EXPLORING THE EXPERIENCES OF COUNSELLING PSYCHOLOGISTS' EMBODIED RESPONSES WHEN WORKING WITH TRAUMA: AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS

CHRISTINA MANSOUR
U1312383

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Abstract

This research aimed to explore the experiences of counselling psychologists' embodied responses when working with trauma presentations. Semi-structured online interviews were conducted with six qualified counselling psychologists who shared their clinical experience. The transcribed interviews were analysed using Interpretative Phenomenological Analysis. Four Group Experiential Themes emerged from the analysis process: Caught in the net of trauma, Making sense of the response, Taming the response, and Bringing the body in: Embodied responses as a therapeutic instrument.

The results uncovered novel insights into the challenging embodied experiences of the participants and the degree of unpreparedness they faced in experiencing and making sense of their embodied responses. This highlights the significance of the topic for counselling psychologists working in trauma-related contexts. The findings reveal the complex nature of the embodied experiences therapists undergo in response to trauma and the process that unfolds as the participants face an unanticipated intensity of embodied responses. The journey taken by the participants uncovers the intricacy of therapeutic encounters when working with trauma and emphasises the potential impact of the process on the therapist, and its role in advancing the therapeutic relationship to greater depths. The implications and relevance of these findings, particularly for clinical training, are explored, and suggestions for future research are provided.

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Tables

Abbreviations

BPS British Psychological Society

CoP Counselling Psychology

DSM-V Diagnostic Statistical Manual of Mental Disorders

EMDR Eye Movement Desensitisation and Reprocessing

IPA Interpretative Phenomenological Analysis

GETS Group Experiential Themes

NET Narrative Exposure Therapy

PETS Personal Experiential Themes

PTSD Post Traumatic Stress Disorder

TF-CBT Trauma-Focused Cognitive Behavioural Therapy

UEL University of East London

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Introduction

Embodiment is a concept that has re-emerged as a significant area of interest across various disciplines, including psychology (Taylor & Russel-Mayhew, 2018). The origins of this study stemmed from my interest in the topic during my counselling psychology training, where I encountered embodied responses while working with clients in trauma settings with complex presentations related to sexual abuse, addictions, and eating disorders. These encounters sparked my curiosity about the embodied element of therapeutic interactions. As I delved deeper, I found the concept to be multifaceted, highlighting its complexity and the lack of direct explorations of the therapist's subjective embodied experiences in trauma contexts.

There are numerous definitions of embodiment that range from focusing on the physical body to its role in interacting with our surroundings. All definitions share a focus on key terms such as body, others, and self (Hauke & Kritikos, 2018). It can be simply defined as how our mental functions affect and are affected by our bodily movement and our interaction with the environment (Gallagher, 2005). Hauke and Kritikos (2018) define embodiment from a researcher-clinician perspective as "a process that produces a network, woven through the fabric of our body functions and cognitions and our behaviour, connecting us to the physical environment and synchronising us with the cognitions and behaviours of other people." (p.1). In this study, the term denotes a state of conscious awareness of the self and body within the therapeutic encounter, with the aim of resorting to the body as a component of a holistic approach to enhance the therapeutic outcome (Macecevic, 2008). This definition emphasises the interconnectedness of our bodily experiences and mental functioning and challenges the concept of Cartesian dualism, where the mind and the body are seen as separate entities (Mende &Schmidt, 2021).

Cartesian dualism was originally suggested by René Descartes (1596-1650), who argued that the body is mechanistic and material, while the mind, including thinking and consciousness, is a non-material entity (Mehta, 2011). This perspective rendered both as separate, with the mind possessing an immaterial nature that cannot be solely explained by physiological processes (Hamilton & Hamilton, 2015). The dualist stance laid the foundation for positivism and contributed to the belief that the scientific method is the only way to access knowledge (Mehta, 2011). It also underpins the biomedical model in medicine but has been heavily critiqued for its reductionism and for overlooking the interconnectedness and the bidirectional nature of the mind-body connection (Engel, 1977).

In the context of trauma therapy, this dualistic view becomes critically important, affecting how trauma is understood and treated. The distinct separation between the body and the mind can be limiting in trauma contexts, leading to neglecting the full spectrum of symptoms and the body's role in processing traumatic experiences (Hamilton & Hamilton, 2005). This study's focus on exploring therapist's embodied responses in trauma contexts, offers a departure from a dualistic view and rests on the assumption that physical sensations and emotional experiences being deeply intertwined and can be leveraged to enhance therapeutic outcomes.

The embodied element in therapeutic interactions has been gaining increased attention, particularly in trauma work, where studies suggest that therapists' embodied responses can play a role in vicarious trauma and increase the prevalence of burnout (Andaházy, 2019; Cavanagh et al., 2020; Nyman-Salonen, 2022). Moreover, several studies point to the ability trauma presentations to intensify embodied experiences and affect the therapist (Sabin-Farrell &Turpin, 2003; Stone, 2006). Despite this importance, methodological inconsistencies in the field lead to a varied use of terminology, which may account for diverting the attention away from the therapist's body (Hauke &Kritikos, 2018; Nyman-Salonen, 2022). This study aims

to contribute to addressing this gap by exploring counselling psychologists' embodied responses through qualitative research.

Existing literature lacks explorative studies on the therapist's body when working with trauma-related presentations, though various psychotherapeutic approaches offer theoretical insights into therapists' embodied responses. The study builds on previous qualitative literature highlighting the embodied experiences of the therapists (Merriman & Joseph, 2016; Rumble, 2010; Shaw, 2003), and draws on existing literature from various fields that mention the therapist's body. It aligns with the pluralistic stance of Counselling Psychology (CoP), which acknowledges the validity and significance of various approaches and different theoretical perspectives. Quantitative research provides measurable evidence of the embodied experience and ways of assessing physical responses (Egan & Carr, 2010; Kleinbub et al., 2020), but practitioners' subjective voices are limited. Earlier studies suggest that therapist's body has been a neglected element of the psychotherapeutic process (Beutler, 1997), and the sense of vulnerability and shame tends to exclude it out of the equation (Totton, 2018; Shapiro, 1996). Given the call for more qualitative studies on therapist's embodiment, the study aimed to explore the subjective lived experiences through Interpretative Phenomenological Analysis (IPA).

