she feels that otherwise might have not been possible:

*“He knew the way in which I communicate, so that visual some people think it’s really quirky that even therapists are like ‘what?’, I get very visual images about things, almost like I can get things of the future, almost clairvoyant, he was just completely open to that, I think there was almost like that spiritual element of him gave me permission to go beyond what I felt was comfortable, and so I was able to allow myself to expand on something that I might normally close down, so it was him being open to the fact that I don’t necessarily communicate primarily with words...”* (Claire, 568-578)

The excerpt highlights the importance of Claire’s therapist’s readiness to listen openly to something which others (including therapists) might be unready to listen to due to various obstacles such as personal views and beliefs. It transpires that her therapist’s spiritual acceptance and competency played an essential role in being able to listen to and recognise Claire’s unique experience. Additionally, Claire’s perception of being given the “permission” to expand on her experience, which otherwise she would not, underlines the importance of her therapist’s readiness to listen to her in order to encourage further disclosure, self-discovery and understanding.

However, there is another perspective on readiness of both participants to the therapeutic dyad when clients are in a position of feeling readier than their therapist, and this has an impact on how the listening experience unfolds. In this respect, Maria describes

unequivocally her strong will to disclose herself and her experience, and to take personal responsibility within the therapeutic work:

*“[...] I was quite inexperienced as a client and I was very keen in telling my story and making sense of myself and make therapy work, and I was kind of very, what I would call good compliant client, and I’m not sure she actually... she was listening...” (Maria, 216-220)*

The repetition of “very” associated with feeling “keen” reveals her strong will to expose her experience in therapy. Although Maria felt open to show and disclose herself, she perceived her therapist as not meeting her readiness. This mismatch or non-alignment of client-therapist readiness to fully engage in listening (from their respective vantage point and responsibility) brings forth a further nuance to the phenomenon. In some cases (such as Paula’s, Luna’s and Claire’s), where the locus of mismatch is with the client, the situation can be successfully redressed by a ‘ready’ therapist. However, when the locus of mismatch is with the therapist, the potentiality of synchronised reciprocity is disrupted. Maria’s readiness, at the beginning of her therapeutic journey at least, did not match her therapist’s readiness to fully listen. As such, her disclosures were prompted by her purpose of self-knowledge and to conform to what the role of being a good client in therapy meant to her. This highlights the role which ‘client competency’ plays in cementing the state of ‘readiness’ to engage in therapy (e.g., ability to tolerate uncertainty, courage to disclose, but also ability to tolerate frustration of needs and expectations).

Similarly, Nicole describes a situation in which she felt disappointed when, despite her willingness to go into therapy and make therapy work towards self-understanding, she perceived her therapist unable to help her accomplish this:

*“[...] I was really disappointed actually... I was really looking forward to the [approach] therapy because, as I’ve said, I’ve had a lot of therapy over the years, and really I’m somebody who wants to understand how I got into the situation I got into, to then understand how I’m able to get out of it [...] so I was really looking forward to [approach] therapy but unfortunately the therapist was really horrible...” (Nicole, 13-23)*

This excerpt suggests that Nicole’s felt readiness to understand herself and make desirable changes originates from her motivation for personal growth and from her therapeutic expectations built up during her long experience as a client in psychotherapy. However,

it transpires that she perceived her therapist unable to support her therapeutic intention. Furthermore, the adjective “horrible” associated with her therapist suggests a capacity to cause a very unpleasant or shocking experience. This emphasises the intensity of Nicole’s adverse feelings related to perceiving her therapist unable to listen and respond to her willingness to understand and make changes in therapy. This suggests the strong impact of an uncomfortable experience that reverberated even during the recollection.

In summary, the notion of readiness expands to envelop both client readiness and therapist readiness as well as emphasise a time dimension to the concept in order to distinguish between *momentary readiness* (in the here-and-now) and *cultivated readiness* (learnt, acquired and deliberately deployed<sup>1</sup>). Every encounter of ‘being listened to’ involves an interplay between both forms of readiness across:

- (a) Psychological mindset vis-à-vis the task at-hand. Pivotal to this is the courage and capacity to take a leap of faith to reveal (client) or to openly listen, care and be present for the client (therapist).
- (b) Competency and skills. For therapists this entails suitable training (theory and practice), and for clients this includes individual degree of self-awareness, tolerance of frustration and challenges, capacity ‘to get’ the meaning of new narratives and co-author them so as to incorporate them as ‘personal’ (make aspects of it as their own). Past experiences of psychotherapy also play a role.
- (c) Alignment. A further influential component of this complex process is the extent to which client-therapist respective (momentary and cultivated) readiness is matched or aligned.

## **Specialness in the therapeutic relationship**

The third subtheme of this first master theme covers participants’ sense of experiencing ‘*specialness*’ in the therapeutic relationship when they feel ‘being listened to’. It pictures clients’ inner experience of what is going on between them and their therapist when they do feel ‘being listened to’. Specialness emerges as a central platform wherein the clients

---

<sup>1</sup> The proposed conceptual nuance of *cultivated readiness* relates to the personal level and in the case of the therapist it necessarily and unavoidably envelops the professional level. A similar line of thought can be expanded to explore the potentiality of learning to ‘be a client in therapy’.

are enabled to reach a different dimension of their listening experience and a sense of ‘*no place to hide*’. It is described as a sense of connectedness, harmonious unity, non-physical embracement, meeting and togetherness and appears to be a significant characteristic of the listening phenomenon. It is pictured as comforting, uplifting, valuable or spiritual, and strengthens the therapeutic relationship and trust in the therapeutic process. In this respect, Maria describes her experience of ‘being listened to’ as a distinct spiritual experience:

*“[...] I felt the relationship stronger, I felt very much connected with this person ... it was almost like a spiritual experience, you know, like our souls were kind of somewhere together.” (Maria, 410-413)*

Maria describes a profound and special experience of a strong connectedness within the psychotherapeutic relationship which reaches a spiritual dimension lived out as a state of togetherness with her therapist on a deep essence level – “souls”. Perceiving the relationship “stronger” and feeling “very much connected” highlight the amplitude of Maria’s distinct experience. This encapsulates a transcendental quality by an expansion beyond the physical space of the therapeutic room to an indefinite “somewhere”. Maria elaborates more on her experience of feeling ‘being listened to’ within which the therapeutic relationship becomes an imaginary bridge that facilitates the real meeting:

*“Well, it’s a process of meeting. So meeting somebody’s emotions... similar to empathising but even more than empathising because empathising is like trying to put yourself in a situation, but meeting is like crossing a bridge over to the other person so meeting the person where they are, instead of sitting and trying to imagine about the situation by being empathic...” (Maria, 243-249)*

The “bridge” symbol suggests a kind of connection within the therapeutic relationship experienced as if there is a total openness; there are no obstacles between both participants to the therapeutic dyad; and the therapist can ‘reach’ Maria. For the bridge to serve its purpose, the therapist has to initiate and adopt an active role and cross the bridge to meet Maria in her experience right where she is at that moment. Furthermore, as Maria clarifies, there is a difference between the experience of “meeting” and “empathising”. Meeting is more than empathising; as such, in the case of empathising, instead of her therapist travelling to where Maria is in order to meet her, the therapist is “sitting”, thus adopting

a passive role. This seems to keep the distance so long as the therapist is only trying “to imagine” how Maria feels, which does not enable the real meeting.

A further aspect of specialness in the therapeutic relationship is vividly illustrated by Nicole when describing her experience of ‘being listened to’ as a pleasant, unusual and surprising inner feeling which is phenomenologically synonymous with feeling hugged in a non-physical way:

*“[...] it’s a very strange feeling, I think, in terms of... ‘cause when you asked me that, I think about it physically and it feels like someone’s giving you a hug but they’re not, if you see what I mean, so there’s an element of you know it, you know you’re being listened to because of the feeling that you get in yourself, or the feeling that I get in myself when I’m being listened to.”*  
(Nicole, 133-140)

Nicole underlines the difficulty of making sense of the distinct inner feeling of ‘being listened to’ and uses an analogy to how she feels when being hugged. Whilst the hug does not happen physically in therapy, it advocates the intensity of Nicole’s inner feeling of close connectedness with her therapist. Moreover, Nicole speaks of a special inner feeling which, despite the difficulty to describe it through words, brings certainty of its presence when it occurs – “you know it”.

Claire describes vibrantly a special feature of the experience of ‘being listened to’ as a sense of synchronicity which appears to be an additional distinct layer of the therapeutic relationship:

*“[...] it was like the two of us were in synchronicity, we were synchronous, and then what he was asking was absolutely connected to what was in my mind, so the question he was asking me it didn’t interrupt me, it didn’t interrupt my process [...] and so it was almost like he knew me enough and was open enough to what was happening to be able to bring my history into my recent history, into my present, and step into my present with that without interrupting what was happening between the two of us... so I knew that because of the type, the content of the questions that he was asking, the manner in which he was asking was in the same rhythm in which I was processing [...] it was the aspects of me, the past, far past, recent past,*

*present, that I knew he'd be with me, and had been with me before.” (Claire, 540-564)*

Claire describes her experience of ‘being listened to’ akin to a state of connection as a consistent whole resonating harmoniously synchronically during the therapeutic process. The synchronicity is facilitated by her therapist being able to listen to and flexibly accord himself with Claire’s experience and rhythm of processing it. This seems to enable them both to synchronise with the entire therapeutic process so that this develops smoothly and without interferences. The excerpt reveals that Claire’s distinct experience of feeling in synchrony is grounded in a continuous sense of connection and presence of her therapist across the three time dimensions; namely the past (“had been with me before”), the present (“was absolutely connected”; “was open”) and the anticipation of future (“he’d be with me”). This aspect is also reinforced by Claire’s concluding experience of her therapist *being with* her within a timeline continuum – “the past, far past, recent past, present”. It emerges that the constancy and anticipation of ‘being listened to’ by her therapist facilitates Claire’s special experience of synchronicity within the therapeutic relationship.

The synchronous characteristic of the psychotherapeutic relationship when feeling ‘being listened to’ is further reflected in the next excerpt. Paula speaks of a sense of being “in sync”, or “in tune”, with her listening therapist:

*P: “Because that kind of realisation that she is really listening on always different levels is that speaking up what’s going on for me, she’s looking at me, she’s, you know, staying with words, it’s... because it happened on all these different levels... like we were kind of in tune, in sync, that sense of in sync which is like something which you cannot explain, it just is, or it’s not, or you feel out of sync with another person...”*

*R: That is more about a feeling, a response...*

*P: Of connection, a feeling of connection in that particular moment...”*  
*(Paula, 483-493)*

In order for Paula to experience feeling “in sync” or “in tune”, an all-inclusive holistic listening needs to occur. This appears to validate the presence of the ‘being listened to’ experience. Similarly to Nicole, although it is difficult to explain this feeling, Paula knows undoubtedly when this is present or absent. This suggests a clear awareness of an inner

feeling which is distinctly lived out despite the difficulty of describing it through verbal language. Like Claire, Paula situates the listening phenomenon in a temporal dimension by associating 'listening' with "always", which shows the need for its continuity. That is, the specialness of the therapeutic relationship appears to stem from, and is facilitated by, a sustained experience of feeling 'being listened to'. However, when speaking of her feeling of being "in sync" within a state of connection, Paula refers to a "particular moment". This suggests that this feeling is temporally punctuated within the development and presence of listening and is part of the fully mature 'being listened to' experience.

### **I know you see me, therefore I can see myself**

The present subtheme encapsulates participants' common experience of 'being listened to' in therapy as if there is no place where they can hide from their therapist's listening. Within this state they feel *seen*, *deeply recognised* or *found* by their therapist. As a consequence, their own listening to themselves is enabled by seeing and recognising own personal areas which were previously inaccessible. The term 'recognise' brings forth two further nuances of 'being listened to'. Firstly, a recognising action with the effect of affirming the self by punctuating the legitimacy of an individual existence. Secondly, a recognising action with the effect of cathartically rethinking self-narratives and its embodied delineations. Paula reflects vividly the way of experiencing 'being listened to' through feeling holistically seen and felt. There is a sense of feeling deeply scanned by her therapist's look beyond defences and without any possibility to hide:

*"It's almost like someone can look through you, look into your heart and gets you... It's not just seen with the eyes... it's almost like I can't hide away, whereas maybe if somebody just looks at you... you can see on the outside, I can play a game and be completely defensive or on guard and nobody would actually really understand what's going on inside of me, it's almost like if you really have that good connection with the therapist, you would have that experience where they can kind of see through, right at you, right through you, and there's no hiding, or no possibility to hide away..." (Paula, 182-193)*

Paula describes her experience of feeling 'being listened to' akin to being seen by her therapist by placing it in contrast with how she experiences this in other settings aside



therapy. It transpires that her therapist's look transcends the physical eyes and thus does not limit to what is seen "on the outside" only, but Paula lives a sense of being scanned profoundly "through" herself. Furthermore, she feels as though the presence of her therapist's "look" touches her "heart". The "heart" symbol suggests an experience of feeling seen, recognised and met on a deep level right at the essence of her own being, having her true nature apprehended by her therapist. Therefore, Paula's experience of 'being listened to' in the psychotherapeutic context goes beyond being perceived through physical senses only. It seems that the therapist's whole being participates in listening to Paula so that she feels that this gives her no possibility to pretend or be defensive. Furthermore, Paula reaches a state where she cannot "hide away" from her therapist's holistic look. This experience is lived out in the therapeutic context only and differs significantly from Paula's experience outside therapy so long as she can "be completely defensive" and "play a game". Therefore, it emerges that in other settings aside therapy the possibility for Paula's intimate world to be seen and recognised is absent. Moreover, Paula reveals further how this way of feeling 'being listened to' in the psychotherapeutic context enables her to see herself and thus develop her own listening to herself:

*"[...] I would feel recognised and seen... [pause] and it would give me like a really good kind of raw model of what it means to listen to myself... having seen it through the therapist, it will help me to put me in touch with my own different voices in my head, listen to my own different self-states... so if I don't, because I never got shown what it's like to be listened to, having the experience with the therapist will allow me to get in touch with my own, with all my different states..." (Paula, 636-644)*

Therefore, the therapist's ability to listen to Paula in such a way that she can "feel recognised and seen" gives her a foundation for assimilating self-listening by becoming able to see, recognise, and come in touch with different parts and states of her own. The excerpt reveals a developmental dimension of Paula's 'being listened to' experience in therapy, all the more so that she had not been provided with this experience before. Accordingly, thanks to her therapist's way of listening to her, the psychotherapeutic context becomes a space where she can learn and integrate listening to her own self towards a new meaningful way of self-relating and self-recognition. This shows that learning to see and listen to self requires the presence of a listener who can provide suitable listening (as a flexible process in direct relation to the speaker's personal and developmental listening needs). In this way, the experience of *no place to hide* from the

therapist's "look" opens up the possibility for Paula to reach a state where she is not hiding from herself either. A further aspect of the experience of feeling 'being listened to', akin to feeling deeply seen, is illustrated by Luna:

*"[...] like something that was in me is now in her, and she therefore can get me, can see me, [...] and that somehow really helps, I know so, it helps that I can see myself through her eyes somehow, like it's different, I can see myself afresh because somebody heard what I said." (Luna, 82-88)*

The listening process seems to intermediate a perceived transfer of Luna's inner world into the listening therapist's inner world and this intimate connection facilitates the possibility of seeing and comprehending Luna. Furthermore, this experience enables Luna to acquire the ability to see herself from her therapist's perspective and thus Luna can start to see her own self in a new and different way – "afresh". It emerges that this is intermediated by her perception of the therapist's view of her. As such, similarly to Paula, Luna learns how to listen to herself based on her experience of 'being listened to' by her therapist.

Furthermore, Claire underlines a profound quality of feeling 'being listened to' which can be done only by a therapist who has the ability to see and recognise who she is as a person. Hence, by a listening therapist who goes beyond the presenting speech and offers a holistic experience of being fully understood as a person:

*"[...] that's what I mean by listening, it's not just to the words 'oh, but you said this, but you said that', but a kind of fuller understanding of who I am, 'cause I'm not very... you know, I don't see myself as a very verbal person, maybe I'm a very non-verbal communicator, and I think it's important that I'm with someone who can receive that..." (Claire, 133-139)*

This excerpt points out that in order to feel 'being listened to' it is essential that therapists, in addition to their ability to see and recognise who clients are as persons, also need to align themselves and their listening to clients' way of being, needs and interest in the psychotherapeutic context. Furthermore, Claire reveals how having previously undiscovered aspects of herself now seen and felt by her therapist facilitates the development of her own ability to see who she is as a person:

*"And so, from having someone actually mirror 'here's not only what I see you do, but what I feel is deeper or was ignored or not able to be picked up*

*by your parents, I can get there and here is what I see', so then unifying what's on the outside with what's on the inside and give me a much better idea of how I am [...] and I guess everybody wants to be seen in a way..."*  
(Claire, 360-368)

The excerpt portrays the therapist's ability to listen to Claire holistically by not only seeing the obvious, such as a behaviour – “do” – but importantly by “get[ting]” profound areas which had been “ignored” or unseen before. Having these areas witnessed and then communicated to her – “mirror” – supports Claire in self-listening and self-finding towards unifying aspects of her experience revealed by her therapist – “what's on the outside” – and herself – “what's on the inside”. Additionally, similarly to Paula, a developmental capacity of the listening phenomenon transpires from Claire's referring to her therapist's ability to apprehend untold or hidden aspects of experience unseen by her parents. This underlines the need for another person, a witness to listen to the self in order to see otherwise inaccessible aspects of own self. This distinct way of ‘being listened to’ in the psychotherapeutic context facilitates the continuation of Claire's developmental process by enabling the discovery of who she is as a person. Her belief that “everybody wants to be seen in a way” underlines Claire's perceived significance of the experience of ‘being listened to’ in a profound and meaningful way that allows a different relationship with the own self to develop.

When giving an example of feeling ‘being listened to’ by her therapist, Nicole describes it like her therapist's ability to see beyond the evident as if having “read” Nicole's mind. The therapist's ability to provide suitable listening (i.e., something that is actual when the client experiences it as ‘being listened to’) facilitates reaching Nicole's experience in a way that is congruent with what is going on within her inner experience:

*“I think I said the same things to her at the time: ‘You know, I really appreciate that you said this, it's like you read my mind...’”* (Nicole, 390-392)

Alice illustrates ‘being listened to’ akin to being holistically and ‘deeply seen’ by her therapist as if there is “nothing [she] can do to hide” from her therapist's listening:

*“[...] I think, what I mean is, you know, when you are not saying something, like even when you are fidgeting but you're not talking, or... she's just like watching everything as well as listening, and so when you say something but*

*then even the things that you don't say, the subtext of things you might tell about but she's like hearing that all and paying attention to that and it's that like... it leaves you feeling very... like naked, when someone sees you like that... and they're not giving anything off, like it's a spotlight on you, and there's nothing you can do to hide, because even if you are fidgeting, or talking, or not talking, or talking around something like... she's seeing and hearing it all..." (Alice, 529-541)*

The experience of feeling 'being listened to' and the therapist's holistic gaze give Alice a sense of lacking any possibility to escape from her therapist's ability to listen, who is "watching everything" and "hearing that all". Alice experiences her therapist's listening as penetrating beyond verbal communication so that the silence – "not saying something", "not talking" – gives no option to "hide" from her therapist. Therefore, listening in the psychotherapeutic context reaches the content underneath Alice's experience and the underlying "subtext of things". Moreover, she metaphorically describes her experience like feeling "naked", which suggests the magnitude of her feeling of being seen and found in totality by her therapist with no interference or possibility to hide. At the same time, Alice underlines the perceived unidirectional focus of attention on her, which seems to contribute to the distinct way of feeling holistically 'being listened to' and reaching a sense of *no place to hide*. There seems to be an ambivalent interplay between Alice's apparent need to hide and the therapist's listening to her in a way that gives her no possibility to hide. This appears to intensify Alice's experience of feeling 'being listened to' and is also a reminder of the inherent connection within the listening experience between revealing/being seen versus felt vulnerability.

## **4.2 Cues to self: the phenomenology of 'being listened to'**

The second master theme maps out the phenomenological contour of how it is like to feel 'being listened to' and how one does know that one is 'being listened to' fully. According to the research participants, there are a number of signs indicative of the presence or absence of 'being listened to'. This master theme looks at the listening phenomenon through the lens of prevalent and powerful cues to self from clients' perspective. Four subthemes have been identified: *An embodiment feeling; Feeling held and contained; A distinct experience of self; Knowing through not feeling 'being listened to'*. Consistent

commonality emerges from all participants and there is a consensus of a complex and multifaceted experience occurring when they feel ‘being listened to’ as clients in therapy. If the first three subthemes focus on the main cues emerging from participants’ inner, clearly crystallised experience of feeling ‘being listened to’, the last subtheme expands to also cover cues that stem from participants’ inner feeling of not ‘being listened to’ as a sign and acknowledgment of the unavailability of listening in the psychotherapeutic context.

### **An embodiment feeling**

The participants’ narrative illustrates how the physical characteristics of their experience represent clear cues to legitimise and authenticate the presence of ‘being listened to’ and of ‘suitable listening’ by the therapist. That is, the client’s body communicates the perceived existence or absence of ‘being listened to’. Moreover, the body represents an intimate communicator of the transformational processes in the client’s inner world that are facilitated by the ‘being listened to’ experience. For example, Paula illustrates how her experience of ‘being listened to’ in therapy reverberates throughout her entire body with an associated effect of healing:

*“It felt healing, it felt like there was something happening, almost like something was opening up in my heart, or like in my body... it’s just... maybe like normally I would be kind of like sitting maybe more rigid, or kind of like my body posture would kind of, you know, reveal that I’m quite defensive, like almost like as if I would need to protect myself, and that’s the kind of my first experience, that it almost felt threatening, so it’s like always I was on... ready to fight, ready for battle in that sense, that kind of sensation... so I could really sense how I was really... well, as much as you can relax into your seat but there was something opening up...” (Paula, 311-321)*

Paula’s embodied perception of something “opening up in [her] heart, or like in [her] body” suggests the reflection on the bodily level of a powerful inner experience of connection with the essence – “heart” – of her own being. The bodily sensations in therapy – “healing”, “opening up” and “relax” – signal the presence of feeling ‘being listened to’ in contrast with her normal experience when she feels “rigid”, “defensive” or “ready to fight, ready for battle” which is not associated with listening. This, in

conjunction with situating the latter experience on a time scale – “kind of my first experience”, suggests a shift in Paula’s journey of ‘being listened to’ in therapy which seems to facilitate and culminate with the healing experience. This appears to create a space wherein Paula feels ready to let go of her defences related to the need for protecting herself from what she had previously perceived to be “threatening”. As such, the way in which Paula’s level of felt vulnerability has been negotiated and changed within the psychotherapeutic space is also reflected and lived through her body. Moreover, her embodied feeling of “something opening up” appears to be a cue for reaching a space of enough confidence to take a leap of faith and open up broadly towards her own being, the therapist and the entire therapeutic journey. Similarly to Paula, other participants also experience a sensation of relaxation and relief reverberating through their bodies when feeling ‘being listened to’:

*“It’s a warmth, a feeling of warmth around the room, of unconditional acceptance, I feel relaxed, I feel that the person is not scrutinising me with their gaze, I feel that I have the space to be myself, so I feel free, usually I remember feeling very relaxed in my seat [...] I was feeling always relaxed in my body...” (Maria, 119-125)*

The “warmth” feeling appears to encompass the listening environment within which Maria experiences a feeling of freedom and acceptance. Her inner experience is felt and reflected on a bodily level through feeling “relaxed”. The use of “always” suggests that the feeling of relaxation represents a constant state when listening is available and indicates the presence of feeling ‘being listened to’ by her therapist. The therapist’s look appears to play a central role within Maria’s bodily and inner experience and this underlines the moment by moment co-creative and the constant interplay between both participants to the therapeutic dyad. Furthermore, Maria’s repetition of her feeling “relaxed” in her body highlights the importance of the bodily positive response within her experience of ‘being listened to’ in the psychotherapeutic context.

Nicole describes feeling ‘being listened to’ through a physical sensation akin to receiving a physical hug from her therapist:

*N: “[...] I think about it physically and it feels like someone’s giving you a hug but they’re not [...] so there’s an element of you know it, you know you’re being listened to because of the feeling that you get in yourself, or the feeling that I get in myself when I’m being listened to. Does that make sense?”*

*R: Yes, it makes sense... And when you are talking about that feeling, can you describe that feeling, how do you experience that in yourself?*

*N: I guess it's a warmth feeling, but it's a feeling of safety as well..." (Nicole, 135-145)*

The excerpt underlines how Nicole's bodily perceptions stand as a clear inner cue that she is indeed 'being listened to'. The physical sensation of receiving a hug, associated with a "warmth feeling" and "safety", suggests that her listening experience akin to an inner feeling of connection and closeness, affection or intimacy within the psychotherapeutic relationship is reflected, lived out and expressed through her body.