In terms of philosophical positioning, the study takes a critical realist stance which allows exploring the participants' subjective experiences of the embodied responses and complementing the existing evidence base for embodied responses, supported by neuroscientific and quantitative research. Implementing IPA was anticipated to provide an in-depth view of the subjective clinical experience that remains hidden behind the scenes. The study examines the underlying meanings and experiences of the explored phenomenon and how they intertwine with the relational lens of CoP. The key research findings of this study reveal the participants' unpreparedness for the intensity of the experienced responses and how

they implemented them to advance the therapeutic process. The narratives unfold an exploratory journey that starts from sitting with discomfort and uncertainty, reaching a state of mastering the responses and implementing them in therapy. The study highlights the high impact of trauma work on the body of the therapist, especially when working relationally. It illuminates a challenging aspect of trauma work, and sheds light on the importance of implementing more training regarding the therapist's body and exploring the complex details of a therapeutic interaction.

The study aims to contribute to the field of CoP by focusing on the therapeutic relationship and the use of self in therapy (Omylinska-Thurston & James, 2011). By exploring embodied responses as a potential therapeutic instrument and common factor, this study offers a departure from the dominant focus on excessively manualised approaches and provides an insight into the therapeutic relationship and process (Paulick et al., 2018). Counselling psychologists' relational and subjective lenses position them well in exploring embodied responses, given the field's focus on holistic understanding (Manafi, 2010; Milton, 2010). The importance of awareness highlighted in this study also aligns with the reflective-practitioner model, one of CoP's tenets (Donati, 2016). Additionally, the findings align with a recent framework proposed by Raczynska (2023), which explores embodied responses as a facilitator of communication in therapeutic settings. Overall, the study highlights the impact of trauma work on therapists' bodies, emphasising the role of embodied responses in advancing the therapeutic relationship and anticipating risks that therapists might face, particularly during the early stages of their training.

Chapter One

Literature Review

1.1 Overview

This chapter presents a comprehensive review of the published literature related to the topic of exploring the experiences of counselling psychologists' embodied responses when working with trauma presentations. The review explores embodiment within the context of CoP and therapeutic interactions, highlighting the scarcity of studies on this topic. Drawing on the pluralistic approach of CoP to research, the literature review will not be framed within one theoretical framework but instead draw on various psychotherapeutic perspectives that inform the explored topic (Cooper, 2009).

In line with the definition of embodiment adopted earlier in the introduction and the explorative stance of IPA, terms such as "embodied responses", "physical responses", "elicited reactions, "or "somatic responses " will be used interchangeably to refer to the therapists' embodied experience in therapeutic encounters without restricting them to a single theoretical framework. These terms reflect observable phenomena and reflections of experience without reducing them to pure physiological processes. Specific terms will be contextualised within their relevant psychotherapeutic modalities, such as "somatic countertransference" from a psychoanalytic perspective. Similarly, the use of the words "trauma", "traumatic", and "trauma-related presentation" will not be limited to clients with a Post-Traumatic Stress Disorder (PTSD) diagnosis but will included any presentations perceived subjectively as traumatic.

Adhering to the inductive nature of IPA, the literature review was finalised following the analytic stage of the project (Smith & Osborne, 2008). Relevant literature was identified via a

systematic search which was carried out using different combinations of related keywords such as “embodiment”, “somatic”, “counselling psychology”, “therapeutic relationship”, and “trauma” in several databases such as Google Scholar, Ethos, PsychInfo, and Science Direct. The search also included relevant abstracts, books, articles, and doctoral dissertations.

1.2 Embodiment in Counselling Psychology

CoP is a branch of applied professional psychology underpinned by humanistic philosophy that aims to integrate psychological theory, research, and psychotherapeutic practice (BPS, 2018). CoP prioritises the therapeutic relationship and emphasises the importance of the client's subjective experience. Moreover, the practice of CoP necessitates good levels of self-awareness to link personal and interpersonal dynamics to the therapeutic context (BPS, 2018). The role of embodiment in the therapeutic practice in CoP is unclear; Wahl (2003) mentions that the significance of the body has been overlooked in most introductory texts related to psychological therapies (Baillie, 2012). Despite this, counselling psychologists usually receive training in different psychotherapeutic modalities that value the role of the body, such as psychodynamic and humanistic approaches. However, when the body is discussed, the emphasis is reserved for the role of the client's body within therapy (Shaw, 2003). Several theorists suggest that the therapeutic encounter involves embodied and non-verbal aspects, and that therapeutic change happens within an implicit field of knowledge (Stern, 2013; Schore, 2003). CoP retains a focus on talking therapies but values intersubjectivity, takes a relational stance, and aims to diminish the gap between the mind and the body (Milton, 2010). It also views the client and the psychologist as two interacting subjects who influence each other within the therapeutic encounter (Baillie, 2012). Harris (1998) added that a diminished focus on the therapist’s body can be problematic from a relational stance. Shapiro (1996) attributed the absence of the therapist's body to the process

of civilising, which brings shame to the body, whereas Totton (2018) suggested that domesticating the body may have contributed to creating a negative perception of the therapist's body in the therapeutic process. Moreover, Totton (2018) suggested that therapists might avoid attending to their body sensations due to feelings of vulnerability.

From an epistemological stance, it seems that tensions inherent to CoP, due to its positioning in different epistemologies, also translate to the field of embodiment. CoP takes a flexible epistemological stance and is influenced by different positions, such as the scientist-practitioner-model, and the reflective-practitioner (Larsson et al., 2012). However, this position results in tension since the professional practice in CoP takes more of a positivist position when relying on psychology as the discipline's knowledge base, while keeping humanistic values and the respect for subjective experiences at its core (Larsson et al., 2012).

1.3 Contextualising Embodiment: The Therapist's Body in the Therapeutic Relationship

Shaw (2004) mentions that mainstream psychotherapy prioritises mental processing and ignores the body's importance in the therapeutic encounter. The idea of the separateness of body and mind is relatively recent. Harvey (2017) mentions that in early modern Europe, emotions were rooted in the body's physicality, and referred to a movement in or of the body. This rendered emotions intrinsically embodied and allowed the body to be a rich source for exploring human experience (Harvey, 2017). On the other hand, Cartesians viewed reason as transcending the body, thus reinforcing the gap, and isolating the aspect of cognition from any bodily sensation or process (Johnson, 2013).

Within the field of psychology, a broad theoretical basis exists for embodiment, and the body has taken various degrees of importance within different psychotherapeutic perspectives. The role of the client's body in therapy has been thoroughly explored (Ogden,

2014; Van der Kolk, 1994, 2015). However, research exploring the role of the therapist's body has been scarce despite various studies indicating that therapists experience embodied responses regardless of their psychotherapeutic approach (Booth et al., 2010; Margarian, 2017). Aspects of embodiment have been referred to as reciprocity or reflections of non-verbal communication and body language rather than explorations of how therapists experience and make sense of their bodies within the context of a therapeutic encounter (Cozolino, 2004; Dryden et al., 1995).

The therapist's body gains significance within the context of a therapeutic relationship, which can be simply described as a relational shared experience painted with attitudes and feelings that the client and therapist have toward each other (Orlinsky et al., 2004). The concept of a therapeutic relationship dates back to Freud's work (1913/1958) and the theory of transference, where he suggested the possibility of forming an attachment between the client and the therapist (Ardito & Rabellino, 2011). From a person-centred perspective, Rogers (1961) defined a therapeutic relationship through its essential elements, such as empathy, congruence, and unconditional positive regard. He also proposed the healing potential of a therapeutic relationship and assigned the therapist to provide the core elements (Rogers, 1961). Bordin (1979) suggested a pan-theoretical conceptualisation of the therapeutic alliance, which consisted of three main elements: the therapeutic bond, goals, and tasks. Introducing the element of the therapeutic bond, which refers to the interpersonal elements between the client and the therapist, made the therapeutic alliance a two-way process.

Another transtheoretical model which conceptualises the therapist-client relationship is Clarkson's (2003) Five Relationship Modalities. The five models include the working alliance, the transference/counter-transferential relationship, the reparative/ developmentally needed relationship, the person-to-person relationship, and the transpersonal relationship

(Clarkson, 2003). Two of these modalities are particularly relevant to the study and the concept of embodiment. The transference/counter-transferential relationship is conceptualised as an unconscious experience of replicated past patterns projected onto the therapeutic relationship to allow for an effective resolution (Clarkson, 2003). The bodily reaction of a therapist can be seen in this context as a presentation of countertransference or, instead, somatic countertransference such as tiredness, anger, or boredom. Such bodily reactions can enhance the therapist's capacity for a sensory and emotional connection with the client, thus providing more space for containment (Bion, 1991; Plakun, 2007; Warnecke, 2009).

On the other hand, the reparative/ developmentally needed relationship builds on attachment theory and the impact of the lack of secure attachment in creating a traumatic impact on the individual (Bowlby (1969/1988). In this context, the therapist holds a reparative function that can mirror a primary caregiver's holding and nurturing role. This reparative and nurturing behaviour embodies physical elements such as reciprocity, eye contact, and synchrony of rhythm (Meekums, 2002). This model also highlights the impact of the therapist's levels of awareness, which are considered essential when it comes to self-knowledge and the interrelatedness of body and mind, or what Vick (2002) refers to as mind/body holism.

1.4 Perspectives on Embodied Responses

1.4.1 Humanistic perspective

The importance of focusing on the body within the therapeutic encounter has been pointed out by Rodgers (1961), who suggested that the use of internal sensory experience was a feature of a fully functioning person. However, this focus has been reserved for the client's body rather than the therapist's. For example, in his theory of Focusing, Gendlin (1997)

suggested that the body is the subconscious mind, rendering it a source of profound knowledge. He described the body as an experiential process rather than an object through which we experience life and interact with our environment (Gendlin, 1997). Focusing therapy underlines the significance of the physiological sensations and draws the client's attention towards their body (Weineck & Messner, 2018). The therapist's body or embodied responses have yet to gain much attention within the humanistic perspective.

The lack of focus on the therapist's responses can relate to the fact that the therapeutic relationship within a humanistic approach stands on the three central tenets of empathy, congruence, and unconditional positive regard with the assumption that humans are inherently good and strive towards growth and development (Rogers, 1961). Within such a framework, the importance of the therapist's embodied responses becomes minimised. On the other hand, the core condition of congruence refers to the therapist's ability to be authentic and aware of their inner experience. Rogers (1961) also suggested sharing this inner awareness with the client when deemed helpful for the therapeutic process as part of building a genuine therapeutic alliance.

Elliot (2012) argued against this view of the therapist's role, mentioning that an excessive focus on unconditional caring can idealise the therapist and endow them with a naïve demeanour. He highlighted the lack of literature exploring adverse therapist reactions within humanistic approaches and explored these experiences within the context of a therapeutic relationship. Some negative experiences were related to relational difficulties, such as nonempathy or incongruence between their inner and external experience (Elliot, 2012). Other challenges have been attributed to therapeutic difficulties, such as the lack of client motivation, the client's misperception of the therapist's empathy, or the lack of psychological contact between the client and the therapist (Elliot, 2012). The therapist's inner awareness of these conflicts has been emphasised in dealing with negative responses; however, it has also

been suggested that such responses do not fall in line with the main therapeutic conditions deeming them as unfavourable and better avoided or shared only when applicable for the therapeutic process (Elliot, 2012).