Moreover, Claire evokes an experience when she felt 'being listened to' by describing it metaphorically as going through a purifying cleaning process of her entire body. Claire goes beyond relaxation and relief to evoke an almost complete refreshment and clearing away of something that had been previously perceived as a burden, just like taking a shower and remove something unwanted from her body:

*"[...] I left his room and I felt as though I had a shower... I was completely refreshed, it was like I'd just come out of a hot shower and I felt completely clean and new, and I had presented to him this very phenomenal experience, where I was explaining it, like I am with you now, in very oblique kind of descriptive terms what I was experiencing, I was having difficulty telling him 'this is what's happening', and he said, he just started to lead me in a sort of very gentle kind of linking narrative and each time as he led me further and further I was moving forward, more forward, I was like, and I was feeling a sense of relief, and my head was clearing, my hands were clearing, and at the end I was just... it was amazing, I just felt 'my god, that is how interpretations cure people', it was outstanding, I physically felt washed clean of something..." (Claire, 195-211)*

Nevertheless, Claire describes a perception of a gradual physical purification – "my head was clearing, my hands were clearing, and at the end I was just... it was amazing". This appears to give a sense of spiralling movement of the listening experience towards different transformative domains. The therapist's perceived ability to listen to Claire and provide gentle guidance to overcome the difficulty to make sense of, and express directly, her inner experience leads to a new and healing experience for Claire. Therefore, it

transpires that Claire lives her embodied feelings like a new inner energy or strength that she is totally reinvigorated – “completely refreshed” and “completely clean and new”. Furthermore, her experience of having a “hot shower” may encapsulate an embodied feeling of healing through the purifying process from a psychological pain or distress, which is also lived out as a “sense of relief”. This suggests an experience of easing of a pain or discomfort and a lightening of a burden, tension or strain. The magnitude of her experience is underlined by feeling “completely” refreshed, clean and new and her perception of having an “outstanding” experience, which conveys an important transformation taking place in herself that is also duplicated and lived out on a physical level.

In contrast with all the other participants, Alice reveals experiencing clearly uncomfortable embodied feelings when she feels ‘being listened to’ by her therapist:

*“[...] it’s that the normal social contract is not in place, and so it’s like the fact that she just looks at me and she’s just seeing me and she’s not saying anything and it’s so unusual, it’s like it makes me sweat, it makes me sweat... it’s like I feel pressure-full, I feel really seen, you can’t just hide behind the normal life sayings like talking about the weather, chit-chatting or saying non-sense... like someone is really seeing you as a person in therapy when they’re listening to you...” (Alice, 118-126)*

The excerpt suggests that the distinct therapeutic way of listening and its fullness through which she feels “really seen” with no possibility to hide is associated with uncomfortable bodily sensations. This uncomfortable experience resonating throughout her body occurs to be a reflection and a felt cue of Alice’s state of vulnerability and a lack of total readiness to be seen in this distinct way as well as a lack of the therapist’s readiness to accord the listening to Alice’s *momentary readiness* to ‘be listened to’. This reminds about the importance of the way in which vulnerability is negotiated and of the alignment of client-therapist readiness previously discussed in section 4.1. Therefore, Alice’s bodily experience represents a cue communicating important information on her experience of ‘being listened to’ and what is needed for listening to unfold towards reaching its full maturity potential. Importantly, it shows that it is not enough that therapists are perceived to provide ‘real’ listening but it is essential that the other key conditions (chapter 5) are met in order for listening to reach its maturity and transformational potential. The perception of a “pressure-full” experience and the repetition of “it makes me sweat”



underline the intensity of the uncomfortable embodied feelings experienced by Alice when perceiving her therapist listening to her. Alice elaborates further on her bodily experience:

*“[...] it’s very uncomfortable for me... so like I sweat a lot in therapy... and like sometimes I have a visceral body reaction, just kind of ‘whoa’, like this, you know, like wanting to get away...” (Alice, 180-183)*

The excerpt underlines once more the magnitude and amplitude of Alice’s lived uncomfortable bodily reactions which reach the point at which she even feels as if she wants to just escape from the listening space.

### **Feeling held and contained**

This subtheme captures participants’ collective experience of ‘being listened to’ as phenomenologically synonymous to being held and contained. Their narratives indicate feeling held and contained as intimately intertwined with an internal sense of safety and unconditional acceptance by the listening therapist. These inner feelings serve as cues to authenticate that the therapist is able and ready to encounter what is seen and/or discovered through the listening process. Nicole portrays clearly and succinctly right from the beginning of the interview the way in which she feels ‘being listened to’ as phenomenologically synonymous to feeling “held”: *“I felt very listened to, very supported, very held” (Nicole, 10-11)*. She then expands further on her listening experience:

*“[...] when you’re in therapy you’re more vulnerable to the situation and you’re never really sure what’s going to happen when you do bring out some of the stuff that’s deep rooted and, you know, you’re trying to figure it out whilst you’re talking, you’re never really sure what’s going to happen as a result of that, so for me being listened to isn’t about being wrapped in cotton wool or being babied, it’s just very much about being held, I think, in that situation, being contained... if you’re going to bear yourself to that degree you need to know that that person is going to keep you held and prop you up...” (Nicole, 110-120)*

This excerpt reveals the way in which feeling ‘being listened to’ and feeling held and contained are intertwined. These appear to play an important role within a distinct uncertain space in which Nicole feels vulnerable in therapy and makes efforts to deal with her vulnerability – “bear [herself] to that degree”. To do so, she “need[s] to know” that she is constantly held by her therapist, so the inner feeling of being held represents a pivotal cue for Nicole in order to have confidence and feel both that she is ready to expose and reveal herself and that the therapist is ready to be there for her and provide suitable listening. Nonetheless, Nicole makes the point that being held and contained encapsulates a feeling of protection whilst her autonomy and independence are respected. This differs from the kind of protection offered more at a different developmental stage of “being wrapped in cotton wool or being babied” which does/should not be understood as what ‘being listened to’ represents in therapy. If in Nicole’s case, feeling held has a nuance of indicating that vulnerability and readiness are successfully negotiated, for Maria feeling held rather underlines an inner state of experiencing the quality of the therapeutic relationship as a sense of special connection with her therapist. This reverberates through a non-physical embracement or cuddle and a feeling that her therapist *is with* her in her experience as opposed to *doing*, such as finding solutions:

*“I mean especially when I talked about loss of people I loved and, you know, me being choking almost by emotion, I really appreciated that the therapist stayed with me and choked with me rather than trying to make me feel better and push me going out of this uncomfortable process... trying to save me or trying to make connections right there and then so I think it was a powerful... it was almost like the therapist embracing you and kind of cuddling you in a non-physical way, so you feel the support, you feel that you are held, and you know you can actually be sad and disturbed, but not alone...” (Maria, 364-374)*

Maria makes a clear point that feeling held is a matter of experiencing her therapist as being with her and herself as being met in her uncomfortable experience as opposed to feeling pushed away from it. This suggests that feeling held is facilitated by the listener’s ability to listen holistically to her and comprehend moment by moment her needs, emotions and pace in therapy, and thus recognise, respect and accord to her whole being. Thus, the feeling of being held encapsulates and shows that her therapist’s readiness to listen to her is aligned with Maria’s readiness to ‘be listened to’. Despite encountering

difficulties or uncomfortable feelings – “sad”, “disturbed” – feeling ‘being listened to’ brings a feeling of empowerment and a sense of lack of loneliness.

Moreover, Paula knows that she is ‘being listened to’ in the psychotherapeutic context by feeling being held on different levels beyond what is obvious or expressed through words only:

*“Something I can’t access but they can access it... it’s almost like they’re holding me, holding my experience, holding my feelings themselves... so it’s just kind of really somebody will work on different levels, not just by talking, not just by kind of saying something, it’s a kind of an all-round experience, which is very different obviously when you are kind of just being listened to by a friend in the outside world, where it’s literally just about the words that you’re saying...” (Paula, 96-104)*

The excerpt reveals another aspect of feeling held in which a key role is played by her therapist’s ability to access and contain Paula and her experience, of which she is not aware at the time. In psychoanalytic terms, Paula seems to speak about the therapist’s readiness to listen to and deal with her unconscious material in such a way that this is brought into awareness and becomes conscious. This and her “all-round experience” represent a clear cue to ‘being listened to’, as opposed to how she experiences listening outside therapy which is limited to verbal communication only. Paula’s repetition of “holding” may suggest the intensity and also the importance of this feeling within the listening experience in the psychotherapeutic context. Luna too reverberates experiencing feeling ‘being listened to’ as phenomenologically synonymous with feeling held:

*“[...] I do feel that she’s there for me and that she listens, and I feel that she’s kind of holding me, during the week...” (Luna, 56-58)*

Luna adds a temporal dimension to the experience of feeling held, which extends outside the psychotherapeutic environment. Her experience of ‘being listened to’ by the listening therapist facilitates a continued felt presence of her therapist and thus the holding experience goes beyond the therapist’s physical presence. This is suggestive of effective ‘being listened to’ as something akin to a *transitional object* (as described by D. W. Winnicott) and this is facilitated by Luna’s inner experience of being seen, acknowledged, witnessed and safely managed by her therapist during and after sessions:

*“That she’s getting to understand me, like something that was in me is now in her, and she therefore can get me, can see me ... it’s like before it was just one, it’s just me, and now it’s two of us, knowing this [...] and also she will now know and she kind of holds it as well, so it’s not just me, even after the session, after it’s finished, but it’s with her somehow, so she almost took it, I gave her something, almost like that...” (Luna, 81-92)*

Furthermore, Claire illustrates her experience of feeling contained as an indication that she feels ‘being listened to’. She lives it out as if her inner world is surrounded by her therapist’s world:

*C: “[...] it was almost like my experiential world was surrounded by his wider experiential world that wasn’t dissimilar, and so it allowed me to push my limits [...] I felt he was bigger than me, in fact he was bigger than me...*

*R: In what way?*

*C: He could contain me, whatever came out of me he could take and he could elaborate on that and allow me to elaborate on, it was always space for more, and it was a desire from him for more, and curiosity for more, and that to me gave me permission to be about me rather than about him, and I didn’t need to worry about him, and I didn’t need to tie to him...” (Claire, 589-601)*

The symbolic use of dimensional terms – “wider”, “bigger” – associated with the “surround[ing]” may suggest her perception of her therapist as having a greater capability to contain. This seems to be perceived as her therapist’s therapeutic capacity to manage detailed and complex material through listening and then modulate it in a way that supports Claire to expand her exploration and understanding to new personal domains within a space of development and growth. That is, the listening experience akin to feeling contained facilitates self-discovery and transformation. Importantly, the containing dimension of listening gives Claire the possibility to relate differently to her therapist than she relates in any other relationship. She is provided with the possibility to allow herself to focus on her own world without being concerned about investing in the therapist’s feelings and states or connecting with him. Furthermore, Claire’s account also captures a developmental aspect of the listening phenomenon within her psychotherapeutic experience as a client. She recounts starting the therapeutic journey by feeling just heard and gradually this developed into an experience of feeling “deeply held”. This suggests

that feeling held gave a different quality to, and legitimised, her experience of ‘being listened to’ in the therapeutic context:

*“That [listening] is the most important, and that’s the unifying aspect, really, of my therapeutic journey as a client, you know, it’s been different but actually it started off with being somewhere where someone just wanted to hear me to somewhere where I was deeply held...” (Claire, 778-783)*

### **A distinct experience of self**

The experience of ‘being listened to’ in the psychotherapeutic context enables rehearsals of different way of looking at, being in/with, and thinking about the world, self and self-with-others. When done well, it is an opportunity to unveil and live out a different manifestation of one’s self. The listening experience both encapsulates and facilitates an important developmental element towards growth for the self-in-becoming. This experience appears to represent and indicate the manifestation of listening in its full maturity potential. It appears to correspond to and represent especially a lived inner cue for the presence of the state described by the fourth subtheme of the first master theme – *I know you see me, therefore I can see myself*. All participants refer to this experience as being something distinct, new and valuable. For example, Paula illustrates vividly a new way of experiencing her own self when feeling ‘being listened to’ by her therapist:

*“First of all I love it, it’s a really beautiful kind of experience, just to kind of be seen not just, you know what, like I mean, for instance, like friends, sometimes they kind of like transfer their own stuff on to you and just say ‘Okay, you must be feeling like that because that’s how I am feeling’, but having the experience of actually somebody is kind of like your therapist is actually like ‘there are your feelings’, it is not kind of coming from what they put onto you, it’s just you, it’s your stuff ... that makes me feel quite unique and... not unique but maybe is it uniqueness, is it... I am separate, I’m just... I’m just me... it’s a ‘me’ experience, and I feel it makes... it’s quite important based on my own personal history, life history, it was really difficult to separate, because as soon as I try to separate it was just not possible basically... so it was also quite difficult to just be able to turn into entitlement on my own feelings and sensations and needs and whatever... so I guess it*

*kind of like it helps me to... [pause] it's just like a new experience basically..."(Paula, 148-166)*

Paula's distinct way of 'being listened to' in therapy is lived out through discovering and getting in touch with the uniqueness of herself. This significant state of sensing and experiencing her own self emerges to be the consequence of *I know you see me, therefore I can see myself* (fourth subtheme of the first master theme). That is, being deeply seen and recognised without interferences by her therapist enables her to see and recognise herself, and this is authenticated and punctuated by living out a new and distinct experience of her own self. This accomplishes the process of becoming a person – "it's a 'me' experience". Moreover, it also encapsulates a refreshing feeling of being separated from others, which Paula places in contrast with previous life experiences when she found it difficult to crystallise a separate sense of self and assert her feelings, sensations and needs. Therefore, it represents a significant developmental experience and Paula's feeling of 'being listened to' spirals towards its transformational potential; she feels more as a whole and experiences a real and pure sense of own self which she had not experienced before. It reverberates that Paula's discovery and connection with her own essence, with the 'me' aspect of herself, also represents a joyful and pleasant experience.

The 'being listened to' experience reaches a state in which Maria feels more authentic and genuine. This is an indication of meeting and integrating different aspects of her own self as revealed in the following complementing excerpts:

*"Yes, it's a space, it's actually an experience of moments of being true to yourself and being in contact with yourself..." (Maria, 332-334)*

and

*"[...] that's also the moment, that's a powerful moment because I get in touch with my own feelings, sensations, body sensations, any kind of other sensations, emotional kind of twitches, everything that's stirred by the space of being listened to... otherwise it's more like a dialogue or a chat..." (Maria, 338-343)*

Experiencing the intimate connection with different aspects of her being – feelings, emotions, bodily or other types of sensations – and with her own self represents an important cue which legitimises the presence of 'being listened to' as opposed to a more common communication as a "dialogue or chat". Similarly to Paula, this experience of

being herself represents a valuable and special experience which is pictured by Maria as a “powerful moment” of truthfulness in relationship to her own self. A further aspect of a distinct experience of self when feeling ‘being listened to’ is revealed by Nicole by placing her own sense of self in relation to others. She underlines the way in which feeling ‘being listened to’ facilitates and supports her to recognise, value and legitimise herself as a person who has the same right to wellness as any other individual:

*“I think that being listened to is reinforcing that actually my own wellbeing is just as important as everybody else’s [...] so reinforcing that message that actually you know you deserve to have the best of things as much as everybody else made me feel confident enough to make those changes and that kind of reinforcing that position where actually you don’t want to continue being in the situation you were in when you first came through the door, that’s why you came to therapy, so reinforcing that message that actually you know you deserve to have the best of things as much as everybody else...” (Nicole, 507-516)*

It emerges that ‘being listened to’ leads to Nicole’s recognition of herself in such a way that she becomes able to experience herself as worthy and valuable. Another powerful illustration of this effect of recognising action as affirming the self by punctuating the legitimacy of an individual existential ontology is offered by Luna. For instance, in the extract below Luna speaks of her experience of feeling ‘being listened to’ as instrumental for accomplishing a new sense of self:

*“[...] I know so, it helps that I can see myself through her eyes somehow, like it’s different, I can see myself afresh because somebody heard what I said...” (Luna, 85-88)*

Through listening, Claire lives out an experience of integration and wholeness:

*“I feel integrated as a result of it, even as a result of this I’ve been able to pull things together that were in there and were together but I haven’t turned my attention to, and as a result of it I feel more whole, and I feel a little bit taller, you know, I got more grown to stand on now because I understand more, and that to me is the result...” (Claire, 756-762)*

The new way of experiencing her own self represents an indication to herself of the culmination – “that to me is the result” – of her experience of ‘being listened to’ in the

psychotherapeutic context. Additionally, this sense of wholeness is also reflected and lived out through her body – Claire is feeling “taller”.

### **Knowing through not feeling ‘being listened to’**

The absence of the ‘being listened to’ experience and its corresponding effects represent another clear cue for self in relation to the listening phenomenon in the psychotherapeutic context. So far, all participants’ narratives have demonstrated the crucial importance of ‘being listened to’ in the ‘right way’ in the psychotherapeutic context. The mechanism through which feeling ‘being listened to’ optimises the therapeutic process and facilitates meaningful personal changes that underpin it, if altered, can have the opposite outcome. It emerges that the unavailability of listening may become detrimental to clients’ experience as illustrated below. An important feature of not feeling ‘being listened to’ is its impact on how clients experience their sense of self. For example, Nicole illustrates through powerful examples the way in which her experience of the absence of ‘being listened to’ in therapy brings undesirable feelings and has a strong unwanted impact on her sense of self:

*“It was very rejecting, and very hurtful, and like I said, I felt very insignificant, like I wasn’t worth being listened to...” (Nicole, 566-568)*

The absence of feeling ‘being listened to’ in therapy, besides a range of uncomfortable feelings such as rejection and feeling hurt, has a profound effect on her sense of self and self-with-other. That is, she senses her person as being unimportant and undeserving to ‘be listened to’. This feature of not feeling ‘being listened to’ is further elaborated in the next two short excerpts, in which, by using powerful metaphorical analogies, Nicole describes the significant impact this has on her sense of self:

*“I felt very belittled and very child-like actually and I felt very... a bit like I was a fly that had been swatted, that’s how I felt...” (Nicole, 612-614)*

and

*“[...] I felt very swatted and very child-like, like a naughty child...” (Nicole, 629-630)*

Nicole’s sense of self as being a “child-like” or “naughty child” evokes a regression on the developmental timescale which indicates the powerful developmental dimension



which the listening experience encapsulates. Furthermore, Nicole's experiencing herself like a "fly that had been swatted" underlines a lived inner feeling of being pushed out of the human condition and reduced to a crushed fly one. The opposite of experiencing ontological legitimacy associated with 'being listened to', being seen and recognised, these analogies portray Nicole's inner feeling of smallness and unimportance. Therefore, one's sense of self is almost annihilated within a perceived sense of not feeling 'being listened to' by the therapist.

Furthermore, Claire acknowledges the unavailability of listening in therapy through experiencing harmful implications for herself and the therapeutic process:

*"Umm, it's the same therapist... it was really damaging actually... and it was the same, the very same therapist, which is very interesting, expanding on my positive experience with that therapist... it ended in a rupture that he couldn't hear, and he was unprepared, I think quite cross, he was very unprepared to address this kind of thing, and wouldn't explore with me [...]" (Claire, 605-612)*

After a significant experience of feeling holistically 'being listened to' by her therapist, with important positive outcomes, Claire was confronted with a difficult situation of not feeling 'being listened to' by the same therapist. The amplitude of her experience is highlighted by describing it as "really damaging". This time her therapist seemed to be unready to accept Claire's vulnerability and to listen to her and to what was going on between them, and this clearly impacted detrimentally on Claire's experience and the whole therapeutic process. Consequently, this led to a rupture in the therapeutic relationship that was shortly followed by its ending: *"I want to understand what happened between the two of us, and he couldn't do it, and so I had to end the therapy"* (Claire, 670-671).

For Alice, lacking therapeutic quality in her experience in a psychotherapeutic context is a clear indication that listening is absent:

*"I never felt like he was listening to me [...] you know, it was weird, I didn't have any feelings, I was never uncomfortable, I didn't have any feelings of dislike, but nor did I have any of like, it was just, it was more that sort of thing that I did, I went there, there was a bit of a chat, and then I left, it was like sort of pointless, sort of useless [...] it didn't have a quality of like... growing,*

*or learning, or usefulness, or support, or anything... and in particular like there were a few things I kind of hinted at, he just never got, he never heard that subtext [...]" (Alice, 414-430)*

The excerpt pictures a space where nothing seems to happen. This is reflected in Alice's inner state which is rather characterised by an experience of flatness; using "never" associated with her experience of not feeling 'being listened to' suggests its permanency. It transpires that the absence of feeling 'being listened to' in therapy is akin to a "chat" that lacks any therapeutic qualities such as growing, learning, useful or supportive. Thus, Alice experiences the absence of feeling 'being listened to' as phenomenologically synonymous with the absence of therapy itself.

Another clear cue in relation to the listening experience is described by Luna. The absence of not feeling 'being listened to' interferes with and blocks the "flow" which she experiences when she does feel 'being listened to':

*"My experience is... that like there is interference almost, like I want to have this flow, which happens when I'm listened to, and that gets all scattered... and blocked... and goes wrong... so it's not a nice feeling, it's disturbance..." (Luna, 218-222)*

Besides experiencing stuckness in therapy due to the absence of feeling 'being listened to', Luna perceives that this impacts on everything within the therapeutic context. The absence of 'being listened to' blocks and disturbs Luna's experience and the entire therapeutic process. This highlights the importance of regaining the feeling of 'being listened to' in order to be able to disclose herself in therapy so that the therapeutic process can resume. In addition, the unavailability of listening is acknowledged by Paula through experiencing a sense of lack of engagement and low level of energy in the psychotherapeutic context:

*"I don't feel engaged, I don't feel there is an engagement happening... maybe their responses are very flat... I think the energy level is very low between us, I'm picking up energy levels in the room, I feel like the other person might be bored, or dissociated from... maybe there's something to do with my own stuff, but there's something about the therapist can't listen to what I'm saying... I feel like there is a sense of rejection... that what I'm bringing is not interesting enough or not good enough..." (Paula, 582-590)*

Overall, from the participants' narratives it transpires that an actual or perceived absence of feeling 'being listened to' and of listening in the 'right way' by the therapist is actively detrimental to clients' experience in therapy.

# Chapter 5. Conclusions and discussions

This study set out to explore clients' experience of 'being listened to' in the psychotherapeutic context using an interpretative phenomenological analysis method. This final chapter offers a synthesis of the main findings and proposes visual mapping of clients' experience of 'being listened to' in the psychotherapeutic context. This is then situated within the wider literature and the emerging conceptual ripples discussed. A critical appraisal of the study is provided through the lens of evaluation criteria specific to qualitative methodology. The study's contributions to knowledge, implications for practice and suggestions for future research are also addressed. The chapter concludes with a reflexivity journey structured around reflections on the process of undertaking the study.

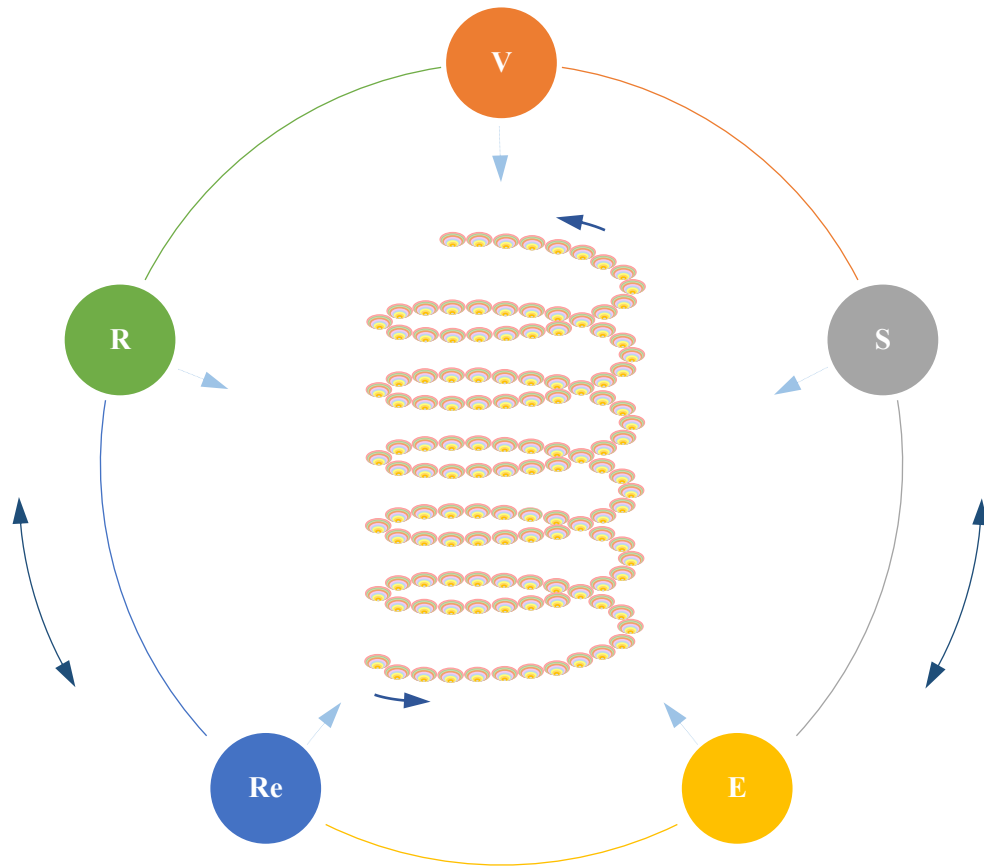
## 5.1 Retelling the story of 'being listened to'

The analysis of the participants' narrative has identified two master themes: *'Being listened to': no place to hide* and *Cues to self: the phenomenology of 'being listened to'*. The themes identified are distinct yet also intertwined and overlapping, generating a collective, rich framework capturing common and evolving journeys about and through the listening experience in therapy. Participants' experiences are nonetheless lived-out distinctly and with various magnitude depending on where they are on their unique engagement with the self and with the self-with-others. Whilst chapter 4 presented the listening phenomenon as a two-dimensional picture, this final chapter integrates and illustrates an additional, third dimension to the identified themes. As shown in Figure 5.1, this third dimension entails viewing participants' experience of 'being listened to' through the image of a *spiral*. The spiral captures rhythm and evolution. It depicts the key components underpinning the potentiality for individualised co-constructed 'being listened to' experience in the therapeutic dyad by clients (the study's research participants) and their listening therapist.