1.4.2 Existential perspective

Merleau-Ponty (1962), an existential philosopher, proposed that the body is the primary subject of precepting and acquiring knowledge (Merleau-Ponty, 1962). He argued that cognitions can be formed and understood only through the body, which interacts with the world and considered it a tool of communication with our surroundings (Taylor & Mayhew, 2018). Merleau-Ponty was influenced by Husserl's phenomenology and emphasised the importance of human subjective lived experiences (Leitan & Murray, 2014). He explored the connections between individual experiences and the experiences of others and suggested that intersubjectivity is our primordial experience (Merleau-Ponty, 1964). These ideas are conceptualised with the lived-body paradigm, which derives from the phenomenological school of thought and builds on the work of other existential philosophers such as Edmund Husserl, Jean-Paul Sartre, and Martin Heidegger. It rests on the assumption that our body is the starting point for perceiving the world and thus acquiring knowledge (Leder, 1990; Merleau-Ponty, 1962; Straus, 1966). From this perspective, the world is perceived through our senses, conceptualising any knowledge as body oriented (Liedloff, 1986). Leder (1984) pointed out the absence of the body, asking, "why, if human experience is rooted in the bodily, is the body so often absent from the experience?" (as cited in Shaw, 2003, p.40).

Merleau-Ponty (1968) suggested a process of bodily intertwining which occurs in a matrix underlying all human relationships and forms the basis of empathy by bringing down the boundaries between the self and the other. Diamond (2001) referred to a similar idea by mentioning a reciprocal interaction between the client and the therapist, giving each of them a felt sense of the shared intersubjective space. Shaw (2003) contextualised embodiment within

a phenomenological perspective, suggesting that it is a shared lived experience and an attribute of the therapeutic encounter that has been systematically overlooked. Shaw (2003) suggested that the lived-body paradigm allows to oppose the limitations of Cartesian dualism by repositioning the body as "the basis of human subjectivity" (p.41), making it a rich source of exploring the embodied lived experiences of the therapists. The paradigm also highlights the importance of intersubjectivity within the process of relating; we make sense of our bodies through relating to and interacting with one another. Shaw (2003) built on this idea, suggesting that what therapists experience in their interactions with their clients is a form of embodied empathy, stressing the importance of a therapist resonating with their own body. He viewed empathy as part of the lived intersubjective experience of a therapeutic encounter, making the bodily experience of both the client and the therapist a reflection of a shared affective experience of being with the other (Shaw, 2003).

1.4.3 Neuropsychological perspective

The field of neuroscience enhances our understanding of embodiment through various theories, such as the mirror neuron system (Rizzolatti & Sinigaglia, 2008), the polyvagal theory (Porges, 1995), and affect contagion (Hatfield et al., 2014), suggesting a bidirectional communication between emotional states and physiological symptoms (Porges, 2017; Taylor, 2014). Damasio (1994) explored the intricate relationship between emotions, cognition, and bodily sensations, integrating neurological research and evolutionary psychology. He opposed the Cartesian separation, and in his theory of consciousness suggested that emotional responses guide our conscious states and are influenced by bodily interactions with the environment. His somatic marker hypothesis theory emphasises the role of emotive events stored in the body in affecting our decision-making via afferent feedback, highlighting the embodied nature of our cognition and emotion (Damasio, 1994).

These theories provide a scientific basis for mind-body interconnectedness, specifically through research on mirror neuron systems, a cluster of neurons that plays a role in imitation and reciprocity (Rizzolatti et al., 1996a). It has been suggested that mirror neurons allow individuals to connect through embodied processes. Gallese et al. (2013) suggested that a therapist's awareness and reflection on their feelings can trigger and affect the autonomic nervous system, aiding in client understanding during therapeutic encounters (Gallese et al., 2013; Jenkins, 2017). Studies by Niedenthal et al. (2005) showed a direct link between physiology and emotions by measuring the reactivity of the skeletal muscles after providing the participants with a word stimulus that triggered an emotional reaction. The results of these experiments suggested that emotional states directly affect skeletal activity (Jenkins, 2017; Niedenthal et al., 2005). This illustrates how our bodies are interconnected and how we interact through nonconscious registrations of others' movements, expressions, and emotions (The Boston Change Study Group, 2018). In therapy, this understanding can help comprehend the therapist's impact on the client's emotional regulation and vice versa, emphasising the importance of embodied presence in therapeutic encounters (Taylor, 2014).

Drawing on neuroscientific theories, Rothschild (2006) explored the concept of somatic empathy, highlighting the body's centrality in the process. She translated this concept into practice referring to it as body-to-body empathy and argued that it is expressed through the motor nervous system and perceived through the five senses (Rothschild, 2006). Concepts such as mirroring and mimicry, postural and facial awareness, in addition to postural mirroring suggest that empathy goes beyond cognitive and emotional mechanisms and can result in states of shared internal experiences. Rothschild (2006) also noted an unconscious quality to somatic empathy, perceived as intuition, which may potentially have negative consequences if unrecognised by the therapist.

1.4.4 Psychoanalytic perspective

The psychoanalytic approach was initially anchored in the body, starting with Freud (1995/1923), who asserted that "the ego is first and foremost a bodily ego". These ideas have been developed into other psychoanalytic theories that emphasise the role of the body in psychic development, such as Winnicott's (1954) psyche-soma, and the theory of body armour (Reich 1943/1933) which underpins body psychotherapy. When it comes to understanding therapists' responses to their clients, the psychoanalytic approach contextualises the response within a transference/countertransference framework. Transference is seen as a predominantly unconscious process where the client transfers their past feelings, emotions, or behaviour onto the therapist. In contrast, countertransference refers to the therapist's transferential response to the client's transference (Lemma, 2015). In other words, the therapist's unresolved conflicts might get triggered by the client's transference, resulting in various responses. From this perspective, countertransference might hinder the therapeutic process, prompting the therapist to resolve inner conflicts that might interfere with the therapeutic process. On the other hand, Gelso and Hayes (2007) suggested that such reactions can also be beneficial for the therapeutic process, leading to more empathy and understanding as the therapist manages and becomes more aware of their conflicts.

The elicited physical sensations related to the client and the therapeutic process are termed somatic countertransference (Margarian, 2017). This concept provides a broad theoretical base for understanding and managing the elicited embodied responses within therapists. However, Totton (2014) argued that embodiment and countertransference are not the same concept since embodiment presents a continuous process of constantly interacting with and being affected by our environment rather than being unidirectional. Gaitanidis (2018) added

further that the concept of somatic countertransference does not reflect the complexity of the embodied interaction, describing it as too linear.

Several case studies were written by psychoanalytic authors describing their clinical experience of somatic countertransference and its implication in therapy (Abbasi, 2018; Eekhoff, 2018; Godsil, 2018; Stone, 2006). Despite their methodological limitations of being shaped by the authors' theoretical orientation, these case studies provide thorough explorations of individual cases that can be useful for clinical practice and shed light on underexplored phenomena. Samuels (1985) conducted one of the earliest studies on somatic countertransference, where he interviewed 32 therapists and pointed out that about half of the experienced countertransference was embodied. He suggested that somatic countertransference is a physical sensation that reflects unknown material from the client's inner world and allows exploring the therapeutic process. He also suggested that it differs from a mere reflective account of the client's state (Margarian, 2017). Orbach (2004) adds that reflecting on how her body reacts in psychotherapy opens new doors in clinical explorations of unconscious material pertinent to the therapeutic process. It has been pointed out that there is a lack of understanding of how to work with embodied material in clinical settings and supervision (Booth et al., 2010; Margarian, 2017).

In a recent publication, Raczynska (2023) highlighted the lack of literature exploring the therapist's body in the room and explored the concept of somatic countertransference when working with children focusing on complex cases with communication difficulties. She defined somatic countertransference as "the therapist's capacity to use their body and its somatic signalling to pick up and track the client's as yet symbolised affective experience, chew it over in reverie until something of that unconscious emotional communication induced in the therapist's body becomes clearer, and then use it to inform clinical thinking and possible interventions" (p.21-22). This definition resonates with what Carleton (2009)

suggested; clients can project their affective arousal onto therapists through somatic sensations mimicking how infants interact with their primary caregivers.

Based on reviewing predominantly qualitative and phenomenological research focusing on therapist's experience of somatic countertransference, Raczynska (2023) suggested a theoretical framework for managing elicited responses when working with adults grounded in Schore's (2014) concept of the "emotional revolution". This concept assumes that feelings are grounded in bodily sensations, present aspects of experience, and determine a sense of self. It also assumes that feelings are relational and cocreated between interacting individuals and are transmitted through embodied unconscious communication before reaching a verbal level. The ability to be aware of this somatic process opens the doors for a possibility to connect and heal within an interaction (Raczynska, 2023; Schore, 2014). Raczynska's (2023) framework provides a clinical step-by-step guidance for dealing with and implementing somatic countertransference in a clinical encounter. She presents the stages of somatic countertransference within the therapeutic encounter, which start with a pre-awareness of embodied sensations. This stage can be characterised by scanning for sensations or defending against sensations of discomfort due to a lack of awareness (Raczynska, 2023). This stage also requires the therapist to have the capacity to attune to their somatic experience to be able to follow their client. Once the therapist is aware of their sensations, the process moves on to a stage of containing, which leads to two states of either staying with the sensation or the desire to understand it. The therapist moves from experiencing the sensation to understanding it, ultimately allowing them to compare the somatic experience to the client's emotive narrative (Raczynska, 2023). Moreover, the therapist's ability to hold and digest the received material within their internal space allows them to translate their somatic experience into a potential intervention. Raczynska (2023) adds that at the end of this process, the therapist is faced with a myriad of options ranging from suppressing their experience to interpreting it

and sharing it with the client. This demonstrates how the therapist's body becomes a tool within the therapeutic context. For example, Orbach (2004) mentioned that what she experiences in her body represents a version of what the client might be experiencing, assigning her body with an auxiliary function of containing the split aspects of the client's self. She also suggested waiting for a convenient moment to share, whereas Stone (2006) suggested using somatic sensations as indications to check in with the client's embodied sensations. Martini (2016) added that the therapist's body can serve as a regulating function for the client through grounding, similar to how a mother would regulate her child.

1.5 Trauma and Embodiment

1.5.1 The concept of trauma

In psychology, trauma is defined as a reaction to traumatic events that can be life threatening and may exceed the individual's resources to cope (Taylor, 2014). It is usually characterised by a sense of strong shock, with extreme levels of arousal and absence of security leading to a disrupted sense of self (Taylor, 2014). Interest in the concept of trauma began with the attempts to identify the origin of the unexplained somatic symptoms. Pierre Janet (1859–1947) introduced the term of dissociation in trauma and linked its symptoms with childhood trauma and an inability to adequately use one's internal resources to cope, resulting in unhelpful behaviour (Van der Kolk et al., 1996). He also highlighted the importance of physiological responses to trauma and mentioned that extreme emotions are manifested as visceral sensations and intense physiological arousal (Taylor, 2014). Post-traumatic stress disorder (PTSD), the closest diagnosis related to trauma, is defined as a result of exposure to life threatening events, sexual violence, or physical injury (5th ed.; DSM-5, American Psychiatric Association, 2013). This definition bypasses the subjective component, meaning that stressors that do not involve injury or life threats are not part of the definition,

regardless of how they are experienced by the individual (Pai et al., 2017). There are various debates about the nature of traumatic experiences and whether we can define trauma objectively or if it should be viewed through a subjective lens depending on how it is experienced by the individual and within which context it exists.

1.5.2 The role of the body in trauma treatment

When exploring the intersection between trauma, therapy, and embodied responses, several theorists have significantly contributed to the field. The significance of the body in trauma responses informs body-oriented therapeutic approaches (Ogden &Minton, 2000; Van der Kolk, 2015). These approaches acknowledge the psychophysiological consequences of traumatic events and focus on bottom-up processing interventions that draw the client's attention to internal sensation rather than cognitive ones to resolve the somatic and emotional dysregulation (Kuhfuss et al., 2021).