## The ‘being listened to’ spiral: key conditions

The spiral metaphor illustrates the experience of ‘being listened to’ as it unfolds, changes and develops in the psychotherapeutic context. It captures the *dynamism and complexity* of the listening phenomenon with states, feelings and emotions that overlap, intertwine, complement and influence each other. Although, qualitatively, the listening experience evolves during the course of psychotherapy, the study shows that its sense of progression does not arise in terms of phases but rather in terms of *depth and magnitude*. The more the client experiences ‘being listened to’ (with a deeply felt sense of ‘being seen’ by a trustworthy listener at its core), the more they feel reached by the listener and the readier they are to travel along the spiral towards ‘being listened to’ in its *full maturity potential*. At each listening encounter, the quality of listening is context dependent and already shaped (hindered or positively primed) by the previous encounter within (and outside) that particular dyad. As a result, this chain of moment-by-moment experiences of ‘being listened to’ is lived-out at different levels of intensity and awareness. Connected to this, there are also distinguishable *variations in the subjective impact* ‘being listened to’ generates at different points across the spiral.

Overall, the analysis of participants’ narrative shows that ‘being listened to’ in the psychotherapeutic context tends to be cumulative and the consequence or end-product of various combinations between the following key conditions (Figure 5.1): *successful negotiation of deliberate-existential vulnerability; matched client-therapist readiness; sense of connectedness and feeling held; feeling re-recognised and found; and embodied awareness*. At each moment, as transpires from the participants’ narrative, clients’ experience of ‘being listened to’ unfolds within their engagement of their *contextual vulnerability* and, supported by the combined *readiness* of both client and therapist, the *deliberate-existential vulnerability* comes to the fore. As clients experience different cues legitimising their listening experience, such as being *held* and *contained* with a deep sense of *safety and acceptance* and *embodied responses*, they take a leap of faith to reveal deeper and previously hidden aspects of themselves. This allows their listening experience to unfold and reach a state in which they feel deeply seen by the therapist’s *holistic gaze* and, as a consequence, by themselves. This is paralleled by a feeling of *specialness within the therapeutic relationship* as a sense of harmonious connectedness, a powerful sense of *no place to hide* and a *distinct experience of self* which all appear to be central to clients’ ‘being listened to’ in the psychotherapeutic context.



**Legend:**

- V** Successful negotiation of deliberate-existential vulnerability (component theme: Vulnerability: two sides of the same coin)
- R** Matched client-therapist readiness (component theme: Readiness to be found, are you ready to find me?)
- S** Sense of connectedness and feeling held (component themes: Specialness in the therapeutic relationship; Feeling held and contained)
- Re** Feeling re-cognised and found (component themes: I know you see me, therefore I can see myself; A distinct experience of self)
- E** Embodied awareness (component theme: An embodiment feeling)
-  Momentary encounter within the 'being listened to' experience

*Figure 5.1* The 'being listened to' spiral: the key conditions that shape its rhythm, dynamism, quality and impact.

The narrative reveals that clients' experience of 'being listened to' is fluid, individualised and co-created by, and through, the therapeutic dyad. It also emerges that clients can enter the spiral and leave it at any point, so that it appears to have no fixed beginning or closure apart from a settling sense of maturity in the fullness of 'being listened to'. The latter rests on a *distinct, powerful and integrated experience of own self* and on one's judgement of '*being re-cognised*' by a trustworthy listener. This typically means:

- (a) *cognised* as in the ways in which the listener thinks about and engages with clients resulting in clients feeling understood, contained and held;
- (b) *re-cognised* as in the ways in which the listener engages with clients' stories, (feelings, needs, identity) such that the presenting self can experience validation, ontological legitimacy (chapter 4), and comes to 'see itself' creatively and afresh.

They travel along the length of the spiral as long as 'the right' conditions for the listening experience to develop are maintained unaltered in the psychotherapeutic context. During this experience, moments of shifts may appear when clients do *not feel 'being listened to'* by their therapist. When this happens, both the therapeutic process and clients' experience can be detrimentally impacted and therapeutic rupture may occur. If there is insufficient *readiness* from both clients and their therapist to process the rupture so that clients can feel met in their unique experience and resume *feeling 'being listened to'*, then therapy will most likely come to a premature end. However, if the rupture is processed successfully then clients will perceive their therapist to be listening in the 'right way' and the experience of 'being listened to' will resume its spiralling development throughout the therapeutic change-making process. However, it emerges that there may be cases when clients do not have the opportunity to enter the 'being listened to' spiral due to the *unavailability of listening*, and eventually decide to leave therapy.

### **The 'being listened to' spiral: a diagonal view of a listening occurrence**

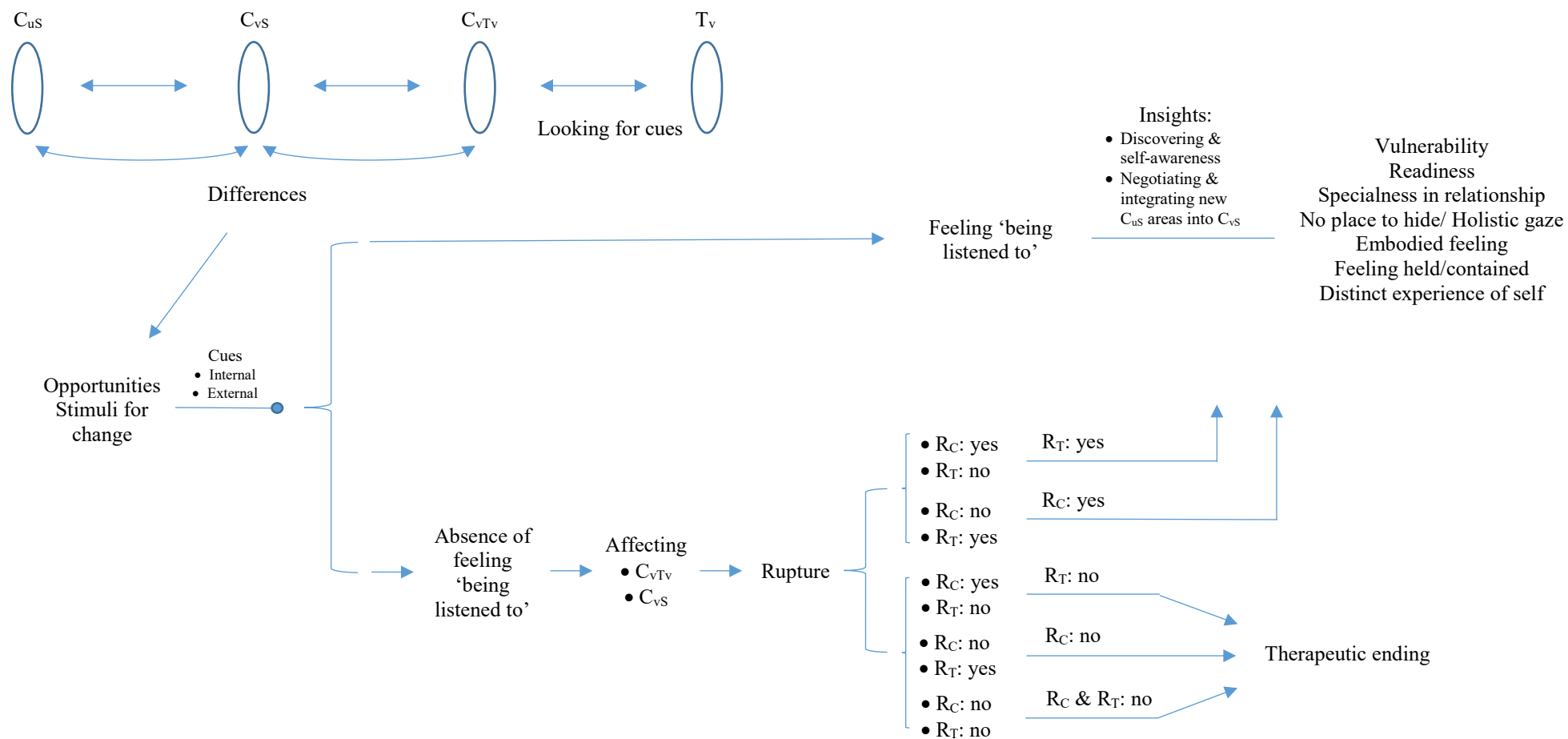
The findings can be further synthesised by zooming into the 'being listened to' spiral (Figure 5.1) to capture a micro-view of clients' experience of 'being listened to' in the psychotherapeutic context. It includes clients' experience of absence of feeling 'being listened to', which may interrupt or end their travel on the spiral. As illustrated in Figure 5.2, through listening the therapeutic encounter facilitates for clients a multifaceted

experience of ‘being listened to’ which may lead to a state of *specialness in the therapeutic relationship; no place to hide and a distinct experience of self*. However, there are also situations when clients do *not feel ‘being listened to’* by their therapist; the magnitude of their experience and how such situations are negotiated will determine the continuation or interruption of their travel on the ‘being listened to’ spiral.

Based on the research data, clients appear to engage actively in looking for cues to authenticate the presence or the absence of feeling ‘being listened to’ and of the therapist’s listening. It emerges that clients also look for cues to make sense of how their listening therapist perceives them and their experience, and this seems to play an important role in the development and integration of a *distinct experience of self*. Therefore, clients seem to wonder ‘What is the therapist listening to?’ or ‘What is the therapist discovering and seeing in and about myself?’ It can be stated that it is through listening that therapists interpret and shape their own view of clients, that is ‘*therapist-view-of-client*’ ( $T_v$ ), and this is further received into clients’ inner experiential world in the form of ‘*client-view-of-therapist-view-of-client*’ ( $C_{vTv}$ ). Importantly, from the participants’ narrative it emerges that within the experience of ‘being listened to’ in the psychotherapeutic context clients are not only those who are ‘being listened to’ but at the same time they are also ‘listening to’ their therapists. That is, clients listen to their therapist and look for cues to check whether they are ‘being listened to’, but also listen to their therapist’s view of themselves. Therefore, it transpires that performing listening is an active part of clients’ experience of ‘being listened to’ in the psychotherapeutic context. As such, it can be asserted that there are simultaneously two listeners in therapy – both clients and their therapist communicate and listen to each other concurrently, yet what differs is the intention stemming from the logic of psychotherapy (one is there to receive help, the other is there to provide help).

Additionally, it can be conveyed that clients hold in awareness their own ‘*client-view-of-self*’ ( $C_{vs}$ ), whilst there is also a hidden part of self which clients are unaware of yet, that is ‘*self-unseen-by-client-as-yet*’ ( $C_{us}$ ). From differences between ‘*client-view-of-self*’, ‘*client-view-of-therapist-view-of-client*’ and ‘*self-unseen-by-client-as-yet*’ may arise tensions and/or dilemmas within clients’ experience. Importantly, these differences represent opportunities/stimuli for client change as they need to be negotiated for integration into clients’ new meanings of their self. The negotiation of these differences and the extent to which the opportunities created are benefitted from appear to be in a dynamic interplay with *feeling or not feeling ‘being listened to’* in therapy.





Legend: CuS – self-unseen-by-client-as-yet; CvS – client-view-of-self; CvTv – client-view-of-therapist-view-of-client; Tv – therapist-view-of-client; RC – client readiness; RT – therapist readiness

Figure 5.2 Micro-view of clients' experience of listening in the psychotherapeutic context.

A parallel can be drawn between the current findings and the concept of “now moments” introduced by Stern et al. (1998) to describe unfamiliar and unsettling moments within the intersubjective environment of the psychotherapeutic relationship that feel like an impasse or opportunity for change. Such moments call for the psychotherapist’s action (e.g., a novel response or silence) to seize them and, when mutually realised, become “moments of meeting” that enable therapeutic change.

## 5.2 Situating the findings within literature

The findings illustrate that clients’ experience of ‘being listened to’ in therapy develops in a context set out by a state of *vulnerability* as an intrinsic characteristic of therapy linked to listening through disclosure and exposure in the presence of a listening therapist. As transpires from the research data, vulnerability manifests a *contextual* form – related to therapy as a distinct framework in which clients confide in their listening therapist – and a *deliberate-existential* form – becoming manifest through clients’ conscious decision to unveil in therapy life aspects undisclosed until that point. Similar to the current study, Leroux, Sperlinger and Worrell (2007) found vulnerability to be experienced like exposure due to a fear of opening up and being seen and/or judged by the psychotherapist. However, whereas in the above mentioned study vulnerability appeared to mostly occur early in therapy, from the current study it emerges that clients’ vulnerability when ‘being listened to’ by their therapist is present to different degrees throughout the therapeutic process as a whole. By introducing two forms of vulnerability, the current study illustrates that whilst *contextual vulnerability* lessens with the development of clients’ experience of ‘being listened to’ within a safe and holding relationship, it allows *deliberate-existential vulnerability* to become more prominent throughout the therapeutic process.

Leroux et al. (2007) highlighted the power dynamics as a contributor to feeling vulnerable as a client in therapy. The unbalanced power within the therapeutic relationship has also been underlined by one participant to the current study (Nicole) and appears to contribute to clients’ experience of *contextual vulnerability* as transpiring from the data. Others (Aron, 1996; Buber, Rogers, & Friedman, 1965; Burstow, 1987; Proctor, 2002; Spinelli, 1994) also emphasised the asymmetrical power relationship in the psychotherapeutic context. For instance, Burstow (1987) argues that whilst clients and psychotherapists are ontologically equal there is also a “distinct and necessary inequality” (p. 15) between

them which stems from their different roles and puts clients in a more vulnerable position. This is reflected in the listening phenomenon through clients' role to disclose aspects of themselves to the listening therapist and the unidirectionally orchestrated focus of attention on themselves. Moreover, the *contextual* dimension of *vulnerability* is further shaped by ongoing disclosure occurring beyond clients' choice or awareness when therapists listen to them. For example, the participants illustrate their perception of being 'got' and seen beyond what they deliberately unveil. One of the participants (Alice) specifically talks about feeling 'being listened to' when being silent and/or unwilling to disclose.

*Deliberate-existential vulnerability* can be paralleled with the psychoanalytic concept of "vulnerable moments" (Livingston, 2003), defined as "brief periods when a person risks exposing and experiencing parts of the self that are habitually hidden from others or even from the self" (p. 649) which might be accompanied by painful feelings of exposure. The key to *deliberate-existential vulnerability* is clients' decision to choose between avoiding or revealing, and thus putting themselves in a vulnerable position. This is in line with the literature on vulnerability in psychotherapy (Leroux et al., 2007; Livingston, 2001), which underlines a tension related to these two possibilities that are experienced in the same moment. Successfully managing this dilemma by dropping protective barriers and disclosing new personal areas unrevealed until that point is a key aspect of clients' experience of 'being listened to' in the psychotherapeutic context. This facilitates moving forward on the '*being listened to*' spiral towards change and growth. Similarly, Livingston (2001) considered these "vulnerable moments" to be pivotal for change in therapy. In the current study, such dilemmas emerge to be part of the participants' '*opportunities/stimuli for change*' (Figure 5.2) within their listening experience. In such situations, clients need to decide/choose whether to take a leap of faith, open up and show themselves (making themselves vulnerable) or close down (avoid disclosure and hide). Similarly, a qualitative-quantitative study (Farber, Berano, & Capobianco, 2006) looking at clients' self-disclosure in psychotherapy found out that clients feel ambivalent before disclosure and vulnerable during disclosure. This is due to distressful feelings (e.g., shame) which precede and accompany disclosure. However, positive feelings (e.g., relief) tend to predominate during and after disclosure. When exposing new personal domains and feeling 'being listened to', the participants to the current study, beside experiencing positive feelings, also talk about reaching different transformational states which listening

engenders (i.e., increasing readiness to ‘be listened to’, specialness in the therapeutic relationship, and a distinct experience of self).

The findings show that the interplay between clients’ *readiness* to ‘be listened to’ and therapists’ *readiness* to listen to is pivotal for clients’ experience of ‘being listened to’ to facilitate transformation. It also enables valuable use of vulnerability and plays a key role in how it is negotiated so as to support the listening experience to unfold. This interplay facilitates clients’ state of *no place to hide* and a *distinct experience of self*. Whilst ever-present across the training and supervision agendas (even if referred to via different terms such as suitable competence or skill) theoretically, the concept of *readiness* is not well-defined in the psychotherapy or listening literature. Concepts such as suitability, analysability and accessibility are used in psychoanalysis to indicate clients’ ability to engage in therapy. Some psychotherapy researchers (Ogrodniczuk, Joyce, & Piper, 2009), for instance, defined clients’ readiness in fairly general terms as being the psychological preparedness “to undertake the tasks associated with engaging in, and utilizing the provisions” (p. 427) of therapy.

From the current study, the notion of *readiness* emerged as comprising a twofold temporal manifestation (a) as *momentary* in the here-and-now and (b) as *cultivated* through learning and deliberate deployment. In a complexly intertwined manner, cultivated readiness shapes the agility required by momentary readiness. In turn, cultivated readiness becomes cumulatively shaped by insights and experiences encompassed by momentary readiness (often post-hoc, through self-reflection when the individual is ‘catching up’ with oneself). Building on from this, a three-dimensional paradigm for *readiness* of both clients and therapists is proposed:

- (a) psychological mindset vis-à-vis the task at-hand – perspective adopted within the listening experience e.g., courage to reveal (clients), and genuine openness and curiosity to listen and care (therapists);
- (b) competency and skills – individual repertoires of skills and past experiences, including suitable training (therapists), and self-awareness, tolerance of frustration and challenges, capacity for integrating new meanings into own lived experience (clients);
- (c) alignment – matching of client-therapist readiness (momentary and cultivated).

Readiness of both client and therapist appears to be dynamic and influenced by contextual characteristics. Similarities can be drawn between *psychological mindset*, transpiring from the current study as a pre-requisite for listening, and “growth mindset” (Dweck, 2016) defined as one’s belief in own capacity to change through personal effort, practice and the other’s help. When describing their experience of ‘being listened to’, despite *vulnerability* arising from exposing personal sensitive issues, the participants emphasise their willingness and openness to take a leap of faith and entrust their therapist to accomplish their expectations and achieve change. The importance of clients’ outlook in therapy is supported by existing empirical evidence which demonstrates a consistent correlation between therapy outcomes and optimistic expectations (Constantino, Glass, Arnkoff, Ametrano, & Smith, 2011; Luborsky, 1984) or positive character traits such as courage, responsibility, honesty and cooperativeness (Bachrach & Leaff, 1978). Other client characteristics were also found to facilitate better outcomes, such as openness to internal experiences and positive self-relatedness (Orlinsky, Rønnestad, & Willutzki, 2004; Watson & Bedard, 2006). This resonates with Ogrodniczuk et al.’s (2009) work and Truant’s (1999) findings that clients’ readiness as a psychological marker of their desire to change and engagement is pivotal to psychotherapy. By the nature of their profession, it may be expected that therapists’ psychological mindset in listening encapsulates open and genuine curiosity, interest and care for clients, including deep sense of compassion, flexible adaptation to the evolving context, self-confidence, embracement of challenge, perseverance, reliability and availability, and belief in clients’ capacity to change.

The attachment system theory (Bowlby, 1969/1982), through its focus on development and intimate relationships, can add to a broader understanding of the psychological mindset for both clients and therapists. The attachment style is seen as the individual unique psychobiological system comprising social behaviours, feelings, emotions and strategies for regulating emotions and meeting needs and expectations, which is shaped during the life span and is grounded in the early relational experience with parents or other significant figures (Bowlby, 1969/1982). According to Bowlby (1973), a responsive and available figure in time of need nurtures a secure attachment sense which facilitates confidence, healthy self-resilience and optimistic beliefs regarding resolution of difficulties, strengthens the trust in others for seeking help when needed and lowers the avoidance of closeness with others. Therefore, it emerges that clients’ and therapists’ secure attachment sustains the psychological mindset readiness dimension as part of the

listening phenomenon. As transpires from the current study, listening encapsulates a developmental dimension and supports clients' development of readiness to 'be listened to' by their therapist. Therefore, it is likely that the attachment style and the 'being listened to' experience are mutually shaped in a continuous dynamic. Furthermore, the empirical findings show that attachment security promotes greater openness to disclose intimate personal feelings and experience than individuals who display insecure attachment (Collins & Read, 1990; Mikulincer & Nachshon, 1991); more positive self-views and positive relationship expectations and less attachment anxiety (Carnelley & Rowe, 2007); and a foundation for compassion, responsiveness and altruism to others' needs (Mikulincer & Shaver 2005). All these attributes are likely to be part of the mindset readiness necessary for the 'being listened to' experience to unfold. Nonetheless, from the current study, it emerges that the experience of 'being listened to' facilitates the courage to disclose and work through sensitive personal areas; increases self-reliance and recognition of own ontological legitimacy; brings a sense of safety and self-acceptance; and promotes an inner sense of valuing the other and the relationship. Therefore, therapists' readiness to offer suitable listening appears to be intimately related and overlap with their ability to offer a therapeutic space where secure attachment is actively supported. However, as also shown in empirical studies (Shaver & Mikulincer, 2002), insecure attachment style leads to either a tendency to reduce distance from, and cling on, significant others, negative thoughts and emotions, and failure to detach from psychological pain, or a tendency to maximize the distance from others, repress painful memories, emotions and thoughts. When the insecure attachment style is present to one or both of the participants to the therapeutic dyad, it would inevitably impact on the listening environment. In this respect, a study based on laboratory experiments with participants who were strangers and encountered each other for the first time to engage in short conversations showed that the higher the avoidant attachment style, the lower the effect of listening on psychological safety (Castro, Kluger, & Itzhakov, 2015). This shows the direct relation between speakers' attachment system, listening and the state of safety, yet the research conditions fairly differ when referring to the therapeutic context and relationship, and therefore these findings need to be considered with prudence. The present study shows that listening creates a sense of safety and unconditional acceptance, which in turn enables clients' experience of 'being listened to' to develop and reach different transformational domains. The therapist's readiness to offer suitable listening encapsulates the ability to allow clients to feel safe enough to expose themselves and thus to enable clients' readiness to 'be listened to'. For this to happen, it is necessary that

clients hold or acquire the courage to take a risk to disclose and tolerate uncertainty and frustration. Overall, the findings related to the attachment system shed further light on the listening phenomenon and underline the role of attachment within the state of *being or becoming ready* to be listened to (clients) and listen (therapists).

Whereas various factors have been associated in psychotherapy literature (Bachrach & Leaff, 1978; Bloch, 1979; Moras, 2002) with clients' *competence*, such as motivation, capacity for insight, psychological mindedness, and capacity to relate, there appears to be no clear distinction between psychological mindset and competence. Related to professional *competence* of practitioners, this was defined by Epstein and Hundert (2002) as "habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served" (p. 227). Listening researchers (Burnside-Lawry, 2012; Wolvin & Coakley, 1994) describe listening competence as a collection of cognitive, behavioural and affective attributes that contribute to accurate and effective listening. Research on speakers' perceptions regarding listening ability (Coakley, Halone, & Wolvin, 1996) proposed a taxonomy of qualities associated with the effective listener, as shown in Table 5.1.

Table 5.1

*Qualities associated with the effective listener*

Open-mindedness	Eye contact	Approachability	Hearing well	Responsibility
Attentiveness/ Focus	Appropriate responses	Appropriate use of body language	Optimism	Organisation
Willingness to listen	Care	Supportiveness	Knowledge	Respect
Understanding/ Comprehension	Interest	Patience	Good memory	Unselfishness

*Note.* Adapted from Coakley et al., 1996, p. 40.