One of the first contributors to explore the impact of trauma on the body and brain was Bessel Van der Kolk. He authored early papers indicating a connection between traumatic events and brain changes, presenting neurobiological findings and proposing somatic ways of working with trauma (Taylor, 2014; Van der Kolk 1994). He emphasised the role of the nervous system in trauma responses and advocated for body-integrated trauma approaches. Neuroscience has significantly contributed to understanding the process of recovery and the neural mechanisms underlying the states of danger and stress (Taylor, 2014). While reliance on neuroscience may run the risk of favouring it over subjective experiences, it can enrich and inform our practice by adding to the complexity and depth (Taylor, 2014). Levine (1997) highlighted trauma's ability to disrupt natural equilibrium and the importance of incorporating the body in treatment approaches. In his therapeutic approach of somatic experiencing, Levine (1997) emphasises relieving trauma symptoms through bodily

awareness and movement, focusing on the body's inherent ability to heal itself. This method offers valuable insights into the experiential and embodied aspects of trauma therapy. Similarly, Ogden (2006), a pioneer in sensorimotor psychotherapy, integrates somatic therapy with trauma-based psychotherapy and attachment, stressing the interconnectedness of bodily patterns with emotional and cognitive experiences. Rothschild (2006) has also explored the effects of working with trauma by examining the intersection of trauma therapy and neuroscience. Her approach of somatic trauma therapy is grounded in somatic psychology and psychophysiology, and she educates both therapists and clients about the importance of recognising and regulating physiological states. Rothschild (2006) also discusses the negative consequences of therapeutic work on helping professionals, including unconscious impacts that can accelerate burnout.

1.5.3 Impact of trauma work on therapists

When working with trauma, the concept of embodiment holds significant importance. Professionals in the field often witness unsettling descriptions of traumatic events and intense emotional expressions from their clients which can intensify their embodied experiences (Figley, 1995; Michelson & Kluger, 2021; Rasmussen, 2019; Stone, 2006;). Studies show that psychotherapists experience somatic countertransference regardless of their therapeutic modality (Booth et al., 2010; Margarian, 2017). Urbano and Pantesco (2011) suggest that physical experiences could explain vicarious trauma in therapists, leading to burnout (Margarian, 2017). Sabin-Farrell and Turpin (2003) mention in their review that listening to the traumatic experiences of clients can trigger powerful physical and emotional responses, potentially hindering the therapist's ability to use their subjectivity and affect the therapeutic process. Killian (2008) mentions that trauma therapists may implement avoidance strategies such as denial, to avoid and manage work-related stress. The therapist has been referred to as

"a powerful but vulnerable tool" (Sansó et al., 2015, p. 204), drawing attention to the responsibility and importance of self-care among mental health professionals. In this case, attending to the body can have significant importance in protecting against vicarious trauma and burnout (Andaházy, 2019; Forester, 2007; Ogden et al., 2006).

Literature on the effect of working with trauma survivors often focuses on concepts such as vicarious trauma, secondary traumatic stress, and compassion fatigue, which can present as clinical symptoms are among the strongest impacts of working with traumatised clients (Turgoose &Maddox, 2017, Pearlman & Saakvitne, 1995, McCann & Pearlman, 1990a). The embodied aspect of the interaction has been underexplored; however, given the somatic nature of traumatic presentations, it can be assumed that responses include a somatic component. To explore the origins of secondary trauma, Figley (1995) proposed the trauma transmission model, highlighting exposure to trauma and empathy as key factors in its development. By using the term "compassion fatigue", he suggested that it is a natural response to working with trauma survivors, resulting from the therapist's empathy and concern for their client's pain. The degree and length of exposure and the therapist's ability to hold a healthy distance from the client, determine the degree of compassion distress and work satisfaction (Figley, 1995). Rasmussen (2005) proposed an intersubjective perspective of vicarious trauma, emphasising affective attunement. Similarly, Pearlman and Saakvitne (2005) argued that vicarious trauma can develop through a state of vulnerability induced through empathic engagement.

The high prevalence of vicarious traumatisation and burnout in trauma work raises the importance of managing the elicited responses and practicing self-care in mental health professions (Cavanagh et al., 2020). Existing research on managing elicited reactions often focuses on countertransference, which may stem from the therapist's unresolved internal conflicts or a response to the client's narrative. For example, Hayes et al. (1998) suggested

that the therapist's reaction is elicited through their subjective perception of the client's story, potentially triggering internal conflicts. Gelso and Hayes (2007) added that not all elicited responses are countertransference; some may be natural responses, such as anxiety in response to a frightening situation. More recent studies suggest that therapists may mirror their client's inner experience through emotional and somatic responses. For example, Putrino et al. (2020) suggested that psychotherapists working with clients presenting with borderline personality disorder experienced emotional dysregulation while working with major depressive disorders resulted in fatigue sensations.

The need to manage and self-regulate these reactions stems from the assumption that they have the power to affect therapy negatively, referred to as unmanaged countertransference (Hayes, 2001). Strategies to manage these responses invite therapists to reflect on their inner conflicts. Posluns and Gall (2020) emphasised the importance of a proactive approach to self-care within mental health professions. Moreover, Guy (2000) described the mental health profession as one-way caring, where practitioners end up overlooking their wellbeing while exhibiting a significant amount of effort with no expectation of receiving care in return (Skovholt & Trotter-Mathison, 2011). Sansó et al. (2015) highlighted the significance of self-care as a way of preserving good practice by maintaining the practitioners' wellbeing and minimising any potential negative consequences and malpractice.

Body-oriented therapies mentioned earlier offer insights into managing therapists' embodied responses and counteracting negative consequences. Van der Kolk (2014) stressed the importance of mindfulness and regulatory techniques for therapists to manage their nervous systems, which may become dysregulated from frequent exposure to traumatic narratives. Levine (2010) advocated for therapists to recognise physical tension and engage in exercises that help restore bodily balance, essential for those repeatedly engaging with trauma. Ogden (2006) also highlighted the significance of sensorimotor psychotherapy,

urging therapists to be conscious of their own bodily signals, such as posture and gestures, to maintain an effective therapeutic presence. Herman's (1992) model of trauma recovery emphasises creating personal safety and stability, utilising strategies such as setting boundaries and holding debriefing sessions to cope with the psychological impact of trauma work. Moreover, Shapiro (2001) provided a framework for employing bilateral stimulation techniques, such as tapping or eye movements, to handle stress responses following intense therapy sessions. These theoretical adaptations emphasise the dual focus of trauma therapy in aiding clients' stabilisation while managing therapists' physiological and emotional responses, highlighting the crucial roles of self-care and in this field. Rothschild (2006) somatic trauma therapy focuses on self-regulation and awareness techniques to help therapists mitigate hyperarousal or hypoarousal, crucial for minimising compassion fatigue. Her concept of somatic empathy also allows therapists to be more aware of how their body is affected within therapeutic interactions, and potentially be in charge of how much they empathise with the client (Rothschild, 2006). Lipsky (2009) also outlines the physiological and emotional impacts of trauma work and provides a framework for managing consequences. Her concept of trauma stewardship emphasises the necessity of self-care for alleviating the effects of secondary trauma through awareness, balanced lifestyles, community and support systems, continuous education, and setting clear professional boundaries (Lipsky, 2009).