In the therapeutic context, it is necessary that therapists uphold their readiness to listen in a way that enables them 'to get' as much as possible a sense of clients' experiences and to penetrate beyond verbal communication and the obvious. This asks therapists to listen actively both to clients and also to themselves, to the way in which they experience the

clients. From an existential perspective, Buber and Friedman (1965) underline the importance of “one side – inclusion” (p. 39) which represents the therapist’s ability to be fully present and experience simultaneously both from the client’s and their own standpoint. In the same line of thought, through a psychodynamic perspective, Fosshage (1995) describes the need for the therapist’s ability to take two different perspectives when listening. These are conceptualised as ‘subject-centred listening’, in which the therapist resonates with the client’s affect and experience and looks through their client’s perspective, and ‘other-centred listening’, which takes the perspective of the other person in relating with the client. A broader illumination of the client’s experience of self and self-with-others can be facilitated by the therapist’s readiness to flexibly and sensitively bring to the fore in the moment one listening position in direct relation to the client’s ‘here-and-now’ therapeutic needs and interest. Nonetheless, the therapist’s capacity to listen to the client and own self requires the ability to also be aware of the dissimilarity between their own mental states and those of the client. That is, listening in therapy asks for the therapist’s ability to make a distinction between the client’s and their own personal material so that they restrain from equalling these two and imposing their own material on the client’s experience. When the research participants described not feeling ‘being listened to’, they also talked about elements brought in therapy by the therapist, which they perceived as foreign to their actual inner experience. These situations are described as not making sense, being confusing, and diminishing the trust in the therapist’s ability to listen. Therefore, the therapist’s mentalizing capacity as conceptualised by Fonagy and Allison (2014) – a developmental process of “understand[ing] others’ and one’s own behavior in terms of mental states” (p. 372) – appears to be an essential part of the therapist’s readiness to listen to their clients. Inevitably, the therapist’s capacity to mentalize shapes both the way in which they provide listening and the clients’ experience of ‘being listened to’. Furthermore, mentalization is also relevant when thinking of the client’s acquired readiness to ‘be listened to’ and the transformational potency of listening in therapy. From the research narrative it transpires that the ‘being listened to’ experience and the accessibility of listening in the psychotherapeutic context facilitate clients’ readiness to look at themselves from the therapist’s standpoint and have an inner sense of how they are experienced by the other. Therefore, it emerges that the listening experience is not only supported by the mentalizing capacity but also facilitates its development by underpinning the understanding and awareness of own self and self-with-others including their personal impact on others. As such, there is a continuous interplay between the client’s and the therapist’s capacity for mentalizing and the experience of ‘being listened



to', on the one hand, and the way in which the listening experience spirals towards reaching the state of a *distinct experience of self*, on the other hand.

The *alignment of client-therapist momentary and cultivated readiness* emerges to be a key condition for the 'being listened to' experience to unfold and reach its transformational potential. This underlines the continuous interplay, reciprocal and synchronized relationship between the client's and the therapist's readiness within listening in the psychotherapeutic context. However, in the situation of non-alignment of client-therapist readiness to fully engage in listening, in terms of responsibility and their respective vantage point, the locus of mismatch needs to be considered. When the locus of mismatch is with the client, this can be successfully addressed by a 'ready' therapist. However, the potentiality of synchronised reciprocity is disrupted when the locus of mismatch is with the therapist and calls for its (re)establishment.

Furthermore, it emerges that listening shapes and is shaped by the psychotherapeutic relationship dynamic and this can facilitate or hinder the alignment of readiness. The therapeutic relationship is defined in general terms as "the feelings and attitudes that therapist and client have toward one another and the manner in which these are expressed" (Gelso & Carter, 1985, p. 159). From the study, it emerges that when the key condition of alignment of client-therapist readiness is accomplished, the client's 'being listened to' experience spirals towards a special experience within the therapeutic relationship as a sense of strong connection with the therapist. It was conveyed that any therapeutic relationship regardless of the therapeutic approach encapsulates three interrelated components: the real relationship, the working alliance, and a transference-countertransference configuration (Greenson, 1965). Different therapeutic approaches confer varying importance to one or another, determining the degree to which they emerge within the relationship and shape the therapist's way of listening. Whereas the transference-countertransference relationship is more closely aligned to psychoanalytic and psychodynamic therapeutic work, the real relationship sits at the core of existential, person-centred and CBT approaches. Therapeutic listening and the therapist's readiness are inevitably modelled by their theoretical lens, and this unavoidably shapes the 'being listened to' experience and the client's meaning-making pathway towards self-understanding and self-listening. However, the counselling psychology profession has the therapeutic relationship as its primary foundation and adopts an integrative approach able to tailor the psychological treatment to the client's uniqueness, needs, expectations and aims in therapy. Therefore, all three dimensions of the therapeutic relationship are

relevant and essential to be considered within the listening phenomenon in the psychotherapeutic context.

Regarding the transference-countertransference relationship dimension, listening can be enhanced or hindered by the client's transference, the psychotherapist's countertransference, and the way in which these are understood and managed within the therapeutic dyad. Traditionally, the transference was seen in psychoanalysis as an inherent element to any relationship including the therapeutic one (Freud, 1912/1990). That means, within the therapeutic relationship are replicated unconscious characteristics of developmental and/or other significant past relationships. Therefore, the therapist's ability to listen to and recognise the client's transference brings valuable information about the client's unconscious material and the way in which their current experience intersects with the past one. As emerging from the current study, clients' transference impacts on their readiness to 'be listened to' and the listening phenomenon. For example, one of the participants (Paula, 242-254) describes a transference situation when she felt as if her therapist was "turning into [her] father, [and she] felt really criticised" (Paula, 245). This had an impact on Paula's readiness to disclose and 'be listened to'. However, her therapist's readiness to listen facilitated Paula's readiness to talk and disclose, and previously hidden elements of her experience could be integrated into her awareness. On the other hand, it has been conveyed that the therapist's listening shapes their countertransference (Fosshage, 1995). The concept of countertransference received various definitions. Some refer to the therapist's reactions to their client in general or only to the client's transference. Langs (1974) conveys that countertransference represents the therapist's reaction based on his own past relational patterns regardless of the client's transference or non-transference communication. The therapeutic situation confers a trigger for the therapist who can act out (countertransference behaviour) or use it for the therapeutic work with the client (Gelso & Carter, 1985). Heimann (1950) reasons that the therapist's emotional responses form one of the most essential instruments for researching the client's unconscious. The therapist's responses provide rich information about the patient (Heimann, 1950; Kernberg, 1965; Winnicott, 1949) and are derived from the way in which the therapist listens (both to the client and themselves). Therefore, the use of countertransference responses represents a valuable instrument for holistic listening in therapy and the way in which it is handled can either support or disrupt clients' 'being listened to' experience.

Furthermore, the participants' narrative emphasises the importance of a real and authentic dimension of listening in the psychotherapeutic context. Clients perceiving both the therapist and the relationship as authentic and genuine transpires to be pivotal for them to feel ready to disclose and 'be listened to' by their therapist. A real relationship is considered to be undistorted by the transference and/or countertransference and is reality oriented and appropriate (Gelso & Carter, 1985). For example, Buber's 'I-Thou' relationship as a real and genuine one is valued by both person-centred and existential therapies and plays a central role for the healing power of therapy (Greenberg, 1985). This way of relating involves the therapist's capacity to be authentically and genuinely present and to listen attentively in the moment from the client's point of reference to how they relate and experience the world (Rogers, 1951). Similarly, when feeling 'being listened to', the research participants talk about perceiving their therapist as *being present* and this allows them to feel present themselves. Nonetheless, the listening phenomenon and the therapist's readiness, as also transpires from the literature review (chapter 2) and from the above discussion, are inevitably shaped by the therapist's theoretical orientation and therapeutic rationale. Whilst psychoanalytic/psychodynamic listening aims at and includes the comprehension of clients' unconscious content (this is also achieved through the use of the therapist's own unconscious), within the CBT, person-centred and existential approaches listening focuses more on clients' conscious material. Additionally, from the psychoanalytic/psychodynamic listener perspective, the use of the transference-countertransference process represents an important tool for providing deep and holistic listening beyond what appears to be obvious. Furthermore, the psychoanalytic/psychodynamic approach models listening through inclusion of clients' past experiences whilst the other three aforementioned approaches orient listening predominantly towards clients' 'here-and-now' experience.

The current research findings show that when the key condition of client-therapist readiness alignment is accomplished, the client's 'being listened to' experience strengthens the therapeutic relationship and supports the development of the therapeutic bond. It has been conveyed (Bordin, 1979) that the therapeutic alliance is the key to effectiveness and change underpinning any therapeutic approach so long as three main conditions are met: "an agreement on goals, an assignment of task or a series of tasks, and the development of bonds" (p. 253). Whilst the client-therapist matched listening readiness is essential to reach a clear agreement on the therapeutic aims and tasks and the present study shows that listening facilitates a strong connection, it can be stated that

listening in therapy represents a focal point for the development of the therapeutic alliance irrespective of the therapeutic approach.

Additionally, the findings from the current study illustrate that clients check for their therapist's *readiness*, the quality of their therapist's listening to them, and how their therapist views them through what was listened to. Clients appear to do so by looking for manifold cues. These are not limited to verbal language and go beyond spoken communication to also include the therapist's way of looking and their facial expressions. A review of psychological research on the use of eyes in social behaviour (Argyle & Cook, 1976) underlined that eye gazing is an indicator of listeners' attention to the conversation. Other findings from existing psychology research (Bavelas et al., 2000; Brunner, 1979; Kraut et al., 1982) demonstrate how listeners' facial expressions, body postures or gestures can convey positive or negative emotions in speakers and thus act as conversational signals directing the structure of the communication. As also reflected in the present study, the therapist's non-verbal communication whilst listening appears to be essential for clients' 'being listened to' experience. Moreover, other authors indicate that visual cues have a greater influence on the listening experience than vocalic ones (Bostrom, 2011), and nonverbal cues are accepted as expressing true feelings more genuinely than verbal ones (Burgoon, Guerrero, & Manusov, 2011). This is also reflected in the participants' narrative. For example, Nicole vividly illustrates this when describing the absence of feeling 'being listened to' by her therapists – "she may be able to say the right things but at no point did I feel that she was holding me... in fact I felt like her agenda was quite different" (154-157). This highlights once more the role played by the genuine presence of the therapist within clients' 'being listened to' experience in the therapeutic context.

Participants in the present study described feeling 'being listened to' in therapy through a complex multidimensional experience which intertwiningly encapsulates *feeling held and contained*, including an inner sense of being accepted and safe or understood, as well as distinguishable *embodied sensations* like healing, relaxation, warmth, relief or refreshment. The narrative also reveals that clients' feelings of containment, holding and bodily responses play an important role in certifying or legitimising the presence and 'quality of listening in therapy. Findings reported in previous qualitative (Bachelor, 1995; Littauer et al., 2005) and quantitative (Sexton et al., 1996; Simpson & Bedi, 2012) research showed that listening helps clients to feel accepted and safe and empowers them to develop self-awareness. Winnicott's concept of 'holding' (1963b) and Bion's theory

of ‘containment’ (1962) can provide a framework for depicting the *holding and containment* dimension of listening illustrated by participants. Winnicott’s ‘holding’ applied in therapy denotes “conveying in words at the appropriate moment something that shows that the analyst knows and understands the deepest anxiety that is being experienced, or that is waiting to be experienced” (1963b, p. 230). Several aspects are associated with participants’ experience of feeling ‘being listened to’ akin to *feeling held*: one, feeling that their therapist *is with* them and comprehends holistically their needs, expectations, and pace in therapy; two, feeling embraced or cuddled in a non-physical way; three, feeling that their therapist keeps and deals with the material listened in a way that facilitates travelling along the ‘*being listened to*’ spiral (Figure 5.1). Such holding function is considered to provide an environment in which “the ‘inherited potential’ is becoming itself a ‘continuity of being’” (Winnicott, 1960b, p. 47) and constitute the basis for the establishment of a sense of self (Winnicott, 1960a). It emerges that the holding dimension of ‘being listened to’ encapsulates the *ontological legitimacy* (chapter 4) of clients’ existence and supports their travel along the ‘*being listened to*’ spiral towards a *distinct experience of self*. Whereas the holding function in psychotherapy is related more to the therapist accommodating the client’s needs, containment depends on the therapist’s mind and its imaginative speculation (Cartwright, 2010). Bion (1962) conceived containment as a meaning-making transformational process within which the therapist can manage, metabolise and feed back to their client their previously unmanageable psychic states which hinder understanding and development into a more accessible, understandable, meaningful and bearable form. One of the implications of containment within the listening experience is the facilitation of the client’s readiness to talk and bring different meanings and perspectives to their previously inaccessible and unformulated personal experiences and domains. Listening in the psychotherapeutic process implies that the listening therapist also holds the ability to not feel overwhelmed by what they listen to whilst “retain[ing] a balanced outlook” (Bion, 1959, p. 313) by being genuinely open to different perspectives. Furthermore, they need to accord with clients’ actual readiness in order to adapt and *modulate* their responses regarding what they listen to in a manageable way. This facilitates an environment wherein the ‘being listened to’ experience can unfold towards clients’ ability of self-discovery and self-listening. That is, to become aware of ‘*self-unseen-by-client-as-yet*’ (Figure 5.2). Therefore, listening in therapy requires therapists’ *readiness* to stay with clients’ experiences and accord with their *momentary readiness* in order to provide a holding-containing space and thus facilitate clients’ self-holding and self-containment towards reaching the full maturity

potential which the listening experience engenders. Listening also emerges to be a bodily phenomenon since participants' feeling of 'being listened to' is expressed and captured through their bodies (e.g., feeling healed, purified, relaxed, refreshed etc.). That is, participants' experience of 'being listened to' emerges to be an *embodied* experience as "an existential condition in which the body is the subjective source or intersubjective ground of experience" (Csordas, 1999, p. 143). Nonetheless, the embodied feeling authenticates the presence or the absence of listening in the psychotherapeutic context. Clients' embodied experience of 'being listened to' synthesises their feelings, senses and perceptions, thoughts, needs and expectations in relation to their listening therapist and to how they live out listening in therapy at every moment.

As is emerging from the current study, clients' experience of 'being listened to' encapsulates a state of *specialness in the therapeutic relationship* as a complex experience of connectedness, harmonious unity, meeting or togetherness with their listening therapist. The participants conveyed that this state is difficult to explain but is clearly and undoubtedly felt when it is present. It emerges that for *specialness* to occur, a constancy of experiencing feeling 'being listened to' is essential. Moreover, the sense of distinct connection which strengthens the therapeutic relationship plays an important role within clients' internal world to facilitate an intimate connection with their own self. When participants describe their special experience, this is also paralleled with an inner lived state of unity and wholeness felt both with their therapist and themselves. This state reported by participants within their experience of feeling 'being listened to' can be paralleled with Buber's notion of 'I-Thou' relationship (Buber, 1923/1958), which reflects one's capacity to relate to another in the fullness of one's humanity rather than as objects in the case of an 'I-It' relationship. In Buber's perspective, a whole being requires the presence of the other within an 'I-Thou' relationship. It is through the 'I-Thou' mode of relating with one another that authentic experience is enabled inasmuch as "all real living is meeting" (Buber, 1923/1958, p. 17). Supported by an all-inclusive holistic listening (which occurs at all levels of internal experience), several participants add a feature of *synchronicity* to their feeling of 'being listened to' akin to a *special experience in the therapeutic relationship*. They describe being 'in tune', 'in sync' or 'synchronous' with their therapist and resonating harmoniously into a powerful and meaningful experience of wholeness that transcends time to make past, present and future converge within the moment of connection. This state shares similarities with the 'presentness' of Buber's 'I-Thou' relationship, through which time and space are transcended to facilitate

immersion into ‘eternal now’ (Friedman, 2002) and reliving of one’s own self. Stern (2004) proposed the concept of ‘moments of meeting’ to describe a here-and-now, co-created authentic connection between clients and therapists; such moments are considered pivotal in therapy as they can alter the therapeutic relationship and clients’ sense of self and lead to sudden qualitative change inasmuch as they “can change a life” (p. 176). Likewise, when describing their experience of ‘being listened to’, participants to the current study refer to new powerful states facilitating transformation and healing, which are lived out towards a *distinct experience of self*. Similar experiences arising from the therapeutic relationship are described in other research studies as ‘pivotal moments’ (Giorgi, 2011) or ‘sacred moments’ (Pargament, Lomax, McGee, & Fang, 2014), the latter explicitly adding a spiritual dimension to the relationship which was also reported by some participants to the current study.

When describing their experience of ‘being listened to’ as being lived out as a special and powerful state in which they feel a harmonious connection with their therapists, the participants talk of maintaining awareness of their sense of own separateness and uniqueness. This denotes feeling connected with the listening therapist, yet at the same time separate whilst the sense of self crystallises into uniqueness. In relation to this dialectical modality, the participants point out to uniqueness and separateness within the kind of connectedness that ‘being listened to’ can engender; this shows that the more intense the connection with the therapist, and therefore with themselves, the better crystallised clients’ sense of *self* as being unique. Therefore, the experience of ‘being listened to’ reaching the state of *specialness in the therapeutic relationship* facilitates self-listening towards a *distinct experience of self*. Winnicott talks about ‘the capacity to be alone’ as an essential sign of emotional maturity which paradoxically originates in a relationship that facilitates growth towards experiencing aloneness in the presence of another (Winnicott, 1958) and reaching one’s true self (Winnicott, 1960a). In the current study, clients’ experience of separateness within connectedness develops in the presence of the holistically listening therapist. Therefore, clients’ experience of ‘being listened to’ implies a certain listener – their therapist – whose capacity to witness them facilitates their *distinct experience of self*.

Moreover, when ‘being listened to’ by their therapist, the participants describe reaching a state of feeling deeply and wholly seen and re-recognised within a realm of safety, acceptance and containment to facilitate *no place to hide* from the therapist’s *holistic gaze*. The ability of the listening therapist to ‘see’ and deeply re-recognise the client

facilitates the client's ability to see themselves. Similar to the current study's findings, the gaze or the look of the other is recognised in literature (Sartre, 1969; Winnicott, 1967) as influencing one's own sense of *self*. Nonetheless, if from Winnicott's perspective the gaze rather functions as a mirror offering holding, containment and recognition by the other towards development of one's self, for Sartre "the look" exists on the ontological level as a "permanent possibility of being-seen-by-the-Other" which instead is alienating (1969, p. 257). According to participants' narrative, their meaning of gaze when 'being listened to' by their therapist is closer to Winnicott's perspective. In the current study, the therapist's listening akin to a *holistic gaze* facilitates clients' self-listening akin to a self-gaze; that is, the *no place to hide* refers to clients reaching a state in which they feel deeply seen both by their therapist and themselves. Therefore, it appears that once clients become sufficiently *ready* both to find and see themselves (in doing) and to be themselves (in being) they can touch the essence of their own being through a transformational experience of self-listening. Rogers (1975) emphasises that 'being listened to' facilitates more accurate self-listening and, in so doing, more congruence between self and own experience. As participants reveal, based on their experience of 'being listened to' in the psychotherapeutic context, they start learning to listen to themselves and authentically assume who they really are, and accordingly enhance genuinely their way of being and relating with the world. Thus, clients start to experience and integrate aspects of their 'unseen self' (*self-unseen-by-client-as-yet*) into their self-awareness (*client-view-of-self*). This gives clients, as participants revealed, not only a new way of experiencing themselves as a whole, but also confidence to assume and show others (including outside of therapy) previously hidden aspects of their self. Heidegger (1962) talks about the ontological possibility of one as Dasein to become "*authentic Being-one's-Self*" (p. 313) which is facilitated by moving away from '*fail[ing] to hear [überhört] its own Self*' (p. 315). It transpires that this, like the current study, captures the need for listening to, and finding, the own self in order to live more authentically.

This culminates with clients gaining a lived experience of a *distinct experience of self*. This legitimates and authenticates the presence of being found and self-finding, which play complementary roles and represent the heart of the transformational process towards acquiring a sense of wholeness and unity in own being. It emerges that clients' sense of own self is co-created with the listening therapist and is dynamic during the session. When this finding is extended to clients' relationships with the world in other contexts outside therapy, some degree of change in '*client-view-of-self*' is expected to occur between



therapeutic sessions as well. Therefore, the self is conceptualised within the current study as having a dynamic and inter-relational nature. This is in accord with Riker's view of self, described as "a multidimensional structured subjectivity that is always involved in transformational processes" (2013, p. 501). From the present study, it can be concluded that the listening phenomenon in the psychotherapeutic context is pivotal for clients' self-transformation process towards a powerful, refreshing and healing experience of self.

The participants' narrative demonstrates the importance of their experience of feeling 'being listened to' in the psychotherapeutic context. However, the way in which feeling 'being listened to' enables and enhances the therapeutic process and meaningful personal changes, if altered, may cause opposite outcomes. Not feeling 'being listened to' represents a powerful cue for the *unavailability of listening*. This emerges to be detrimental to clients' experience, bringing undesirable feelings and, importantly, having a significant impact on how clients experience their own sense of self. Furthermore, the unavailability of listening makes the psychotherapeutic context to actually lack its therapeutic quality; clients' talking and their disclosure are blocked and there is no possibility to develop a trustful and safe relationship. Additionally, it emerges that clients find it harder to negotiate dilemmas arisen from differences between '*client-view-of-self*' and '*client-view-of-therapist-view-of-client*' when *not feeling 'being listened to'* by their therapist, and this causes ruptures in the therapeutic relationship and premature endings. When *not feeling 'being listened to'*, participants talk about feelings of rejection, unworthiness, or insignificance, and use powerful illustrations e.g., "I was a fly that had been swatted" (Nicole, 614). If the listening phenomenon has the capacity to bring forward the recognition of clients' ontological legitimacy (chapter 4) with its transformational aspects, the unavailability of listening appears to have an opposite undesirable impact on the client's sense of self. Thus, whereas when feeling 'being listened to' the therapist's gaze appears to represent a clear indication of the therapist's supporting and holistic listening, when listening is absent the therapist's gaze can be perceived as hostile and holding the power of annihilation. The latter case recalls of Sartre's (1969) view of the gaze that alienates and reduces the person to an object of the other. If in the case of feeling 'being listened to', the therapist's gaze facilitates the listening to unfold and reach its transformational potential, the unavailability of listening empties the psychotherapeutic space of the therapeutic and transformational characteristics. The current study also shows how rupture can emerge in relation to an experience of *not feeling 'being listened to'*. Likewise, the state of *readiness* of both

therapist and client emerges as paramount in efforts to negotiate such ruptures. For if the rupture is processed and that readiness (re)gained then this leads to clients feeling ‘being listened to’. Their journey along the spiral can then continue. Otherwise, the rupture leads to a premature ending of therapy. This is in line with findings of other authors that whereas unresolved ruptures can affect therapy, adequately addressed ruptures can lead to positive outcomes (Safran & Kraus, 2014; Safran, Muran, & Eubanks-Carter, 2011). Nonetheless, participants describe situations (usually at the beginning of their therapeutic experience) when they did *not feel ‘being listened to’* yet felt unable or unprepared to address this in therapy. If therapists are unaware of this, clients do not have the opportunity to enter the ‘being listened to’ spiral.

Overall, according to the study’s participants, clients’ experience of ‘being listened to’ in the psychotherapeutic context may be best described as a spiralling transformational experience. This is co-created by both client and therapist, and changes at each moment during the travel along the *‘being listened to’ spiral*. It appears that clients’ experience of ‘being listened to’ pertains to the realm of feelings rather than the mind, with emphasis being placed on a feeling of union, uniqueness and wholeness. As the study’s findings reveal, an important component of clients’ experience of ‘being listened to’ towards transformation is the development of their self-listening. The study can conclude that when participants describe their experiences they refer to ‘being listened to’ *by both their therapist and themselves*. In order that clients engage most optimally with the *‘being listened to’ spiral* it is important that they also become good listeners, and this is a capacity that can be developed in therapy. It emerges that listening is both a *developmental capacity* pertaining to human growth and a *developable capacity* to improve listening to self, others and the world towards more authentic living. Ultimately, whilst travelling along the *‘being listened to’ spiral*, the experience of ‘being listened to’ is becoming an experience of ‘listening’.

### **5.3 Evaluation of the study**

The aim of the current study was to contribute to existing counselling psychology and psychotherapy research by exploring clients’ experience of ‘being listened to’ in the psychotherapeutic context. To the researcher’s knowledge, this is the first study purposely

focusing on the experience of ‘being listened to’ in therapy from clients’ perspective. This section evaluates the study discussing its main limitations and assessing its quality.

### **Sample characteristics**

The study involved six participants. It was designed to capture in-depth and detailed accounts of participants’ experience with no intention to generalise findings from the sample to the population. As such, sample size is considered to be sufficient and in line with qualitative and IPA practice (Smith et al., 2009).

Each research participant had experience of minimum three years of therapy with two or more counselling psychologists or psychotherapists of different approaches. This experience allowed them to grasp different nuances of ‘being listened to’ within the same approach and therapeutic dyad whilst also comparing between different therapeutic settings. Their experience further facilitated rich and articulated narratives with direct benefits for the current study. All the participants are women. This gender specificity of the sample may constitute a limitation as men’s views may differ and are not taken into account. However, this can also be considered a strength as part of supporting the IPA emphasis on sample *homogeneity*. As discussed in chapter 3, IPA methodology values homogeneity and the ways in which it enhances the credibility of the collective patterns emerging from participants’ group data.

Initial recruitment was targeted at lay persons with (prior or present) experience as clients in therapy. However, as detailed in section 3.5, in the end all the participants also had, in addition to their personal experience as clients in therapy, professional experience as practitioners in counselling, forensic psychology and psychotherapy. Participants’ quality of practitioners is a contextual feature adding value to their account from the standpoint of speaking as experts by experience. Bearing in mind that listening lies amongst more abstract phenomena, it is likely that participants’ professional quality (e.g., sensitivity and commitment to reflexivity, self-awareness and self-knowledge) also contributed to their richly nuanced and sophisticated accounts of their experience of ‘being listened to’ in therapy. On the other hand, participants’ own theoretical understanding as practitioners would have shaped their views of ‘being listened to’ as clients in psychotherapy and thus the research findings. For instance, all the participants brought experiences of both feeling and not feeling ‘being listened to’ by their therapists, with detailed accounts of both positive and detrimental impacts such situations had upon them. This balance in accounts

may represent a way of deliberately opening up for reflection the various facets of the phenomenon versus promoting one (personally invested) feature.

As a qualitative research, the concept of *transferability* is an important criterion for evaluating the worth of the present study. Transferability refers to the extent to which the findings can be used to understand and gain insights on the listening phenomenon in other contexts (Smith et al., 2009). In this respect, three specific contexts are particularly significant: (1) clients in psychotherapy; (2) women; and (3) psychology and psychotherapy practitioners.

### **Other methodological limitations**

As detailed in chapter 3, IPA was considered to suit best the research objective by focusing primarily on individual phenomenological experience. However, several methodological limitations inherent to IPA research need to be considered for evaluating the current study.

**Language.** IPA, like any phenomenological analysis, “relies upon the representational validity of language” (Willig, 2013, p. 94) as the means through which participants share their meanings of experience. As such, in the analysis of the study participants’ meanings of their experience of ‘being listened to’ were taken at face validity in constructing and conveying their individual subjective reality. However, whilst IPA admits that reality is dependent on and constrained by language of one’s culture, it considers lived experience to go beyond “historically situated linguistic interactions between people” (Eatough & Smith, 2008, p.184). From this perspective, participants’ accounts of their inner lived experience reflect more than culturally constructed meanings; it also captures personal, psychologically powerful, often indefinable aspects of this experience. Moreover, in IPA, ‘knowledge’ is created through a ‘double hermeneutic’ process in which the researcher interprets participants’ interpretations of their experience; to emphasise nuances of experience, the researcher takes participants’ words at face validity but goes beyond them to “stretch [their] meaning” or “invent a new vocabulary” (King et al., 2008, p. 82).

**Suitability of accounts.** Willig (2013) raises the question of IPA’s capability of accurately capturing meanings of experience rather than opinions of it. As IPA relies on the participants’ narratives it is beneficial that participants capture sufficiently well

subtleties and nuances of their experience. In this respect, as detailed above, participants to the current study contributed with rich and exhaustive accounts of their experience of ‘being listened to’.

**Explanation versus description.** IPA, as other phenomenological inquiries, limits the understanding of the phenomenon explored by focusing on *how* it is perceived in a particular context rather than explaining *why* (Willig, 2013). From this perspective, the current study, in line with its declared aim to capture meanings of experience, indeed did not seek to explain causality aspects of the listening phenomenon. This inherent methodological limitation may be addressed by undertaking further research using explanation-oriented methodologies.

### **Qualitative criteria for evaluation**

Validity and quality of the research process are discussed in relation to the principles set out by Yardley (2000) (chapter 3). These cover four criteria for evaluation: sensitivity to context; commitment and rigour; coherence and transparency; and impact and importance.

**Sensitivity to context.** The research study aimed to follow this recommendation by firstly undertaking a comprehensive review of the relevant listening, psychological and psychotherapeutic literature whilst maintaining relevance to counselling psychology. Sensitivity to participants was maintained during the recruitment process, data collection and analysis. Participants were given the possibility to choose the interview location and their pseudonym, and openness and empathy were shown during the interviewing process so that participants could feel at ease and in sufficient control over the process.

**Commitment and rigour.** Aiming to provide a sufficient degree of transferability to help readers liaise the research analysis with their own experience as recommended in literature (Smith et al., 2009), the project used a reasonably homogeneous and relevant sample of participants with a broad experience as clients in psychotherapy. This facilitated rich and insightful accounts of their meanings of ‘being listened to’ in the psychotherapeutic context. Additionally, thoroughness was maintained during the interview so that rich and insightful meanings relevant to the research questions could be extracted. During the analysis process, it was endeavoured to remain close to participants’

accounts and include sufficient quotes from all the participants to give them a voice whilst aiming for a sufficient degree of interpretation, in line with Smith et al.'s (2009) recommendations.

**Coherence and transparency.** Qualitative research principles were followed throughout the study to ensure transparency, trustworthiness and confidence in the results by providing sufficiently clear, detailed and consistent information and discussion of all research aspects, including ethical considerations. The project endeavoured to bring a clear aim and focus, defined right from the outset, and the whole research process served consistently to answer the research questions. Additionally, the study aimed for coherent presentation of all arguments, logical flow and complete discussion of findings, and clear exploration of any ambiguity or contradiction. Moreover, it was endeavoured to maintain transparency by also engaging with self-reflexivity around the researcher's values and assumptions in analysing and interpreting participants' experiences. Therefore, in line with Smith et al.'s (2009) recommendations, transparent and contextualised analysis of research data was carried out to enable evaluation of transferability to other research contexts.

**Impact and importance.** By providing rich and insightful findings on clients' experience of 'being listened to' in the psychotherapeutic context, the project adds valuable knowledge to the practice and theory of counselling psychology and other psychotherapeutic settings by facilitating evidence-based understanding in the area of listening in therapy. The hope is to inspire and assist psychologists and psychotherapists in developing a clearer understanding of the listening phenomenon and a better ability to respond to and meet their clients' interests in therapy. Additionally, references to how the results advance theoretical understanding and useful knowledge applicable to other situations are made, and this also helps transferability (Kuper et al., 2008).

## **5.4 Contributions to knowledge and implications for practice**

Contributions to knowledge and implications for practice in psychotherapeutic settings arise from the current study with respect to clients' experience of 'being listened to' and the listening phenomenon in the psychotherapeutic context. The study provides empirical findings on the *significance of listening in therapy* and offers *insights about clients'*

*meaning of 'being listened to' in therapy. It is also hoped that these shed further light on the psychotherapeutic process overall.*

**Transformational experience.** The study offers empirical evidence of the transformational potential that listening encapsulates. Within the psychotherapeutic context, the 'being listened to' experience is co-constructive, multi-layered and dynamic in nature. Clients' perception of their therapist's listening emerges to matter very much in shaping their experience of 'being listened to', with direct implications for the entire therapeutic process and outcomes. Furthermore, within clients' listening experience, it transpires that inner tensions arise from differences between '*client-view-of-therapist-view-of-client*', '*client-view-of-self*' and '*self-unseen-by-client-as-yet*' (Figure 5.2) and these represent important opportunities for change. How these are addressed in therapy determines clients' journey on the '*being listened to*' spiral (Figure 5.1). They may continue towards reaching different transformational domains that listening engenders, or leave the spiral. This underlines the need for therapists' awareness of, and open engagement with, such moments so that clients' *readiness* to work through and benefit most from them is facilitated. It is therefore essential to negotiate such moments effectively all the more so as these could also cause a rupture potentially leading to the ending.

**Key conditions.** Clients' 'being listened to' experience in the psychotherapeutic context emerges to be cumulative and a consequence of different combinations of the following key conditions: successful negotiation of deliberate-existential vulnerability; matched client-therapist readiness; sense of connectedness and feeling held; feeling re-recognised and found; and embodied awareness. As detailed in sections 5.1 and 5.2, in order for the listening experience to unfold and reach its full maturity and transformational potential, all these conditions need to be integrated and accomplished.

**Contextual and deliberate-existential vulnerability.** Another primary implication for knowledge and practice is awareness of clients' contextual and deliberate-existential vulnerability encapsulated in their experience of 'being listened to'. For clients to tolerate the state of vulnerability, to make the effort and take the risk to reveal sensitive and hidden material, it is required that practitioners listen to them in a genuinely open way whilst holding and maintaining an indiscriminate curiosity and a welcoming receptive attitude towards whatever clients bring in therapy. Moreover, as emerging from the research data, therapists' listening can facilitate clients' ontological legitimacy of their sense of self.

This also enables a safe and containing space for clients to feel ready to manage their contextual vulnerability and allow their deliberate-existential vulnerability to come to the fore so that they consciously take a leap of faith towards disclosing and discovering new personal domains. Clients' feeling of vulnerability and, importantly, deliberately assuming it allow the experience of 'being listened to' to unfold and become transformational. An important element for this is therapists' appreciation of power and capacity to recognise the intrinsically asymmetric nature of the therapeutic relationship and to manage it for clients' interests and benefits. Clients' vulnerability also brings into practical implication therapists' vulnerability since, as underlined in psychotherapy literature (Livingston, 2001), in order for clients to allow themselves to be vulnerable it is required that therapists are willing to accept and assume responsibility for their own vulnerability. Considering that practitioners also experience contextual (sitting with the unknown and uncertainty) and deliberate-existential vulnerability (taking the risk and allowing themselves to be touched by clients' struggle), the way in which they manage and negotiate these will have a direct impact on clients' experience of vulnerability and 'being listened to' in therapy. For example, if therapists do not negotiate their own contextual vulnerability, they may find themselves hooked by 'the familiar' (such as own agenda, theory, personal judgments, values, biases etc.) which enwraps what clients disclose in therapy. As participants' narrative shows, such aspects represent hindrances for listening and therefore it is important not to overlook therapists' vulnerability and how this is managed within the psychotherapeutic practice.

**Importance of readiness.** The study highlights the pivotal role played by readiness within the listening phenomenon in the psychotherapeutic context. It emerges that clients' readiness to 'be listened to' and therapists' readiness to listen encompass a momentary dimension (in the here-and-now) and a cultivated one (acquired, learned and deliberately deployed) which intertwiningly shape each other and the listening experience at every therapeutic encounter. A three dimensional paradigm for readiness has been proposed: psychological mindset; competency and skills; and alignment. The research findings highlight the significance of these, and the client-therapist alignment of readiness emerges to be a key condition for clients' 'being listened to' to unfold and achieve its transformational potential. This underlines the importance of practitioners' holding constant evaluation and awareness of, on the one hand, clients' level of readiness and, on the other hand, their own readiness and how this facilitates or affects clients' readiness to 'be listened to' in therapy. The research findings show that in order for the experience of



‘being listened to’ to unfold it is not sufficient that clients perceive their therapist as holding the ability to listen to them. It is essential that the therapist has/acquires a sufficient level of readiness to listen to and accord their listening responses to clients’ momentary readiness, including their ability to manage the state of vulnerability at every moment; otherwise, even if the therapeutic process may continue, clients’ ‘being listened to’ experience does not unfold towards reaching different transformational domains which listening engenders (Figure 5.1), such as a sense of connectedness, feeling held or a distinct experience of self. In line with this, therapists may not share everything they listen/see as long as, in the absence of clients’ sufficient levels of acquired readiness to ‘be listened to’, listening may also become overwhelming.

**A holistic dimension.** In relation to ‘being listened to’, clients’ experiences of self are dynamic in nature (Figure 5.2), constantly influenced both by the psychotherapeutic context and the outside world. As such, it is important that the listening counselling psychologist or other psychotherapeutic practitioner be aware of the dynamic character of clients’ experience and states of self and thus listen openly to them at each moment. Moreover, it is worth bearing in mind that tensions arising from differences between ‘*client-view-of-therapist-view-of-client*’, ‘*client-view-of-self*’ and ‘*self-unseen-by-client-as-yet*’ (Figure 5.2) may not necessarily be entirely processed during therapeutic sessions but also between sessions in the outside world context (family, society, culture, religion, own values etc.). Therefore, listening in psychotherapy encapsulates a holistic dimension at all levels of clients’ whole life context in which clients’ experiences and their meanings are embedded.

**Listening as the focal point in any therapeutic working alliance.** As discussed in chapter 1, the psychotherapeutic relationship has a primary role in the counselling psychology profession and is a consistent predictor of therapy outcomes irrespective of the psychotherapeutic approach. The current study brings valuable empirical findings underlying the centrality of listening within the therapeutic relationship. It emerges that the quality of the therapeutic relationship is profoundly influenced by listening. This facilitates a safe, trustful and containing space towards a state of specialness in the therapeutic relationship as a profound connection between the two participants to the therapeutic dyad. In this sense, the listening phenomenon becomes, and can be used by practitioners, as the focal point in any therapeutic working alliance. Furthermore, clients’ experience of ‘being listened to’ facilitates their connectedness with, and listening to, their own selves towards change, integration and a state of unity and wholeness.

**Detrimental experience.** The unavailability of listening in psychotherapy emerges to be detrimental to clients' experience and the therapeutic relationship and process. Importantly, this also has an undesirable impact on clients' sense of self. If the absence of listening, either actual or perceived, is not addressed in order for clients to resume feeling 'being listened to', this causes a rupture in the therapeutic relationship which may lead to a premature ending. The research participants' narrative pinpoints that the absence of listening empties the therapeutic process of its therapeutic characteristics themselves. In line with this, some participants raised awareness of listening in the psychotherapeutic context to be *taken for granted*. From a counselling psychology perspective, this finding draws attention to the listening phenomenon being potentially overlooked despite its pivotal role in shaping the therapeutic process and facilitating change. Therefore, counselling psychologists and other psychotherapeutic practitioners would benefit from being mindful at every moment of how their way of listening to their clients contributes to the therapeutic process and relationship, as well as to clients' wellbeing, change and outcomes in therapy.

**Implications for training.** From the research study it emerges that counselling psychology training would benefit from a greater emphasis on the diverse aspects of listening, with a particular focus on the *key conditions* identified as determinants of the '*being listened to*' spiral (Figure 5.1). For instance, practitioners' readiness to listen to their clients appears to be a key factor within clients' experience of feeling 'being listened to', and influences (by stimulating or hindering) clients' readiness to 'be listened to' and travel along the transformational 'being listened to' spiral. Readiness emerges as an essential area of development in relation to listening. As counselling psychologists, it is needed to identify and acquire a fuller understanding of areas of readiness in which counselling psychologists in training require assistance throughout training programmes. Training programmes would also benefit from more emphasis on the listening phenomenon regarding personal and professional development activities oriented towards *self-insight*. This can assist in gaining a fuller understanding of the role of listening in self-knowledge and personal transformation as well as how the way of listening impacts on others and on the client work. The study highlights that in order for clients to travel on the 'being listened to' spiral and reach different states towards transformation they need a certain listener to guide them along. Inasmuch as practitioners can only take clients as far as they have travelled themselves, listening becomes all the more significant within training settings. Therefore, additional implications for training

within counselling psychology and other psychotherapeutic settings arise regarding development of the insight and appreciation of the *importance of listening* for the therapeutic process, relationship and therapeutic outcomes.

### **Ideas for further research**

There are a multitude of *differences within counselling psychology practice* and other psychotherapeutic settings, such as, for example, duration of therapy; different modalities of integration; client difficulties; private, charity or NHS practice etc. Therefore, it is expected that the listening experience will vary accordingly, and more research is hence needed on listening in different contexts to support a broader understanding of clients' experience and how they can benefit most from therapy. Further research examining how listening unfolds in specific psychotherapeutic approaches would be useful for understanding how different therapeutic modalities shape the listening phenomenon.

Additionally, this study explored experiences of women clients only. Further studies would need to investigate the listening experience in the therapeutic context from therapists' perspective. Likewise, exploring similar experiences of men clients would be beneficial. Moreover, from the research narrative listening emerges to play a role similar to that of a *transitional object* (as defined by Winnicott, 1953) and it may be valuable to explore this further.

The current study underlines the significance of any moment in therapy regarding the co-constructive nature of listening and 'being listened to'. Hence the listening phenomenon in therapy could usefully be researched further *using a variety of methodologies* including, for example, systematic case study research to explore in depth the moment-by-moment listening experience in the psychotherapeutic framework. It would also be valuable to use audio and/or video recording of therapeutic sessions as a potent instrument to observe in real time how the listening phenomenon unfolds, including nonverbal communication at any point during sessions.

Participants shared during the interview their difficulty in expressing through language their experience of 'being listened to'. Therefore, similar future research could use additional tools that facilitate participants' reflection and expression of their lived

experience of listening in psychotherapy beyond verbal communication (e.g., drawings, dance).

The relevance of the findings can be expanded beyond the psychotherapeutic context to underline the need not only for improving the listening quality within the counselling psychology profession – both within the therapeutic room and outside (research, training, clinical and academic supervision, management, leadership, policy development) – but also for engaging further on a broader level. That is, other fields of knowledge and professions, community services, and society overall would benefit from raising awareness of the essential role of listening in communication and wellbeing. As such, engagement with listening can become a leading force contribution of the counselling psychology profession to other professions and society overall.

## 5.5 Personal reflections<sup>1</sup>

***Reflexivity as a researcher.*** Researcher's reflexivity in qualitative research and IPA, as discussed in chapter 3, plays an important role in recognising own influence in the research process and thus enhancing transparency. I was therefore committed to engage with the reflexivity aspect of my research at all stages during the process. My epistemological-ontological position and the rationale for choosing IPA qualitative research for this study are described in chapter 3, whilst my rationale for choosing this research topic is elaborated in chapter 1. This section provides additional self-reflexive statements around the research process.

My quality of both practitioner and client in therapy undoubtedly affected the research process, including interviewing, data interpretation, presentation and discussion of findings. I was aware of being primed at every stage of the process, and there were times when I realised that I was drawn more into the clinical role. However, by applying adequate coding, during analysis I aimed to be faithful to the interview transcripts whilst not denying the priming. For example, during interviews I could observe how my practitioner mindset was alert to participants' resistance or, when participants felt comfortable with me, to my interventions and questions asked. Nonetheless, when I

---

<sup>1</sup> This section was written in the first person for two chief reasons. Firstly so that the reader can be addressed directly. Secondly to scaffold the self-reflexive character of the conveyed message.

started analysing the first interview I became even more aware of the tension between my clinical and research skills and how I was being drawn into looking at the participant's narrative with a rather clinical eye. Therefore, I could observe how my mind was making connections for addressing habitual clinical themes such as how difficulties in therapy were not addressed or listened to by the participants' therapists. Moreover, I was also aware of being primed by the analysis of one interview and holding expectations for the following one. Although I could see connections between participants, I was aware of this and I endeavoured to remain genuinely committed to curiosity and accuracy and allow my knowledge of the themes to develop in relation to each participant's narrative. I was faithful and committed to letting the narrative tell me the story, seeing the themes as they appeared, and double checking the narrative without imposing anything. Furthermore, after completing the analysis of an interview, I put it aside with no further twists or amendments. Only after analysing all interviews did these come again to the fore to create the common emerging themes. Furthermore, there were times when I tried to find a sensitive balance between the need for maintaining the exploration within the research topic and the participants' need to talk about specific experiences slightly off-topic. However, overall I felt deeply grateful for participants' rich and focused account of their experiences of 'being listened to' in the psychotherapeutic context.

Research supervision has represented a real support at every stage of the process, including my self-reflexive awareness of priming and managing to realise and untangle the differences between my clinical and researcher positions. This helped me to progressively gain a better understanding and crystallise the researcher position within my psychological profession. Furthermore, throughout the research process, I was continually surprised to continually discover something new and intriguing to reflect upon. This helped me appreciate the contribution made by the diversity and richness of participants' experiences and I felt so grateful for this. There were also pivotal moments in the process regarding the way in which the research narrative was shaping, insights were surfacing and ideas were becoming more crystallised. For example, related to data analysis, I was intuitively feeling what participants were saying. After establishing the collectively emerging themes, as I started to represent the findings in a drawing, it felt too static and I could not pick up what my experience was about. With the help of my supervisor it became clearer that participants' experience of 'being listened to' could be more faithfully symbolised as a spiral. In that moment, I realised that intuitively I was

listening closer to participants' experiences, yet it had not come into its own until my mind shifted into congruence.

***Personal reflexivity.*** Exploring participants' harmful experiences of not feeling 'being listened to' by their therapists required greater sensitivity. I found myself touched and moved by their account of how they felt when not 'being listened to' and how this affected their own sense of self. Furthermore, I feel that I have learned so much from the participants' openness and accounts of their listening experiences in therapy. Beside the valuable contribution to the present study, their commitment and generous sharing of experience helped me to gain a deeper insight into the importance of listening in general and its implications for the psychotherapeutic practice in particular. It brought more into my attention and reflexion that there are life aspects which, despite their importance, we may take for granted: changes happen every moment by listening to others/the world or by 'being listened to' by others/the world. This has transformed my rapport with every lived moment by being more present and recognising more the real value it holds.

# References

- Akhtar, S. (2013). *Psychoanalytic listening: Methods, limits, and innovations*. London, England: Karnac.
- Argyle, M., & Cook, M. (1976). *Gaze and mutual gaze*. Oxford, England: Cambridge University Press.
- Arlow, J. A. (1961). Silence and the theory of technique. *Journal of the American Psychoanalytic Association*, 9, 44-55.  
<https://doi.org/10.1177/000306516100900103>
- Arnold, K. (2006). Reik's theory of psychoanalytic listening. *Psychoanalytic Psychology*, 23(4), 754-765. <http://dx.doi.org/10.1037/0736-9735.23.4.754>
- Aron, L. (1996). *A meeting of minds: Mutuality in psychoanalysis*. Hillsdale, NJ: The Analytic Press.
- Bachelor, A. (1995). Clients' perception of the therapeutic alliance: A qualitative analysis. *Journal of Counseling Psychology*, 42(3), 323-337.  
<http://dx.doi.org/10.1037/0022-0167.42.3.323>
- Bachrach, H.M., & Leaff, L.A. (1978). "Analyzability": a systematic review of the clinical and quantitative literature. *Journal of American Psychoanalytic Association*, 26(4), 881-920. <https://doi.org/10.1177/000306517802600409>
- Barber, J.P., Sharpless, B.A., Klostermann, S., & McCarthy, K.S. (2007). Assessing intervention competence and its relation to therapy outcome: A selected review derived from the outcome literature. *Professional Psychology: Research and Practice*, 38(5), 493-500. <http://dx.doi.org/10.1037/0735-7028.38.5.493>
- Barnlund, D.C. (1968). *Interpersonal communication: Survey and studies*. Boston, MA: Houghton Mifflin.
- Bavelas, J.B., Coates, L., & Johnson, T. (2000). Listeners as co-narrators. *Journal of Personality and Social Psychology*, 79(6), 941-952.  
<http://dx.doi.org/10.1037/0022-3514.79.6.941>

- Bion, W.R. (1959). Attacks on linking. *International Journal of Psychoanalysis*, 40, 308-315.
- Bion, W.R. (1962). *Learning from experience*. London, England: Heinemann.
- Bion, W.R. (1970). *Attention and interpretation*. London, England: Tavistock.
- Bloch, S. (1979). Assessment of patients for psychotherapy. *British Journal of Psychiatry*, 135(3), 193-208. <https://doi.org/10.1192/bjp.135.3.193>
- Bodie, G.D. (2012). Listening as positive communication. In T. Socha & M. Pitts (Eds.), *The positive side of interpersonal communication* (pp. 109-125). New York, NJ: Peter Lang.
- Bodie, G.D., & Crick, N. (2014). Listening, hearing, sensing: Three modes of being and the phenomenology of Charles Sanders Peirce. *Communication Theory*, 24(2), 105-123. <https://doi.org/10.1111/comt.12032>
- Bordin, E.S. (1975). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research and Practice*, 16(3), 252-260. <http://dx.doi.org/10.1037/h0085885>
- Bostrom, R.N. (2006). The process of listening. In O. Hardie (Ed.). *The handbook of communication skills* (3rd ed., pp. 267-292). London, England: Routledge.
- Bostrom, R.N. (2011). Rethinking conceptual approaches to the study of “listening”. *The International Journal of Listening*, 25(1-2), 10-26. <https://doi.org/10.1080/10904018.2011.536467>
- Bowlby, J. (1973). *Attachment and loss, Volume II: Separation anxiety and anger*. New York, NJ: Basic Books.
- Bowlby, J. (1982). *Attachment and loss, Volume I: Attachment* (2nd ed.). New York, NJ: Basic Books. (Original work published 1969).
- British Psychological Society (2005). *Division of Counselling Psychology: Professional practice guidelines*. Leicester, England: British Psychological Society.