1.6 Therapist's Embodied Responses in Research

Research and literature on embodied facets of psychotherapy are gaining momentum but remain sparse (Nyman-Salonen, 2022). Existing studies point to the significance of the embodied aspect in facilitating therapeutic change and building a therapeutic alliance (Nyman-Salonen, 2022). It has been suggested that this field is still in its exploratory phase,

and three main research approaches have been implemented: qualitative studies exploring non-verbal aspects within the therapeutic interaction, quantitative studies focusing on embodied variables such as synchrony and movement between therapist and client, and quantitative studies exploring autonomic reactions and measuring physical variables such as heart rate and skin conductance (Nyman-Salonen, 2022).

Separating qualitative from quantitative literature in this section has been guided by a methodological decision to align with study aims, focusing on in-depth exploration and acknowledging the multiple dimensions of embodied responses in therapeutic settings. According to Smith et al. (2022), qualitative research is suited for exploring the lived experiences and personal meanings of therapists' embodied responses, which are inherently subjective and nuanced. In contrast, quantitative research provides empirical evidence and measurements of embodied phenomena, like physiological synchrony, that can be objectively quantified (Ramseyer & Tschacher, 2011). This separation highlights the depth of understanding from qualitative explorations (Shaw, 2003; Rumble, 2010) against the breadth of generalising in quantitative literature. It also allows for methodological rigor and clarity by presenting the different types of evidence and research supporting the research question (Yardley, 2008). The critical realist stance of the study also offers a strong philosophical foundation for this separation. Critical realism suggests that reality comprises both observable phenomena and underlying mechanisms that may not be directly visible (Bhaskar, 1975). Quantitative methods capture regularities and trends, while qualitative methods explore underlying mechanisms and the lived experiences of individuals.

Due to spatial constraints, I will present the studies most closely related to the explored topic and focus exclusively on embodiment in therapists. It is worth mentioning that none of the studies explored the same topic, only different aspects of it. However, these studies helped inform and shape the research question presented in the last section of this chapter.

1.6.1 Review of qualitative research

Shaw (2003, 2004) remains one of the first and few qualitative studies which explored the phenomenological experience of therapist embodiment during the therapeutic encounter without framing it within a specific theoretical conceptualisation. He interviewed 14 humanistic therapists, conducted five discussion groups, and suggested that therapists implement their bodily experiences in complex ways to enhance their therapeutic relationship, a process which he demonstrated in his grounded theory of the psychotherapist embodiment (Shaw, 2003). His study revealed three main themes: the body as a receiver of communication, 'body empathy', which referred to the connectedness to a client, and the need for self-care to mitigate the adverse effects of work. The study also highlighted the critical role of personal therapy in raising bodily awareness. The study did not focus on a specific client presentation and interviewed only practitioners from the humanistic discipline. Rumble (2010) built on Shaw's study and used IPA to explore therapist's embodiment without focusing on any specific client group. He addressed the limitation of Shaw's (2003) study and interviewed therapists from various backgrounds. The emerging themes included 'a sense of connection with the body', 'a body experienced in relation with the client', and 'a reciprocal impact of therapist and client's body' (Rumble, 2010). Rumble (2010) pointed out a body dialogue that occurs as therapists make sense of their physical experience. Both studies shed light on the importance of the therapist's embodiment of experiences and awareness within the therapeutic relationship, in addition to the significance of self-care.

In another study, Athanasiadou and Halewood (2011) pointed to a significant gap in CoP between the existing knowledge and the clinical implications of the somatic state of the therapist. A qualitative study was conducted to explore the experience of somatic countertransference in a sample of 12 therapists using grounded theory. The results suggested

that therapists made sense of their somatic experience through different stages that involved relating to the body, cognitive reflections, and recognising specific ways of managing this experience (Athanasiadou & Halewood, 2011). The study also suggested that therapists went through a process of 'defending' against the responses before working with them and highlighted the importance of supervision in making sense of the somatic countertransference.

Merriman and Joseph (2016) conducted a study to explore the clinical implications of counselling psychologists' reactions to client trauma, building on the assumption that therapists experience strong subjective reactions that may impact the therapeutic process adversely. Nine interviews with experienced counselling psychologists were analysed using IPA. The study did not focus exclusively on embodied responses, however; the results suggested that therapists experience significant difficulties related to interpersonal dynamics, perplexed bodily processes, and encountering ethical dilemmas. The study suggested that therapists had conflicting somatic responses due to the absence of a theoretical framework to rely on and highlighted the need to pay more attention to the role of the body as it tends to be overlooked (Merriman & Joseph, 2016).

Several relevant qualitative studies have been conducted as part of doctoral dissertations. For example, Loughran (2002) conducted a study exploring somatic countertransference by interviewing five US-based psychodynamic therapists using grounded theory analysis. The study explored how therapists use their bodies in the process of countertransference. The study concluded that a sense of discomfort was common and that therapists' levels of training, awareness, and capacity for tolerating discomfort shaped their ability to engage with their bodies (Loughran, 2002). The participants also mentioned a sense of discomfort in sharing their somatic experience with their colleagues, referring to its private and personal essence.

Another study conducted by Mayer (2015) explored how an understanding of an embodied relationship can contribute to the practice of CoP. Four interviews were conducted with body-focused therapists and analysed using IPA. The study highlighted the significance of the concept of embodiment in relation to healing in the therapeutic process. Potential limitations of this study were a relatively small group of participants and the exclusive focus on body-focused therapists, which can make it more challenging to apply to other practitioners.