- British Psychological Society (2009). *Code of ethics and conduct: Guidance published by the Ethics Committee of the British Psychological Society*. Leicester, England: British Psychological Society.
- Brunner, L.J. (1979). Smiles can be back channels. *Journal of Personality and Social Psychology*, 37(5), 728-734. <http://dx.doi.org/10.1037/0022-3514.37.5.728>
- Buber, M. (1958). *I and Thou* (2nd ed.) (R.G. Smith, Trans.). London, England: Continuum. (Original work published 1923).
- Buber, M., & Friedman, M.S. (1965). *The knowledge of man: Selected essays*. New York, NJ: Harper & Row.
- Buber, M., Rogers, C., & Friedman, M. (1965). Dialogue between Martin Buber and Carl Rogers. In M. Buber, *The knowledge of man*. Edited with an introductory essay by Maurice Friedman. (M. Friedman & R.G. Smith, Trans.). London, England: George Allen & Unwin.
- Bucci, W. (2005). The interplay of subsymbolic and symbolic processes in psychoanalytic treatment: Commentary on paper by Steven H. Knoblauch. *Psychoanalytic Dialogues: The International Journal of Relational Perspectives*, 15(6), 855-873. [https://doi.org/10.2513/s10481885pd1506\\_4](https://doi.org/10.2513/s10481885pd1506_4)
- Burgoon, J.K., Guerrero, L.K., & Manusov, V. (2011). Nonverbal signals. In M.L. Knapp & J.A. Daly (Eds.), *The Sage handbook of interpersonal communication* (4th ed., pp. 239-282). Los Angeles, CA: Sage.
- Burnside-Lawry, J. (2012). Listening and participatory communication: A model to assess organization listening competency. *International Journal of Listening*, 26(2), 102-121. <https://doi.org/10.1080/10904018.2012.678092>
- Burstow, B. (1987). Humanistic psychotherapy and the issue of equality. *Journal of Humanistic Psychology*, 27(1), 9-25. <https://doi.org/10.1177/0022167887271002>
- Butcher, P., Elias, A., & Cavalli, L. (2007). *Understanding and treating psychogenic voice disorder: A CBT framework*. Chichester, England: John Wiley & Sons.

- Carnelley, K.B., & Rowe, A.C. (2007). Repeated priming of attachment security influences later views of self and relationships. *Personal Relationships, 14*(2), 307-320. <https://doi.org/10.1111/j.1475-6811.2007.00156.x>
- Cartwright, D. (2010). *Containing states of mind: Exploring Bion's 'container model' in psychoanalytic psychotherapy*. London, England: Routledge.
- Castro, D.R., Kluger, A.N., & Itzhakov, G. (2015). Does avoidance-attachment style attenuate the benefits of being listened to? *European Journal of Social Psychology, 46*(6), 762-775. <https://doi.org/10.1002/ejsp.2185>
- Coakley, C.G., Halone, K.K., & Wolvin, A.D. (1996). Perceptions of listening ability across the life-span: Implications for understanding listening competence. *International Journal of Listening, 10*(1), 21-48. [https://doi.org/10.1207/s1932586xijl1001\\_2](https://doi.org/10.1207/s1932586xijl1001_2)
- Collins, N.L., & Read, S.J. (1990). Adult attachment, working models, and relationship quality in dating couples. *Journal of Personality and Social Psychology, 58*(4), 644-663.
- Constantino, M.J., Arnkoff, D.B., Glass, C.R., Ametrano, R.M., & Smith, J.Z. (2011). Expectations. *Journal of Clinical Psychology, 67*(2), 184-192. <https://doi.org/10.1002/jclp.20754>
- Cook, J. (1964). Silence in psychotherapy. *Journal of Counseling Psychology, 11*(1), 42-46. <http://dx.doi.org/10.1037/h0049176>
- Cooper, M. (2009). Welcoming the Other: Actualising the humanistic ethic at the core of counselling psychology practice. *Counselling Psychology Review, 24*(3-4), 119-129.
- Copeland, C.C., & Shearon, L.A. (1994). *Listening skills for the helping profession*. Pittsburgh: Duquesne University.
- Corradi Fiumara, G. (1990). *The other side of language, a philosophy of listening*. London: Routledge.

- Csordas, T.J. (1999). Embodiment and cultural phenomenology. In G. Weiss & H.F. Haber (Eds.), *Perspectives on embodiment: The intersections of nature and culture* (pp. 143-164). New York, NJ: Routledge.
- Dallos, R., & Vetere, A. (2005). *Researching psychotherapy and counselling*. Maidenhead, England: Open University Press.
- Dryden, W. (2008). The therapeutic alliance as an integrating framework. In W. Dryden & A. Reeves (Eds.), *Key issues for counselling in action* (2nd ed., pp. 1-17). London, England: Sage.
- Dweck, C.S. (2016). *Mindset: The new psychology of success*. New York, NJ: Ballantine Books.
- Eatough, V., & Smith, J.A. (2008). Interpretative phenomenological analysis. In C. Willig & W. Stainton-Rogers (Eds.), *The SAGE handbook of qualitative research in psychology* (pp. 179-194). London, England: Sage.
- Egan, G. (2014). *The skilled helper: A problem-management and opportunity-development approach to helping* (10th ed.). Belmont, CA: Brooks/Cole.
- Elliott, R., Fischer, C.T., & Rennie, D.L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, 38(3), 215-229. <https://doi.org/10.1348/014466599162782>
- Epstein, R.M., & Hundert, E.M. (2002). Defining and assessing professional competence. *Journal of American Medical Association*, 287(2), 226-235. <http://dx.doi.org/10.1001/jama.287.2.226>
- Farber, B.A., Berano, K.C., & Capobianco, J.A. (2006). A temporal model of patient disclosure in psychotherapy. *Psychotherapy Research*, 16(4), 463-469. <http://dx.doi.org/10.1080/10503300600593250>
- Fletcher-Tomenius, L.J., & Vossler, A. (2009). Trust in online therapeutic relationships: The therapist's experience. *Counselling Psychology Review*, 24(2), 24-33.
- Fonagy, P., & Allison, E. (2014). The role of mentalizing and epistemic trust in the therapeutic relationship. *Psychotherapy*, 51(3), 372-380. <https://doi.org/10.1037/a0036505>

- Fong, M.L., & Cox, B.G. (1983). Trust as an underlying dynamic in the counselling process: How clients test trust. *Personnel & Guidance Journal*, 62(3), 163-166. <http://dx.doi.org/10.1111/j.2164-4918.1983.tb00176.x>
- Fosshage, J.L. (1995). Countertransference as the analyst's experience of the analysand: Influence of listening perspectives. *Psychoanalytic Psychology*, 12(3), 375-391. <http://dx.doi.org/10.1037/h0079701>
- Freedman, N. (1983). On psychoanalytic listening: The construction, paralysis, and reconstruction of meaning. *Psychoanalysis and Contemporary Thought*, 6(3), 405-434.
- Freud, S. (1912). Recommendations to physicians practising psycho-analysis. *The standard edition of the complete psychological works of Sigmund Freud, Volume XII (1911-1913): The case of Schreber, Papers on technique and other works*, 109-120.
- Freud, S. (1912/1990). The dynamics of transference. In A. Esman (Ed.), *Essential papers on transference* (pp. 28-36). New York, NJ: New York University Press.
- Freud, S. (1926/2001). The question of lay analysis. In *The standard edition of the complete psychological works of Sigmund Freud*, 20, pp. 183-258. London, England: Vintage Books.
- Friedman, M.S. (2002). *Martin Buber: The life of dialogue* (4th ed.). London, England: Routledge.
- Gelso, C.J., & Carter, J.A. (1985). The relationship in counseling and psychotherapy: Components, consequences, and theoretical antecedents. *The Counseling Psychologist*, 13(2), 155-243. <https://doi.org/10.1177/0011000085132001>
- Gendlin, E.T. (1996). *Focusing-oriented psychotherapy: A manual of the experiential method*. New York, NJ: Guilford Press.
- Gilbert, P. (2007). Evolved minds and compassion in the therapeutic relationship. In P. Gilbert & R.L. Leahy (Eds.), *The therapeutic relationship in the cognitive behavioral psychotherapies*. Hove, England: Routledge.
- Gilbert, P., & Leahy, R.L. (2007). Introduction and overview: Basic issues in the

therapeutic relationship. In P. Gilbert & R.L. Leahy (Eds.), *The therapeutic relationship in the cognitive behavioral psychotherapies*. Hove, England: Routledge.

Giorgi, B. (2011). A phenomenological analysis of the experience of pivotal moments in therapy as defined by clients. *Journal of Phenomenological Psychology*, 42(1), 61-106. <https://doi.org/10.1163/156916211X567497>

Gordon, M. (2011). Listening as embracing the other: Martin Buber's philosophy of dialogue. *Educational Theory*, 61(2), 207-219. <https://doi.org/10.1111/j.1741-5446.2011.00400.x>

Graybar, S.R., & Leonard, L.M. (2005). In defense of listening. *American Journal of Psychotherapy*, 59(1), 1-18.

Greenberg, L.S. (1985). An integrative approach to the relationship in counseling and psychotherapy. *The Counseling Psychologist*, 13(2), 251-259.

Greenson, R.R. (1965). The working alliance and the transference neurosis. *The Psychoanalytic Quarterly*, 34(2), 155-179.

Guba, E.G., & Lincoln, Y.S. (1994). Competing paradigms in qualitative research. In N.K. Denzin & Y.S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 105-117). Thousand Oaks, CA: Sage.

Halone, K., Cunconan, T.M., Coakley, C.C., & Wolvin, A.D. (1998). Toward the establishment of general dimensions underlying the listening process. *International Journal of Listening*, 12(1), 12-28. <https://doi.org/10.1080/10904018.1998.10499016>

Health and Care Professions Council (2016). *Guidance on conduct and ethics for students*. London, England: Health and Care Professions Council.

Heidegger, M. (1962). *Being and time*. Oxford, England: Blackwell Publishing.

Heimann, P. (1950). On counter-transference. *International Journal of Psychoanalysis*, 31, 81-84.

- Horvath, A.O., & Symonds, B.D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counseling Psychology*, 38(2), 139-149. <http://dx.doi.org/10.1037/0022-0167.38.2.139>
- Howe, D. (1993). *On being a client: Understanding the process of counselling and psychotherapy*. London, England: Sage.
- Howitt, D., & Cramer, D. (2011). *Introduction to research methods in psychology* (3rd ed.). Harlow, England: Pearson Education.
- Hoyt, W. T., & Bhati, K.S. (2007). Principles and practices: An empirical examination of qualitative research in the Journal of Counseling Psychology. *Journal of Counseling Psychology*, 54(2), 201-210. <https://doi.org/10.1037/0022-0167.54.2.201>.
- International Listening Association (1995). An ILA definition of listening. *The Listening Post*, 53(1), 4-5. Retrieved June, 24, 2016 from <http://d1025403.site.myhosting.com/files.listen.org/LPost/53%2004-95.pdf>
- Ivey, G. (2000). A listening-formulating model for psychoanalytic psychotherapy. *Psychotherapy: Theory, Research, Practice, Training*, 37(1), 22-35. <http://dx.doi.org/10.1037/h0087743>
- Jacobson, N.S., & Christensen, A. (1996). *Integrative couple therapy: Promoting acceptance and change*. New York, NJ: W.W. Norton.
- Jacobson, N.S., & Margolin, G. (1979). *Marital therapy: Strategies based on social learning and behavior exchange principles*. New York, NJ: Brunner/Mazel.
- Joseph, S. (2008). Psychotherapy's inescapable assumptions about human nature. *Counselling Psychology Review*, 23(1), 34-40.
- Jonas-Simpson, C.M. (2003). The experience of being listened to: A humanbecoming study with music. *Nursing Science Quarterly*, 16(3), 232-238. <https://doi.org/10.1177/0894318403016003014>
- Kagan, P.N. (2008). Feeling listened to: A lived experience of humanbecoming. *Nursing Science Quarterly*, 21(1), 59-67. <https://doi.org/10.1177/0894318407310779>

- Kasket, E. (2012). The counselling psychologist researcher. *Counselling Psychology Review*, 27(2), 64-73.
- Kernberg, O. (1965). Notes on countertransferences. *Journal of the American Psychoanalytic Association*, 13(1), 38-56.  
<http://dx.doi.org/10.1177/000306516501300102>
- King, N., Finlay, L., Ashworth, P., Smith, J.A., Langdridge, D., & Butt, T. (2008). “Can’t really trust that, so what can I trust?”: A polyvocal, qualitative analysis of the psychology of mistrust. *Qualitative Research in Psychology*, 5(2), 80-102.  
<https://doi.org/10.1080/14780880802070559>
- Knoblauch, S.H. (2005). Body rhythms and the unconscious: Toward an expanding of clinical attention. *Psychoanalytic Dialogues: The International Journal of Relational Perspectives*, 15(6), 807-827.  
[https://doi.org/10.2513/s10481885pd1506\\_2](https://doi.org/10.2513/s10481885pd1506_2)
- Knoblauch, S.H. (2011). Contextualizing attunement within the polyrhythmic weave: The psychoanalytic samba. *Psychoanalytic Dialogues*, 21(4), 414-427.  
<http://dx.doi.org/10.1080/10481885.2011.595322>
- Krauss, S.E. (2005). Research paradigms and meaning making: A primer. *Qualitative Report*, 10(4), 758-770.
- Kraut, R.E., Lewis, S.H., & Swezey, L.W. (1982). Listener responsiveness and the coordination of conversation. *Journal of Personality and Social Psychology*, 43(4), 718–731. <http://dx.doi.org/10.1037/0022-3514.43.4.718>
- Kuper, A., Lingard, L., & Levinson, W. (2008). Qualitative research: Critically appraising qualitative research. *BMJ*, 337, 687-689.  
<https://doi.org/10.1136/bmj.a1035>
- Lambert, M.J., & Barley, D.E. (2002). Research summary on the therapeutic relationship and psychotherapy outcome. In J.C. Norcross (Ed.), *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients* (pp. 17-32). Oxford, England: Oxford University Press.

- Langs, R. (1974). *The technique of psychoanalytic psychotherapy, Volume I: The initial contact, theoretical framework, understanding the patient's communications, the therapist's interventions*. New York, NJ: Jason Aronson.
- Langs, R. (1978). *The listening process*. New York, NJ: Jason Aronson.
- Laplanche, J., & Pontalis, J. B. (1980). *The language of psycho-analysis*. London, England: Hogarth.
- Larkin, M., & Thompson, A.R. (2012). Interpretative phenomenological analysis in mental health and psychotherapy research. In D. Harper & A.R. Thompson (Eds.), *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners* (pp. 101-116). Chichester, England: John Wiley & Sons.
- Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology*, 3(2), 102-120.
- Laughton-Brown, H. (2010). Trust in the therapeutic relationship: Psychodynamic contributions to counselling psychology practice. *Counselling Psychology Review*, 25(2), 6-12.
- Leroux, P., Sperlinger, D., & Worrell, M. (2007). Experiencing vulnerability in psychotherapy. *Existential Analysis*, 18(2), 315-328.
- Leva, R.A. (1987). *Psychotherapy – the listening voice: Rogers and Erickson*. Muncie, IN: Accelerated Development Inc.
- Levensky, E.R. (2003). Motivational interviewing. In W. O'Donohue, J.E. Fisher & S.C. Hayes (Eds.), *Cognitive behavior therapy: Applying empirically supported techniques in your practice*. Hoboken, NJ: John Wiley & Sons.
- Levitt, D.H. (2001). Active listening and counselor self-efficacy: Emphasis on one micro-skill in beginning counselor training. *The Clinical Supervisor*, 20(2), 101-115. [https://doi.org/10.1300/J001v20n02\\_09](https://doi.org/10.1300/J001v20n02_09)



- Levitt, H.M. (2001). Sounds of silence in psychotherapy: The categorization of clients' pauses. *Psychotherapy Research*, 11(3), 295-309.  
<https://doi.org/10.1080/713663985>
- Libow, J.A., & Doty, D.W. (1976). An evaluation of empathic listening in telephone counseling. *Journal of Counseling Psychology*, 23(6), 532-537.  
<http://dx.doi.org/10.1037/0022-0167.23.6.532>
- Lincoln, Y.S., Lynham, S.A., & Guba, E. G. (2011). Paradigmatic controversies, contradictions, and emerging confluences, Revisited. In N.K. Denzin & Y.S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (4th ed., pp. 97-128). Thousand Oaks, CA: Sage.
- Lipari, L. (2010). Listening, thinking, being. *Communication Theory*, 20(3), 348-362.  
<https://doi.org/10.1111/j.1468-2885.2010.01366.x>
- Littauer, H., Sexton, H., & Wynn, R. (2005). Qualities clients wish for in their therapists. *Scandinavian Journal of Caring Sciences*, 19(1), 28-31.  
<https://doi.org/10.1111/j.1471-6712.2005.00315.x>
- Livingston, M. (2001). *Vulnerable moments: Deepening the therapeutic process*. Northvale, NJ: Jason Aronson.
- Livingston, M. (2003). Vulnerability, affect, and depth in group psychotherapy. *Psychoanalytic Inquiry*, 23(5), 646-677.  
<https://doi.org/10.1080/07351692309349058>
- Lloyd, K.J., Boer, D., Kluger, A.N., & Voelpel, S.C. (2015). Building trust and feeling well: Examining intraindividual and interpersonal outcomes and underlying mechanisms of listening. *International Journal of Listening*, 29(1), 12-29.  
<https://doi.org/10.1080/10904018.2014.928211>
- Luborsky, L. (1984). *Principles of psychoanalytic psychotherapy: A manual for supportive-expressive treatment*. New York, NJ: Basic Books.
- Martin, D.J., Garske, J.P., & Davis, M.K. (2000). Relation of the therapeutic alliance with outcome and other variables: A Meta-Analytic Review. *Journal of Consulting and Clinical Psychology*, 68(3), 438-450.

- Mearns, D., & Cooper, M. (2005). Working at relational depth in counselling and psychotherapy. London, England: Sage.
- Mechanic, D., & Meyer, S. (2000). Concepts of trust among patients with serious illness. *Social Science & Medicine*, 51(5), 657-668.
- Meurs, P., & Cluckers, G. (1999). Psychosomatic symptoms, embodiment and affect weaving threads to the affectively experienced body in therapy with a neurotic and a borderline child. *Journal of Child Psychotherapy*, 25(1), 71-91.  
<https://doi.org/10.1080/00754179908260282>
- Mikulincer, M., & Nachshon, O. (1991). Attachment styles and patterns of self-disclosure. *Journal of Personality and Social Psychology*, 61(2), 321-331.  
<http://dx.doi.org/10.1037/0022-3514.61.2.321>
- Mikulincer, M., & Shaver, P.R. (2005). Attachment security, compassion, and altruism. *Current Directions in Psychological Science*, 14(1), 34-38.  
<https://doi.org/10.1111/j.0963-7214.2005.00330.x>
- Miller, I., & Souter, K. (2013). *Beckett and Bion: The (im)patient voice in psychotherapy and literature*. London, England: Karnac Books.
- Moja-Strasser, L. (2002). The phenomenology of listening and the importance of silence. In S. du Plock (Ed.), *Further existential challenges to psychotherapeutic theory and practice* (pp. 135-146). London, England: The Society for Existential Analysis.
- Moras, K. (2002). Might relationship 'techniques' extend the reach, efficacy, and efficiency of the psychotherapies? The challenge of treatment-resistant outpatients. *Journal of Contemporary Psychotherapy*, 32(1), 41-50.  
<http://dx.doi.org/10.1023/A:1015583212574>
- Morrow, S.L. (2007). Qualitative research in counseling psychology: Conceptual foundations. *The Counseling Psychologist*, 35(2), 209-235.  
<http://dx.doi.org/10.1177/0011000006286990>.
- Morrow, S.L., Castañeda-Sound, C.L., & Abrams, E.M. (2012). Counseling psychology research methods: Qualitative approaches. In N.A. Fouad (Ed.), *APA handbook of*

- counseling psychology. Volume 1: Theory, research, and methods* (pp. 93-117). Washington, DC: American Psychological Association.
- Mozdzierz, G.J., Peluso, P.R., & Lisiecki, J. (2014). *Principles of counseling and psychotherapy: Learning the essential domains and nonlinear thinking of master practitioners* (2nd ed.). New York, NJ: Routledge.
- Myers, S. (2000). Empathic listening: Reports on the experience of being heard. *Journal of Humanistic Psychology*, 40(2), 148-173.  
<https://doi.org/10.1177/0022167800402004>
- Nelson-Jones, R. (2013). *Introduction to counselling skills: Text and activities* (4th ed.). London, England: Sage.
- Nichols, M.P. (2009). *The lost art of listening: How learning to listen can improve relationships* (2nd ed.). New York, NJ: Guilford Press.
- Ogrodniczuk, J.S., Joyce, A.S., & Piper, W.E. (2009). Development of the Readiness for Psychotherapy Index. *Journal of Nervous and Mental Disease*, 197(6), 427-433. <https://doi.org/10.1097/NMD.0b013e3181a61c56>
- Oliver, P.H., & Margolin, G. (2003). Communication/problem-solving skills training. In W. O'Donohue, J.E. Fisher & S.C. Hayes (Eds.), *Cognitive behavior therapy: Applying empirically supported techniques in your practice*. Hoboken, NJ: John Wiley & Sons.
- Orlans, V., & Van Scoyoc, S. (2008). *A short introduction to counselling psychology*. London, England: Sage.
- Orlinsky, D. E., Rønnestad, M. H., & Willutzki, U. (2004). Fifty years of psychotherapy process outcome research: Continuity and change. In M.J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th ed., pp. 307-390). Hoboken, NJ: Wiley.
- Osborn, M., & Osborn, S. (1991). *Alliance for a better public voice*. Dayton, OH: National Issues Forums Institute.
- Padesky, C. (1993). *Socratic questioning: Changing minds or guiding discovery?* Keynote address delivered at the European Congress of Behavioural and

- Cognitive Therapies, London, September 24, 1993. Retrieved November 15, 2016, from <http://padesky.com/newpad/wp-content/uploads/2012/11/socquest.pdf>
- Pargament, K. I., Lomax, J. W., McGee, J. S., & Fang, Q. (2014). Sacred moments in psychotherapy from the perspectives of mental health providers and clients: Prevalence, predictors, and consequences. *Spirituality in Clinical Practice*, 1(4), 248-262. <http://dx.doi.org/10.1037/scp0000043>
- Paukert, A., Stagner, B., & Hope, K. (2004). The assessment of active listening skills in helpline volunteers. *Stress, Trauma, and Crisis*, 7(1), 61-76. <https://doi.org/10.1080/15434610490281075>
- Perfetti, C.C., & Bertucelli-Papi, M. (1985). Towards a cognitive typology of pause phenomena. *Communication & Cognition*, 18(4), 339-351.
- Ponterotto, J.G. (2005). Qualitative research in counseling psychology: A primer in research paradigms and philosophy of science. *Journal of Counseling Psychology*, 52(2), 126-136. <http://dx.doi.org/10.1037/0022-0167.52.2.126>
- Ponterotto, J.G., Kuriakose, G., & Granovskaya, Y. (2008). Counseling and psychotherapy. In C. Willig & W. Stainton-Rogers (Eds.), *The Sage handbook of qualitative research in psychology* (pp. 455-471). London, England: Sage.
- Proctor, G. (2002). *The dynamics of power in counselling and psychotherapy: Ethics, politics and practice*. Llangarron, England: PCCS Books.
- Punch, K.F. (2014). *Introduction to social research: Quantitative & qualitative approaches* (3rd ed.). London, England: Sage.
- Purdy, M.W. (2000). Listening, culture and structures of consciousness: Ways of studying listening. *International Journal of Listening*, 14(1), 47-68. <https://doi.org/10.1080/10904018.2000.10499035>
- Purdy, M.W. (2010). Qualitative research: Critical for understanding listening. In A.D. Wolvin (Ed.), *Listening and human communication in the 21st century* (pp. 33-45). Chichester, England: Wiley-Blackwell.
- Purdy, M.W., Loffredo Roca, M.F., Halley, R.D., Holmes, B., & Christy, C.S. (2017). Listening is... five personal worlds of listening: An auto-ethnographic approach.

*International Journal of Listening*, 31(1), 1-18.  
<https://doi.org/10.1080/10904018.2016.1151606>

Reik, T. (1924). Some remarks on the study of resistance. *International Journal of Psychoanalysis*, 5, 141-154.

Reik, T. (1926). The psychological meaning of silence. *Psychoanalytic Review*, 55(2), 172-186.

Reik, T. (1949). *Listening with the Third Ear: the inner experience of a psychoanalyst*. New York, NJ: Farrar, Straus and Co.

Riker, J.H. (2013). The philosophical importance of Kohut's notion of the self. *Internal Journal of Psychoanalytic Self Psychology*, 8(4), 495-504.  
<https://doi.org/10.1080/15551024.2013.825952>

Rogers, C.R. (1951). *Client-centered therapy*. Boston, MA: Houghton-Mifflin.

Rogers, C.R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21(2), 95-103.

Rogers, C.R. (1967). *On becoming a person: A therapist's view of psychotherapy*. London, England: Constable.

Rogers, C.R. (1975). Empathic: An unappreciated way of being. *The Counseling Psychologist*, 5(2), 2-10. <https://doi.org/10.1177/001100007500500202>

Rogers, C.R., & Farson, R.E. (1957). Active listening. In R.G. Newman, M.A. Danziger & M. Cohen (Eds.). (1987), *Communication in business today*. Washington, DC: Heath and Company.

Rogers, C.R., & Roethlisberger, F.J. (1991). Barriers and gateways to communication. *Harvard Business Review*, 69(6), 105-111.

Rowan, J. (1986). Holistic listening. *Journal of Humanistic Psychology*, 26(1), 83-102.  
<https://doi.org/10.1177/0022167886261007>

Sabbadini, A. (1991). Listening to silence. *British Journal of Psychotherapy*, 7(4), 406-415. <https://doi.org/10.1111/j.1752-0118.1991.tb01145.x>

- Safran, J.D., & Kraus, J. (2014). Alliance ruptures, impasses, and enactments: A relational perspective. *Psychotherapy, 51*(3), 381-387.  
<https://doi.org/10.1037/a0036815>
- Safran, J.D., Muran, J.C., & Eubanks-Carter, C. (2011). Repairing alliance ruptures. *Psychotherapy, 48*(1), 80-87. <https://doi.org/10.1037/a0022140>
- Sage, N., Sowden, M., Chorlton, E., & Edeleanu, A. (2008). *CBT for chronic illness and palliative care: A workbook and toolkit*. Chichester, England: John Wiley & Sons.
- Sartre, J.P. (1969). *Being and nothingness* (H.E. Barnes, Trans.). London, England: Methuen.
- scarlettabbott solutions (2016). The power of active listening. Retrieved December 22, 2017, from <http://scarlettabbott.co.uk/the-power-of-active-listening/>
- Scholl, M.B. (2002). Predictors of client preferences for counselor roles. *Journal of College Counselling, 5*(2), 124-134. <https://doi.org/10.1002/j.2161-1882.2002.tb00214.x>
- Seidman, I. (1991). *Interviewing as qualitative research: A guide for researchers in education and the social sciences*. New York, NJ: Teachers College Press.
- Sexton, H.C., Hembre, K., & Kvarme, G. (1996). The interaction of the alliance and therapy microprocess: A sequential analysis. *Journal of Consulting and Clinical Psychology, 64*(3), 471-480. <http://dx.doi.org/10.1037/0022-006X.64.3.471>
- Shaver, P.R., & Mikulincer, M. (2002). Attachment-related psychodynamics. *Attachment & Human Development, 4*(2), 133-161.  
<http://dx.doi.org/10.1080/14616730210154171>
- Shaw, R. (2004). The embodied psychotherapist: An exploration of the therapists' somatic phenomena within the therapeutic encounter. *Psychotherapy Research, 14*(3), 271-288.
- Simpson, A.J., & Bedi, R.P. (2012). The therapeutic alliance: Clients' categorization of client-identified factors. *Canadian Journal of Counselling and Psychotherapy, 46*(4), 344-366.

- Slattery, D. (2010). *Silence: Portal to imagination*. Retrieved December, 5, 2016 from <http://www.relational-psychotherapy.co.uk/Qualifying%20Paper%20%27Silence%20portal%20to%20imagination%27.pdf>
- Smith, J.A., & Osborn, M. (2008). Interpretative phenomenological analysis. In J.A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (2nd ed., pp. 53-80). London, England: Sage.
- Smith, J.A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, 1(1), 39-54.
- Smith, J.A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London, England: Sage.
- Spinelli, E. (1994). *Demystifying therapy*. London, England: Constable and Co.
- Stern, D. (2004). *The present moment in psychotherapy and everyday life*. New York, NJ: Norton.
- Stern, D.N., Sander, L.W., Nahum, J.P., Harrison, A.M., Lyons-Ruth, K., Morgan, A.C., ... Tronick, E.Z. (1998). Non-interpretative mechanisms in psychoanalytic therapy: The 'something more' than interpretation. *International Journal of Psychoanalysis*, 79(5), 903-921.
- Strawbridge, S., & Woolfe, R. (2010). Counselling psychology: Origins, developments and challenges. In R. Woolfe, S. Strawbridge, B. Douglas & W. Dryden (Eds.), *Handbook of counselling psychology* (3rd ed., pp. 3-22). London, England: Sage.
- Thomlison, T.D. (1987). Contributions of humanistic psychology to listening: Past, present, and future. *International Journal of Listening*, 1(1), 54-77. <https://doi.org/10.1080/10904018.1987.10499008>
- Thorne, S. (2000). Data analysis in qualitative research. *Evidence Based Nursing*, 3(3), 68-70. <https://doi.org/10.1136/ebn.3.3.68>
- Truant, G.S. (1999). Assessment of suitability for psychotherapy: II. Assessment based on basic process goals. *American Journal of Psychotherapy*, 53(1), 17-34.

- Van Bilsen, H. (2013). *Cognitive behaviour therapy in the real world: Back to basics*. London, England: Karnac.
- Wanzer, M.B., Booth-Butterfield, M., & Gruber, M.K. (2004). Perceptions of health care providers' communication: Relationships between patient-centered communication and satisfaction. *Health Communication, 16*(3), 363-384.  
[https://doi.org/10.1207/S15327027HC1603\\_6](https://doi.org/10.1207/S15327027HC1603_6)
- Watson, J. C., & Bedard, D. (2006). Clients' emotional processing in psychotherapy: A comparison between cognitive-behavioral and process-experiential psychotherapy. *Journal of Consulting and Clinical Psychology, 74*(1), 152-159.  
<https://doi.org/10.1037/0022-006X.74.1.152>
- Weger, H., Jr., Castle Bell, G., Minei, E.M., & Robinson, M.C. (2014). The relative effectiveness of active listening in initial interactions. *International Journal of Listening, 28*(1), 13-31. <https://doi.org/10.1080/10904018.2013.813234>
- Weger, H., Jr., Castle, G.R., & Emmett, M.C. (2010). Active listening in peer interviews: the influence of message paraphrasing on perceptions of listening skill. *International Journal of Listening, 24*(1), 34-49.  
<https://doi.org/10.1080/10904010903466311>
- Wenzel, A., Brown, G.K., & Beck, A.T. (2009). *Cognitive therapy for suicidal patients: Scientific and clinical applications*. Washington, DC: American Psychological Association.
- Wilberg, P. (1998). *Being and listening: Counselling, psychoanalysis and the Heideggerian philosophy of listening*. London, England: Third Ear.
- Willig, C. (2013). *Introducing qualitative research in psychology* (3rd ed.). Maidenhead, England: Open University Press.
- Winnicott, D.W. (1949). Hate in the counter-transference. *International Journal of Psychoanalysis, 30*, 69-74.
- Winnicott, D.W. (1953). Transitional objects and transitional phenomena: A study of the first not-me possession. *International Journal of Psychoanalysis, 34*, 89-97.



- Winnicott, D.W. (1958). The capacity to be alone. *International Journal of Psychoanalysis*, 39, 416-420.
- Winnicott, D.W. (1960a). Ego distortion in terms of true and false self. In D.W. Winnicott (1965). *The maturational processes and the facilitating environment: Studies in the theory of emotional development* (pp. 140-152). London, England: The Hogarth Press and the Institute of Psycho-Analysis.
- Winnicott, D.W. (1960b). The theory of the parent-infant relationship. In D.W. Winnicott (1965). *The maturational processes and the facilitating environment: Studies in the theory of emotional development* (pp. 37-55). London, England: The Hogarth Press and the Institute of Psycho-Analysis.
- Winnicott, D.W. (1963a). Communicating and not communicating leading to a study of certain opposites. In D.W. Winnicott (1965). *The maturational processes and the facilitating environment: Studies in the theory of emotional development* (pp. 179-192). London, England: The Hogarth Press and the Institute of Psycho-Analysis.
- Winnicott, D.W. (1963b). Psychiatric disorder in terms of infantile maturational processes. In D.W. Winnicott (1965). *The maturational processes and the facilitating environment: Studies in the theory of emotional development* (pp. 230-241). London, England: The Hogarth Press and the Institute of Psycho-Analysis.
- Winnicott, D.W. (1967). Mirror-role of mother and family in child development. In P. Lomas (Ed.), *The predicament of the family: A psycho-analytical symposium* (pp. 26-33). London, England: Hogarth Press.
- Winnicott, D.W. (1971). *Playing and reality*. New York, NJ: New York University Press.
- Witkin, B.R. (1990). Listening theory and research: The state of the art. *Journal of the International Listening Association*, 4(1), 7-32.  
[https://doi.org/10.1207/s1932586xijl0401\\_3](https://doi.org/10.1207/s1932586xijl0401_3)
- Wolvin, A. (2010). Listening engagement: Intersecting theoretical perspectives. In A. Wolvin (Ed.), *Listening and human communication in the 21st century* (pp. 7-30). Chichester, England: Wiley-Blackwell.

- Wolvin, A. (2013). Understanding the listening process: Rethinking the “one size fits all” model. *The International Journal of Listening*, 27(2), 104-106.  
<https://doi.org/10.1080/10904018.2013.783351>
- Wolvin, A.D., & Coakley, C.G. (1994). Listening competency. *Journal of International Listening Association*, 8(1), 148-160.  
<https://doi.org/10.1080/10904018.1994.10499135>
- Worthington, D.L., & Bodie, G.D. (2018). Defining listening: A historical, theoretical and pragmatic assessment. In D.L. Worthington & G.D. Bodie (Eds.), *The sourcebook of listening research: Methodologies and measures* (pp. 3-17). New York, NJ: Wiley-Blackwell.
- Xiao, H., & Barber, J.P. (2008). The effect of perceived health status on patient satisfaction. *Value in Health*, 11(4), 719-725. <https://doi.org/10.1111/j.1524-4733.2007.00294.x>
- Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health*, 15(2), 215-228. <https://doi.org/10.1080/08870440008400302>
- Yardley, L. (2008). Demonstrating validity in qualitative psychology. In J.A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (2nd ed., pp. 235-251). London, England: Sage.

# Appendix 1

## Relevant demographic information about research participants

Participant pseudonym	Age group	Psychotherapeutic modalities engaged in as clients	Total period
Nicole	31-40	Inner child therapy Cognitive analytic therapy Integrative psychotherapy Cognitive behavioural therapy	Over 3 years
Maria	41-50	Jungian analysis Gestalt therapy	Over 3 years
Paula	31-40	Integrative relational psychotherapy Integrative body psychotherapy Existential psychotherapy	Over 3 years
Alice	41-50	Counselling psychology – integrative approach Counselling psychology – psychodynamic oriented	Over 3 years
Luna	41-50	Psychodynamic therapy Cognitive behavioural therapy Integrative humanistic therapy	Over 3 years
Claire	31-40	Psychoanalysis Existential psychotherapy Attachment-based psychotherapy Cognitive behavioural therapy	Over 3 years

# Appendix 2

## Research recruitment flyer



**Are you a counselling / psychotherapy client?**

**Have you been in therapy for at least 10 sessions?**

**Would you like to participate in a study exploring your experience of being listened to in therapy?**



I am interested in hearing about your experience of being listened to by your counsellor / psychotherapist, and I would like to invite you to an individual interview which will last approximately 60 minutes.

As part of my Professional Doctorate in Counselling Psychology at the University of East London (UEL), I am carrying out research to understand the meanings that clients make of their experience of being listened to by their counsellor / psychotherapist. I hope that this will bring new evidence-based knowledge and will provide benefits to both counsellors and clients so that counsellors can understand better and respond to clients' experience and needs in therapy.

If you speak English, are at least 18 years old, have been a client in professional therapy for at least 10 sessions and would like to share your experience in a fully confidential research interview, I would like to hear from you. If you are interested in participating or finding out more please contact me, and I will send you more information about the study:



**Elena Coltea**

Email: [research.listening@gmail.com](mailto:research.listening@gmail.com)

Tel: [REDACTED]

**Thank you!**

Ethical approval has been received from UEL to carry out this study. Participation is voluntary; confidentiality and participants' rights to withdraw from the study and not answer any question are guaranteed.

# Appendix 3



## Invitation Letter

### Project title

*Clients' experience of being listened to within psychotherapy: an interpretative phenomenological analysis*

You are being invited to take part in a research study, which is being conducted as part of my Professional Doctorate in Counselling Psychology degree at the University of East London. Before you decide to take part, it is important that you understand why the research is being conducted and what it will involve. Please take time to carefully read the following information and ask if anything is not clear.

### What is the purpose of the study?

This research project aims at understanding the meanings that clients make of their experience of being listened to by their counsellors and/or psychotherapists. It is hoped that the research study will shed new light on and bring new evidence-based knowledge to the area of client experience of being listened to in therapy. This will inform the counselling practice and will provide benefits to both counsellors and clients by helping counsellors to better understand and respond to clients' experience and their needs in therapy. To this aim, your involvement in the research consists of having one face-to-face interview with myself as the principal investigator. I will be using open-ended and non-directive questions that will enable you to fully engage in a dialogue and encourage you to reflect and answer freely and at length whilst minimising any influence from the researcher. The questions that will be asked are centred on the following areas:

- How do clients experience being listened to in therapy by their counsellor?
- What meanings do clients attribute to the process of being listened to in therapy?
- What happens to clients when they feel listened to, or less or not listened to, by their counsellor?

### Who can take part in this study?

English speaking persons of 18 years and above from any socio-cultural background, gender, sexual orientation and occupation, who have been clients in professional therapy for at least 10 sessions with a counselling psychologist, counsellor or psychotherapist.

### What will happen to me if I take part?

You can volunteer to take part in an individual interview, during which you will be asked to share your experience and meanings related to being listened to by your counsellor. The individual interview will take around 60 minutes, and will be audio recorded and fully transcribed for analysis. At the end of the interview, you will be asked for feedback on the interview experience, and I will be providing you with a debrief sheet. You will also be given the opportunity to provide additional information, and to ask questions or raise any concerns.

### What will I have to do?

If you would like to take part in this study, please contact myself, Elena Coltea, by sending an e-mail to [research.listening@gmail.com](mailto:research.listening@gmail.com), including details of dates and times when you are available for your interview. Before the interview, you will be asked to complete a short demographic questionnaire to collect background information and also to sign a consent form which reiterates your understanding and acceptance of all the information contained in the invitation letter.

**What are the possible disadvantages or risks of taking part?**

No risks of physical or mental harm are likely to arise from participating in the research. If you feel any distress or do not want to answer any question, you have the right to skip the question, withdraw or postpone the interview without giving any reason. You are not obliged to take part in this study and should not feel coerced. You are free to withdraw at any time. Should you choose to withdraw from the study you may do so without disadvantage to yourself and without any obligation to give a reason. Should you withdraw, you have the right to request the data you have supplied to be destroyed, provided that you do so until the data analysis is commenced. In case any adverse emotional consequence arises following participation in the research, the experience of participating will be discussed and any unexpected negative effects will be evaluated during the verbal debriefing. You will also be given details of counselling services that you could use should you become distressed in any way as a result of participating in the research study.

**Will my taking part in the study be kept confidential?**

Yes. If you decide to take part, you will be given a pseudonym. Only the researcher will have access to the identity of the participants. Your identity, contact details and any identifying references, such as, for example, your consent form, will be stored separately to all other data in order to ensure strict confidentiality, and will not be shared with any third party. All the names and any identifying references will be changed in the interview transcriptions. The data that you will provide will be anonymised and used in the write-up of the study and in any further analysis that may be conducted by the researcher. Extracts from the anonymised transcriptions of the interview will be read by the research supervisor and other examiners at the university, and may be included in the write-up of the research. All the information and data collected about you will be stored securely. Electronic data will be anonymised and stored on a personal, password-protected laptop until the research and assessment have been completed. Electronic data will also be copied on a back-up hard-disk, which will be stored securely. The data on the hard-disk will be kept for 3 years after the research and assessment have been completed, so that the researcher can use it for writing scientific articles or presenting at conferences. All electronic data will be completely destroyed after these 3 years.

**What if there is a problem?**

If you have any questions or concerns about how the study has been conducted, please contact the research supervisor: Dr Aneta Tunariu, School of Psychology, University of East London, Water Lane, London E15 4LZ [REDACTED]  
OR

If you have any queries regarding the conduct of the programme in which you are being asked to participate, please contact: Catherine Fieulleateau, Research Integrity & Ethics Manager, Graduate School, EB 1.43, University of East London, Docklands Campus, London E16 2RD Tel: 020 8223 6683 Email: [researchethics@uel.ac.uk](mailto:researchethics@uel.ac.uk)

**Contact details**

Principal Investigator: **Elena Coltea**  
[REDACTED]

Thank you for taking the time to read this Invitation Letter.

# Appendix 4



## Interview Schedule

### *Clients' experience of being listened to within psychotherapy: an interpretative phenomenological analysis*

Date of the interview:

Participant pseudonym:

1. As I understand, you have just completed / are about to complete / currently are in psychotherapy. I wonder if you could share with me how you find this experience to be like?  
Prompts:
  - Was it how you anticipated?
  - What was distinct about the experience of talking through issues with a professional?
2. What does listening in this context of therapy mean to you? By this I mean when you talk to your therapist and the therapist is listening, how is that for you?  
Prompts:
  - Do you sense any differences between listening in everyday life and being listened to by your therapist?
  - If yes, in what way is it different? If not, in what way is it not different?
  - Could you say more about this?
  - Could you give me an example?
  - How do you know that the therapist is listening to you?
  - What makes you say that?
3. Can you remember a time when you actually felt being listened to by your therapist?  
Prompts:
  - I am wondering how did that feel?
  - What does it make you think? What were you thinking when you were talking?
  - Could you say more about this?
  - What was going on for you?
  - What happened next?
4. How did this feel in terms of the relationship with your therapist?  
Prompt:
  - Do you perceive any impact? Or changes? If so, what were these?
5. I wonder if you could tell me about times when you did not feel listened to by your therapist?  
Prompts:
  - I am wondering how did that feel? Do you remember what did that feel like?
  - What does it make you think? What were you thinking when you were talking?
  - Could you say more about this?
  - What was going on for you?
  - What happened next?
6. What would be the take on message you would like to give me towards my research?  
Prompt:
  - What makes being listened to in therapy important for you?

# Appendix 5



## Demographic Questionnaire

### BACKGROUND INFORMATION

To begin, I would like to get some basic information about you. The information that you give will not be used to identify you in any way as this research is entirely anonymised. However, if you do not want to answer some of these questions, please do not feel that you have to.

1. Pseudonym: \_\_\_\_\_
2. Gender (*tick the appropriate answer*) ☐ Male ☐ Female
3. Age group (*tick the appropriate answer*)  

<input type="checkbox"/> 18-30 years	<input type="checkbox"/> 31-40 years	<input type="checkbox"/> 41-50 years	<input type="checkbox"/> 51-60 years	<input type="checkbox"/> 61-70 years	<input type="checkbox"/> 70+ years
---	---	---	---	---	---------------------------------------
4. What type of counselling or psychotherapy were you in / are you currently in?  
\_\_\_\_\_
5. How many therapeutic sessions did you attend / have you attended to date?  
[    ] sessions
6. Have you completed your therapeutic treatment? (*tick the appropriate answer*)  
☐ Yes ☐ No
7. Did you have other counselling or psychotherapy experience before? (*tick the appropriate answer*)  
☐ Yes ☐ No
8. If you had other counselling or psychotherapy experience before, how many sessions did you attend?  
[    ] sessions
9. If you had other counselling or psychotherapy experience before, what type of counselling or psychotherapy did you have?  
\_\_\_\_\_

Thank you very much for answering these questions.



# Appendix 6



## Consent to participate in the research study

### *Clients' experience of being listened to within psychotherapy: an interpretative phenomenological analysis*

I have read the information sheet relating to the above research study and have been given a copy to keep. The nature and purpose of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researcher involved in the study will have access to identifying data. It has been explained to me what will happen once the research study has been completed.

I hereby freely and fully consent to participate in the study which has been fully explained to me. Having given this consent, I understand that I have the right to withdraw from the study at any time without disadvantage to myself and without being obliged to give any reason. I also understand that should I withdraw, the data I have supplied can be destroyed if I request so until the data analysis is commenced; otherwise the researcher can use my anonymised data in the write-up of the study and in any further analysis that may be conducted by the researcher.

Participant's Name (BLOCK CAPITALS)

.....

Participant's Signature

.....

Researcher's Name (BLOCK CAPITALS)

.....

Researcher's Signature

.....

Date: .....

# Appendix 7



## Debrief Sheet

### *Clients' experience of being listened to within psychotherapy: an interpretative phenomenological analysis*

Thank you very much for participating in this research project. Your contribution has been invaluable and is much appreciated.

As you are aware, the purpose of this project is to understand the meanings that clients make of their experience of being listened to by their counsellors or psychotherapists. Your participation will contribute towards bringing new evidence-based knowledge to the area of client experience of being listened to in therapy. This will inform the counselling practice and will provide benefits to both counsellors and clients by helping counsellors to better understand and respond to clients' experience and needs in therapy.

If you have any questions or concerns regarding the research, please do not hesitate to contact me or my research supervisor. I would like to remind you that you have the right to withdraw from the study without disadvantage to yourself and without any obligation to give a reason. Should you withdraw, you have the right to request the data you have supplied to be destroyed, provided that you do so until the data analysis is commenced. If you wish to withdraw your participation, you may contact me directly.

I would also like to remind you that your interview will only be used for the research purpose stated in the Invitation Letter. Your identity, contact details and any identifying references will be kept strictly confidential and will not be shared with any third party. All the names and any identifying references will be changed in the interview transcriptions, and all the information and data collected will be stored securely.

If as a result of participating in the research interview you are experiencing any form of emotional distress, I would like to offer you some time to talk about the nature and reason of the distress and to explore appropriate measures that can be taken for your benefit. If you still experience distress after the interview, you could address this with your counsellor or psychotherapist or, alternatively, I have provided below some details of organisations that you could contact in order to receive support:

- Mind Info Line            Tel: 0300 123 3393    Email: [info@mind.org.uk](mailto:info@mind.org.uk)  
Website: [www.mind.org.uk](http://www.mind.org.uk)
- Samaritans                Tel: 08457 90 90 90    Email: [jo@samaritans.org](mailto:jo@samaritans.org)  
Website: [www.samaritans.org](http://www.samaritans.org)
- SupportLine              Tel: 01708765200      Email: [info@supportline.org.uk](mailto:info@supportline.org.uk)  
Website: [www.supportline.org.uk](http://www.supportline.org.uk)
- London Centre for Stress Management    Tel: 0845 680 2065  
Website: [www.managingstress.com](http://www.managingstress.com)

**Researcher:** Elena Coltea

**Research Supervisor:** Dr Aneta Tunariu  
Email: [a.tunariu@uel.ac.uk](mailto:a.tunariu@uel.ac.uk)

# Appendix 8

**Transcript example with explanatory notes**

Emerging themes	Interview transcript – Nicole (pseudonym)	Exploratory notes
<div>Vulnerability and uncertainty</div> <div>Being held and contained</div> <div>Readiness</div> <div>Needs and expectations</div>	<p>110 P I guess, like I said, because <u>when you're in therapy</u></p> <p>111 <u>you're more vulnerable to the situation</u> and <u>you're never</u></p> <p>112 <u>really sure what's going to happen when you do bring out</u></p> <p>113 <u>some of the stuff that's deep rooted</u> and, you know, <u>you're</u></p> <p>114 <u>trying to figure it out whilst you're talking, you're never</u></p> <p>115 <u>really sure what's going to happen</u> as a result of that, so for</p> <p>116 me <u>being listened to isn't about being wrapped in cotton</u></p> <p>117 <u>wool or being babied, it's just very much about being held,</u></p> <p>118 <u>I think, in that situation, being contained...</u> if you're going</p> <p>119 <u>to bear yourself to that degree you need to know that that</u></p> <p>120 <u>person is going to keep you held and prop you up...</u> If that</p> <p>121 makes sense...</p> <p>122 R I'm wondering what means for you to feel held, how do</p> <p>123 you know that that person is listening to you and she's holding</p> <p>124 you?</p>	<p><b>C8 – Vulnerability</b> – feature of the therapeutic context in which 'listening' unfolds – "because when you're in therapy you're <u>more vulnerable</u>"</p> <p><b>Uncertainty</b> – context in which listening unfolds – "never really sure what's going to happen when you do bring out some of the stuff that's deep rooted [...] you're trying to figure it out whilst you're talking, you're never really sure what's going to happen" Context of therapeutic experience - <u>talking and listening to herself</u>, two simultaneous processes which seem to amplify the inner felt vulnerability / Repetition – magnitude of her feelings. <b>Vulnerability</b> &gt; awareness of the need to be held and contained due to the uncertainty/unknown following personal disclosure in therapy</p> <p><b>C1 – Feeling being listened to</b> = intertwined with / phenomenologically experienced as synonymous to feeling "held" and "being contained" – "being listened to [...] it's just very much about being held [...] being contained" [Feeling being listened to <u>implies feelings and another person</u>] Listening implies allowing <u>sufficient independence and autonomy</u> – "isn't about being wrapped in cotton wool" and 'being babied'</p> <p><b>Listening</b> – as transactional process &gt;&gt;&gt; vulnerability/exposure &amp; being held &gt;&gt; "to bear yourself to that degree you <u>need to know that that person is going to keep you held and prop you up</u>" [confidence in the therapist's capability – readiness to listen/hold]</p> <p><b>C2 – Expectations</b> – a condition and context that shape 'listening' – "if you're going to bear yourself to that degree you <u>need to know that that person is going to keep you held and prop you up</u>"</p>

Emerging themes	Interview transcript – Nicole (pseudonym)	Exploratory notes
Authentic presence	125 P I guess, when <u>someone's genuine</u> and not telling 126 me what I want to hear... and for me, <u>somebody listening</u> 127 <u>to me</u> and <u>being honest with me</u> and being... and 128 <u>validating my experiences</u> as well, you know, <u>not saying,</u> 129 <u>well kind of... not nodding their head and not giving that</u> 130 <u>suggestion, not being physically, you know, turning</u> 131 <u>away from you</u> , or those kinds of things, I think <u>a lot of it is</u> 132 <u>non-verbal</u> ... I think <u>validating you, your experience, you</u> 133 in the room at that point, and just, it's a <u>very strange</u> 134 <u>feeling</u> , I think, in terms of... 'cause when you asked me 135 that, <u>I think about it physically and it feels like</u> 136 <u>someone's giving you a hug but they're not</u> , if you see 137 what I mean, <u>so there's an element of you know it, you</u> 138 <u>know you're being listened to because of the feeling</u> 139 <u>that you get in yourself, or the feeling that I get in myself</u> 140 <u>when I'm being listened to</u> . Does that make sense?	Feeling held and listened to – done by a person who is able to hear and reflect back beyond “ <i>what I want to hear</i> ” [Listening implies <u>recognition</u> by the listener of what is unknown and/or not accepted by her]  C9 – Genuine/Authentic presence of the listener – necessary condition in order to feel being listened to - “ <i>being honest with me and being... and validating my experiences</i> ”  Listening as a form of <u>re-cognising</u> the person who does the revealing (the talking/communication) and validating what is being revealed and implicitly the actor in the narrative.  C10 – Listening involves the task of <u>validating her experiences / to 'see'/ find/ legitimise/authenticate/value and accept the person and what is being revealed</u> – “ <i>and validating my experiences</i> ”/ “ <i>validating you, your experience, you in the room at that point</i> ”  Non-verbal or physical means of ‘listening’ can be used in <u>non-genuine</u> (non-useful ways) – “ <i>not saying, well kind of... not nodding their head and not giving that suggestion, not being physically</i> ” or can be employed in useful ways if these are <u>genuine</u> and validating of the experience and the person - “ <i>a lot of it is non-verbal... I think validating you, your experience, you in the room</i> ” [cues for being / not being listened to] C9 – Genuine/Authentic presence of the listener – necessary condition in order to feel listened to  Being listened to is “ <i>a very strange feeling</i> ”, [ <u>distinctiveness of the experience</u> ] symbolically akin to receiving a hug [ <u>connectedness</u> ] “ <i>feels like someone's giving you a hug but they're not</i> ” [Certainty of being listened to through the inner response experience]  C11 – Being listened to in therapy as an embodied experience – “ <i>I think about it physically</i> ”/ “ <i>giving you a hug but they're not</i> ”  The inner feeling got in herself gives <u>certainty</u> of being listened to – “ <i>you know it you know you're being listened to because of the feeling that you get in yourself, or the feeling that I get in myself when I'm being listened to</i> ” [the inner feeling acts as a cue for being listened to]  C11 – Being listened to in therapy as an embodied experience – “ <i>it's a warmth feeling</i> ” [legitimises feeling being listened to] C12 – Being listened to as feeling safe – “ <i>a feeling of safety</i> ” [authenticates the presence of listening and feeling being listened to]
Feeling recognised		
Validation		
Embodiment - certainty of listening		
Connectedness		
Cues for listening		
Feeling safe	141 R Yes, it makes sense... And when you are talking about 142 that feeling, can you describe that feeling, how do you 143 experience that in yourself?  144 P I guess it's a <u>warmth feeling</u> , but it's <u>a feeling of</u> 145 <u>safety</u> as well...	



Emerging themes	Interview transcript – Nicole (pseudonym)	Exploratory notes
Embodiment	146 R And when you are saying ‘warmth’, do you refer to...	Being listened to has a quality of physical warmth & emotion akin to feeling affection (?) - through feeling/sensing genuine verbal communication
Genuineness	147 P Yeah, <u>to my body and I guess just the words that</u> 148 <u>somebody is using, and like I said but it's got to be</u> 149 <u>genuine</u> , you know, there is an element, <u>if it's not genuine you</u> 150 <u>will know</u> , and that will <u>make me retreat</u> , so I <u>know</u> that it's not...	C9 – Genuine/Authentic presence of the listener – necessary condition in order to feel listened to – “just the words that somebody is using, and like I said but it's got to be genuine” Non-genuineness is recognised and makes her withdraw [stuckness in therapeutic process] – “if it's not genuine you will know, and that will make me retreat, so I know that it's not...” [certainty] [Impact on therapeutic relationship and work; stuckness] [Perceived non-genuineness leads to not feeling being listened to]
Cues for listening [verbal and nonverbal]	151 R And how do you know this?	C5 – Listening intertwined with the therapeutic relationship – “I guess it's because of the dynamic of the relationship” [knowing through perceived quality of therapeutic relationship]
Different agenda	152 P Well, it's a... I guess it's because of the dynamic of the 153 <u>relationship</u> that you have with that person, so for example the 154 therapist that I was talking about before, <u>she may be able to</u> 155 <u>say the right things but at no point did I feel that she was</u> 156 <u>holding me... in fact I felt like her agenda was quite</u> 157 <u>different</u> ... and I think that's <u>down to the relationship that you</u> 158 <u>have</u> , so <u>my last experience</u> , <u>[approach]</u> therapy for example, I 159 <u>felt very listened to</u> ...	Evaluation of genuineness includes non-verbal language/information. Non-genuineness perceived when verbal communication is not matched by feeling held [inner response/cues] - “she may be able to say the right things but at no point did I feel that she was holding me” [Hearing the “right things” but not feeling the ‘right way’ i.e. ‘holding’/being listened to] [‘The right things’ may be non-genuine words] [incongruence between therapist's words and her inner feeling – a cue for unavailability of listening] [inner feeling represents a powerful inner cue for listening]
Agreement/compatibility	160 R What made you feel being listened to?	C13 – Feeling being listened to, by implication, requires verbal and nonverbal cues. [Doing/performing (‘say the right words’) vs being with the client (holding)?] C5 – Listening intertwined with the therapeutic relationship – “I think that's down to the relationship that you have”
Transactional process Feeling understood Connectedness	161 P I guess that I mean, she was very... <u>there's</u> 162 <u>something about being on the same page with somebody</u> , 163 you know, you can never know when you walk into a therapy 164 room <u>for the first time</u> whether you <u>click</u> with somebody or not, 165 there's <u>just down to you, them, the rapport, how that then</u> 166 <u>plays out</u> , and <u>fortunately</u> I felt very... I suppose in many ways 167 I felt <u>I could identify with her</u> , which is a bit daft ‘cause our 168 lives are completely different, so there <u>wasn't really anything</u> 169 <u>similar about us</u> , <u>I felt like I could say anything to her, and it</u> 170 <u>would be okay</u> ...	C14 – Absence of listening >>> the listener focuses on herself rather than on the speaker - “felt like her agenda was quite different” [listener's lack of connection with the person who reveals and with what is revealed?] Different therapeutic experiences bring different experiences of feeling being listened to in therapy. C5 – Listening intertwined with the therapeutic relationship – “there's something about being on the same page with somebody”/ “you click with somebody or not, there's just down to you, them, the rapport, how that then plays out” - Compatibility [shaping/shaped by connection?]/between client and therapist as a condition for feeling being listened to - Being on the same page with somebody/click – suggesting compatibility, agreement to be understood or comprehended by someone suddenly. - The client, therapist and the relationship dynamics concur for compatibility to happen - Ability to identify the role played by her and the listener in feeling on ‘the same page’ and, by implication, in the experience of feeling being listened to [Reciprocal recognition/readiness needed?]
Feeling accepted and safe		C7 – Listening – as transactional process >>> listening - talking - influence by dynamic exchange (relationship) between client and therapist.

Emerging themes	Interview transcript – Nicole (pseudonym)	Exploratory notes
<p><b>Genuineness</b></p> <p><b>Mutual / transactional process</b></p> <p><b>Compatibility (relationship dynamics)</b></p> <p><b>Equal engagement</b></p> <p><b>Validation</b></p> <p><b>Feeling accepted and safe</b></p>	<p>171 R Okay, do you remember what made you feel that you</p> <p>172 can say anything...</p> <p>173 P I think there was <u>a lot related to her</u>, I think she was</p> <p>174 very... I think she was <u>very real</u>... and there is a thing, isn't</p> <p>175 there, in therapy, in psychology generally, about, you know,</p> <p>176 <u>being very boundaried, not telling people too much about</u></p> <p>177 <u>yourself</u>... but there's also you know some people feeling that</p> <p>178 <u>giving a little bit of yourself helps with that relationship</u>, but I</p> <p>179 <u>don't think that works with everybody</u> but I think <u>that was true of</u></p> <p>180 <u>that particular therapist</u> and I think <u>that worked for her, and it</u></p> <p>181 <u>worked for me</u>... I don't know <u>whether she does that with every</u></p> <p>182 <u>single client</u> but she certainly did with me, but I didn't feel that</p> <p>183 <u>there was a blurred boundary either</u>, I still felt that <u>it could be</u></p> <p>184 <u>therapeutic</u>, that situation was <u>therapeutic</u> and that <u>we weren't</u></p> <p>185 <u>friends necessarily or things like that</u>, but we were <u>friendly</u> and</p> <p>186 she was <u>equally as engaged in that process as I was</u>, I</p> <p>187 think... does that answer your...</p> <p>188 R Yeah... When you were talking and she was listening to</p> <p>189 you, how did you experience that? Do you remember, you were</p> <p>190 talking, were you thinking of something or were you feeling</p> <p>191 something inside you, how that experience was for you, if you</p> <p>192 can go back and...</p> <p>193 P I felt, I guess... <u>it was almost like just talking to an</u></p> <p>194 <u>old friend</u>, you know, <u>there are some friends that you may</u></p> <p>195 <u>have that have known you forever</u>, or who may not have</p> <p>196 <u>known you forever but who know you in such a way that</u></p> <p>197 <u>you can say anything and everything's ok</u>, and it's just this</p> <p>198 kind of <u>feeling of relief</u>, like 'ah, I've come to therapy, I'm</p>	<p><b>Feeling listened</b> to in therapy leads to freedom in talking/encourages disclosure: '<i>I felt like I could say anything to her, and it would be okay</i>' [Readiness/safety/acceptance] <b>C12 – Being listened to as feeling safe</b> Acceptance, non-judgemental and indiscriminative attitude of the listener</p> <p><b>C9 – Genuine/Authentic presence of the listener – necessary condition in order to feel listened to</b> - "<i>she was very real</i>"</p> <p>Therapist's quality of being perceived as 'very real' supported by flexible use of disclosure in therapy. [The therapist's disclosure/revealing supports her disclosure/revealing] [Mutual/transactional process] Talking openly supported by the <b>compatibility</b> with the extent of therapist's disclosure – "<i>giving a little bit of yourself helps with that relationship, but I don't think that works with everybody [...]</i> I think that worked for her, and it worked for me"</p> <p><b>C15 – Therapist's ability to engage as a condition and expectation for listening</b> – "<i>was equally as engaged in that process as I was</i>" [The therapist not having different agenda like in the case of her not feeling being listened to?] [compatibility/alignment]</p> <p>[Therapist's ability to listen to the client's unique and subjective experience and needs in therapy and to the therapeutic dynamics and responding accordingly promotes openness to talk, strengthens trust and the therapeutic relationship/therapist attunement.]</p> <p>Feeling being listened to is experienced as "<i>talking to an old friend</i>" and the perception of the listener "<i>have known you forever [...]</i> know[s] you in such a way that you can say anything and everything's ok" [witness] [connection] <b>Listening</b> involves knowing/recognising/seeing, which promotes <u>free talking</u> and <u>feeling safe</u>. <b>C12 – Being listened to as feeling safe</b> <b>C10 – Listening involves the task of validating her experiences / to 'see'/ find/ legitimise/authenticate/value and accept the person and what is being revealed</b> <b>C7 – Listening – as transactional process &gt;&gt;&gt;</b> listening – talking Acceptance, non-judgemental and indiscriminative attitude of the listener</p>

## Emerging themes

## Interview transcript – Nicole (pseudonym)

## Exploratory notes

Feeling accepted and safe	199	really <b>happy</b> I'm here actually 'cause I need to just offload' and I	<b>Feeling being listened to is "feeling of relief"</b> [due to having the space to talk freely?] Feeling listened to promotes <u>motivation</u> for being in therapy – "I've come to therapy, I'm really happy I'm here actually 'cause I need to just offload"
Feeling of relief	200	<b>know I can offload because this person allows me to do</b>	"I <u>know</u> I can offload because this person <u>allows</u> me to do that"
Promoting motivation	201	<b>that</b> , she doesn't make me feel silly for offloading which	[therapist's ability to allow and meet client's expectations/needs in therapy] [certainty]
Feeling understood	202	perhaps the other therapist did, the <i>[approach]</i> therapist did,	[[therapist's readiness to listen] [safety]
Self-understanding	203	she doesn't bill it on me, she doesn't bill it on my experiences,	<b>C12 – Being listened to as feeling safe</b>
Resembling maternal relationship	204	and <b>she just understands that it's a part of me and helps</b>	<b>C16 – Listening impacts on the way in which she views, understands, feels and defines herself</b> – "doesn't make me feel silly" / "she just understands that it's a part of me and helps me to understand that it's just one part of me that isn't completely defining of me"
Readiness	205	<b>me to understand that it's just one part of me that isn't</b>	[Therapist's ability/capacity to understand/ see results in her self-understanding/self-insight ]
Feeling accepted and safe	206	<b>completely defining of me</b> , it's just <u>stuff that's happened to me</u>	<b>C17 – Feeling being listened to intertwined with being understood</b> [Listening to her experience promotes and helps different ways of listening to her own experience and to who she is]
	207	and I need to make sense of... she <u>made it okay</u> for me... and	<b>C12 – Being listened to as feeling safe</b> – "she made it okay for me" and "feeling of safety" and "it's like about being with your mum when everything's ok, it's fine [...] it's secure"
	208	it's that feeling again, we're going back to that <b>feeling of safety</b>	Feeling listened to is experienced as, and evokes, the security of the relationship with the mother
	209	I think, where you know it's a bit like I guess, I'm using a lot of	[Elements of maternal relationships during developmental years are echoed in the listening experience – <u>developmental listening</u> ]
	210	big examples, but <b>it's like about being with your mum when</b>	<b>Therapist's ability to listen</b> <u>holistically/indiscriminately</u> including difficult elements -
	211	<b>everything's ok, it's fine, you know what I mean, it's secure.</b>	"she may not like hearing it, because it may be a difficult thing to listen to but it's okay, that's okay, you know, realising that it's about me and this was my space for me to do what I needed with"
	212	it's... you know, <b>she may not like hearing it, because it may</b>	[Therapist's ability to allow for and meet client's expectations/needs in therapy]
	213	<b>be a difficult thing to listen to but it's okay, that's okay</b> , you	[Acceptance] [Therapist's readiness to openly listen]
	214	know, <u>realising that it's about me and this was my space for me</u>	Acceptance, non-judgemental and indiscriminative attitude of the listener
	215	<u>to do what I needed</u> with...	



# Appendix 9

## List of collective emerging themes

Emergent themes	Final themes
<b>Master theme I – ‘Being listened to’: no place to hide</b>	
Distinct therapeutic context Uncertainty and unknown Vulnerability – by choice Vulnerability – therapeutic context Unidirectional focus on client Disclosure/feeling seen leads to anxiety Uncomfortability of disclosing Power play Therapist’s assertion of power	Subtheme: Vulnerability: two sides of the same coin
Willingness/openness to understanding personal difficulties Willingness to work through life difficulties Preparedness to be a client Openness to disclose/expose Felt freedom to talk/disclose Guardless state Developing self-confidence Courage to unveil Comfortability/confidence in disclosing Becoming open to be listened to Facilitating disclosure/free talking Stimulating inner change/openness Facilitating self-confidence and courage Enhancing self-trust Difficulty/stuckness in self-disclosing Lack of openness to listen Providing good/suitable listening/readiness Mutual engagement	Subtheme: Readiness to be found: are you ready to find me?
Alchemizing experience Powerful experience/ moment Special/new/distinct experience Spiritual/transcendental experience Synchronicity/ being in tune Transcendence Connectedness/moment of meeting	Subtheme: Specialness in the therapeutic relationship

<p>Emotional connection</p> <p>Complementing the relationship with parents</p> <p>New way of relating</p> <p>Non-physical hug/embrace</p> <p>Facilitating closeness/building connection</p> <p>Building trust/confidence (in therapist; in therapeutic process)</p> <p>Developing/facilitating therapeutic relationship</p> <p>Heart of therapeutic relationship</p> <p>Listening strengthens the relationship</p> <p>Mutual recognition</p> <p>Mutual compatibility/ matching</p>	
<p>No hiding/no place to hide</p> <p>Feeling deeply seen</p> <p>Feeling found</p> <p>Feeling got beyond words</p> <p>Feeling recognized</p> <p>Validation/being validated</p> <p>Feeling scanned</p> <p>Feeling understood</p> <p>Holistically seen</p> <p>Holistic listening</p> <p>Accurate understanding</p> <p>Listening beyond the ear</p> <p>Listening/penetrating beyond verbal communication</p> <p>Listening inclusive of life context</p> <p>Listening on different levels</p> <p>Impact/power of the look</p> <p>Therapist's gaze</p> <p>Witnessing process</p> <p>Recognition of self – existential legitimacy</p> <p>Facilitating/developing self-discovery/ self-seeing</p> <p>Self-listening</p> <p>Integrating new meanings</p> <p>Making sense of experience</p> <p>New understanding</p> <p>Recognising and seeing</p>	<p>Subtheme:</p> <p>I know you see me, therefore I can see myself</p>
<p><b>Master theme II – Cues to self: the phenomenology of 'being listened to'</b></p>	
<p>Acknowledging internal cues</p> <p>External cues</p> <p>Visual cues</p> <p>Verbal and non-verbal cues</p> <p>Looking for cues</p>	<p>Cues to self: the phenomenology of 'being listened to'</p>

Listening as multifaceted experience Listening as subjective and contextual experience Listening as transactional process	
Embodiment Listening lived through body Resonating body Healing process Bodily lightness/refreshment Progressive felt purification Warmth Relaxation Uncomfortable physical sensation	Subtheme: An embodiment feeling
Acceptance Congruent response Feeling accepted/non-judged Feeling comforted Feeling held and contained Feeling of relief Feeling welcomed Safety Unconditional support Therapist's being with Non-physical embracement	Subtheme: Feeling held and contained
Wholeness of the self Fuller understanding of self Wholesome experience Liberating experience Self-redefining/new self-view Meeting of the self Self – feeling 'afresh' Powerful/distinct experience Enjoyable experience Integration of self Becoming a whole Self-individuation Assuming authentic self Unveiling the self Feeling of worthiness Feeling present Feeling self-integrated Freedom in being Freedom in self-expressing	Subtheme: A distinct experience of self

Self-acceptance Self-connectedness Self-growth Self-legitimacy Open listening of own self Accessing own resources/self-depth Becoming of the self Experiencing growth Connection with self Developmental process Different view of self Discovering own self Facilitating feeling present Facilitating self-awareness Facilitating self-connection	
Repetition and reinforcement of life difficulties Shutting down disclosure/withdrawal Disturbance/stuckness of the whole process Damaging experience Accumulation of mistrust (therapist/therapeutic process) End of therapeutic quality/therapist role Missed opportunities for change Not reaching therapeutic aims Leading to rupture/premature ending Low level of energy Lack of connection/relationship Miscommunication/misunderstandings Different agenda Strong undesirable emotions Anxiety and pressure Rejection Confusion Increasing defensiveness Detrimental impact on self Disappointment Disempowerment Questioning the self-worthiness/self-significance Self-doubt Feeling alone Feeling dismissed/rejected/ insignificant Feeling judged/unsafe Feelings of anger Listening taken for granted	Subtheme: Knowing through not feeling ‘being listened to’

# Appendix 10

## NOTICE OF ETHICS REVIEW DECISION

**For research involving human participants**

**BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology**

**SUPERVISOR:** Kendra Gilbert

REVIEWER: John Turner

**STUDENT:** Elena Coltea

**Title of proposed study:** Clients' experience of being listened to within psychotherapy: an interpretative phenomenological analysis

**Course:** Professional Doctorate in Counselling Psychology

**DECISION** (*Delete as necessary*):

**\*APPROVED**

But can the applicant and supervisor discuss the following before commencing the study (no need to return comments to the reviewer): 1. Postal consent forms are ok, but it's unclear why this could not be done face-to-face at the interview; it seems to add a little unnecessary logistic complexity. 2. Can the participants be assured in the letter that consent forms and other identifying information (if there is any) will be stored separately to all other data. 3. Supervisor's signature and date should be on the form.

**APPROVED:** Ethics approval for the above named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.

**APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES** (see Minor Amendments box below): In this circumstance, re-submission of an ethics application is not required but the student must confirm with their supervisor that all minor amendments have been made before the research commences. Students are to do this by filling in the confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the School for its records.

**NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED** (see Major Amendments box below): In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

**Minor amendments required (for reviewer):**

\_\_\_\_\_

**Major amendments required** *(for reviewer):*

**Confirmation of making the above minor amendments** *(for students):*

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data.

Student's name *(Typed name to act as signature)*: Elena Coltea  
Student number: U1324530

Date: 23/07/2015

**ASSESSMENT OF RISK TO RESEACHER** *(for reviewer)*

If the proposed research could expose the researcher to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

- ☐ HIGH  
☐ MEDIUM  
☐ LOW

*Reviewer comments in relation to researcher risk (if any):*  
No obvious risks

**Reviewer** *(Typed name to act as signature)*: John Turner

**Date:** 16.07.2015

*This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee (moderator of School ethics approvals)*

**PLEASE NOTE:**

\*For the researcher and participants involved in the above named study to be covered by UEL's insurance and indemnity policy, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

\*For the researcher and participants involved in the above named study to be covered by UEL's insurance and indemnity policy, travel approval from UEL (not the School of Psychology) must be gained if a researcher intends to travel overseas to collect data, even if this involves the researcher travelling to his/her home country to conduct the research. Application details can be found here: <http://www.uel.ac.uk/gradschool/ethics/fieldwork/>

# Appendix 11

## Change project title - Ms Elena Coltea

Date	13 Nov 2017
Doctoral Researcher	Ms Elena Coltea
Student ID	1324530
Doctoral Research Project	Clients' experience of 'being listened to' in the psychotherapeutic context: an interpretative phenomenological analysis
Project type	DProf
Project mode	Part Time
Project start	16 Sep 2013
School	Psychology

---

## Change request form

### Project title form

#### Proposed new title:

Clients' experience of 'being listened to' in the psychotherapeutic context: an interpretative phenomenological analysis

#### Reason(s) for proposed change:

The proposed new title highlights better the phenomenon explored in the research project.

### Researcher form

Having discussed the proposed change of title with my supervisory team, I am satisfied with the change proposed.

Yes

---

## Supervisor form

### Supervisor form

We recommend that the change in the registered title of the thesis progress as requested.

Yes

Notes

---

## Research Degrees Leader form

### Research Degrees Leader form

Recommend this application for consideration at the School's Research Degrees Sub-Committee

Yes



**Notes**

The proposed new title looks to be appropriate and has been discussed and agreed with the DoS. I therefore recommend that the application be approved.

---

**Counselling psychology review group report****Committee report****Comments**

Reviewers recommended approval.

**Recommendation**

Approve