A heuristic inquiry into embodiment and the therapeutic relationship was conducted by Sultan (2017). Six body-focused therapists were interviewed, and the study proposed that an embodied view can facilitate trust and guide the therapeutic relationship. An interesting observation was that participants talked about the stigma of experiencing bodily responses within therapy.

Kokkalis (2019) examined how counselling psychologists use their embodiment experiences in counselling settings without focusing on a specific client group. Thematic analysis was applied to analyse interviews conducted with six practitioners. The emerging themes reflected how therapists understand and implement their somatic experience in therapy by transforming their experiences into valuable understandings to inform their practice. The main themes included how practitioners "arrived at", "reflexively interrogated", and "therapeutically incorporated" embodied experiences. Kokkalis (2019) also suggested that therapists may arrive at these understandings through two distinct pathways: a state of 'resonance' with the client or an ‘impediment’ to connecting. When faced with discomfort or a sense of intrusion, the participants felt a need to get rid of the sensation. The following study focused primarily on therapist's experiences; however, it did not consider the presentations of the clients they were working with.

Another qualitative study was conducted by Jenkins (2017) to explore bodily experiences of mindfulness-trained practitioners in the therapeutic setting. The results suggested that encouraging mindfulness practice is helpful to aid therapists in increasing their bodily awareness and implementing it as a tool to access subconscious client material and cultivate better communication and interaction. Jenkins (2017) also suggested that such studies should be conducted across different settings and populations to understand the role of bodily communication in improving the therapeutic relationship, and to use embodied perception as a tool in clinical settings.

Maunders (2012) conducted a study on a related topic exploring how therapists make sense of their reactions towards clients using IPA. The study explored reactions not limited to embodied sensations but also cognitive, affective, and behavioural reactions. The main experiential themes from this study included the self as a measuring instrument, managing reactions, and therapist self-care. The following study contributes to understanding the therapist's reactions as an inevitable part of the relationality and intersubjectivity of a therapeutic encounter (Maunders, 2012).

Causey (2011) explored the experience of therapists in working with individuals who were diagnosed with narcissistic personality disorder. The study implemented a descriptive phenomenological approach, and five US-based psychoanalytic therapists were interviewed. The results highlighted that therapists experienced physical sensations of discomfort that required regulation. The study was US-based and limited to psychoanalytic practitioners working with a specific client presentation, which opens the door for more exploration within the United Kingdom (UK) and with other client presentations.

1.6.2 Review of quantitative research

Early quantitative studies highlighted the importance of non-verbal behaviour in the therapeutic room. Grace et al. (1995) conducted a study suggesting that training therapists on enhancing their attunement to client non-verbal cues of the client improved satisfaction with the therapeutic relationship. Other studies focused on various non-verbal aspects of the therapist, such as their posture, eye contact, and mirroring, and suggested that these factors play a significant role in portraying empathy to the client (Maurer & Tindall, 1983; Sherer & Rogers, 1980; Smith-Hanen, 1977). Other factors, such as speech and breathing rhythms between the therapist and the client, have also been pointed out and linked to empathetic attunement (Caldwell & Victoria, 2011; Cummins, 2009; La Barre, 2005). Ramseyer and Tschacher (2011) explored non-verbal synchrony, meaning the movement coordination between the client and the therapist. The study included an analysis of 100 recorded video sessions and suggested that the client's perception of empathy within the therapeutic encounter was highly correlated with interpersonal synchrony, leading to an enhanced therapeutic relationship (Weineck & Messner, 2018). These studies may not relate directly to embodied responses of therapists within therapy; however, they indicate the importance of the role of the body within the therapeutic encounter. They also resonate with what Cooper (2001) referred to as interpersonal emotional congruence and the significance of using the body consciously when working with a client as a tool and an approach to cultivate and enhance empathy. Totton (2015) also mentioned that such findings could indicate the importance of using the body as an instrument within therapy. Kleinbub et al. (2020) suggested that such findings allow therapists to understand the therapeutic dynamics through objective measures.

One of the first attempts to quantify embodied responses was conducted by Egan and Carr (2010), who developed a Body-Centred Countertransference Scale. This scale attempted to

determine the therapists' bodily reactions, including a list of 16 different physical reactions, such as headaches, nausea, and body aches. The initial study included 35 counsellors and was conducted over six months. The results indicated that 83% of participants experienced at least five symptoms. This scale was replicated in other studies, yielding similar results indicating that bodily reactions are part of the therapeutic encounter regardless of the therapeutic modality or received training by the therapist (Egan & Carr, 2010; Jenkins, 2017).

Another attempt to measure embodied reactions was conducted by Terasawa et al. (2014), who examined interoceptive sensitivity, meaning the ability to perceive client-related processes through embodied perception. Interoceptive sensitivity was measured through physical parameters such as facial muscles and heartbeat in two different groups of therapists whom they referred to as 'good' and 'poor' perceivers. The results suggested that participants with a higher ability to detect emotional states had higher levels of bodily self-awareness (Jenkins, 2017; Terasawa et al., 2014). Such results have suggested the need to consider embodiment and non-verbal synchrony between the client and the therapist as common factors in therapy, as they can enhance therapeutic outcomes and potentially decrease drop-out rates (Paulick et al., 2018).

These studies add significantly to the knowledge base of embodied processes and demonstrate the interrelatedness between the body and the mind; however, they have been criticised for reducing the concept of embodiment and studying different aspects of it in isolation. For example, Overton (2008) suggested that focusing on the physiological aspect of embodiment can put the subjective experience at risk, thus maintaining the cartesian perspective. Moreover, Totton (2018) criticises quantitative research for being reductive and not reflecting the complexity of a therapist's embodied experience. This reflects the need for more qualitative research that can provide rich accounts of practitioners' experience with various client presentations.

1.7 Summary and Research Question

This chapter presented the existing literature and rationale for the study. It aims to explore the individual experiences of the embodied responses of counselling psychologists in the context of therapeutic encounters with trauma presentations. The recent interest in embodied perception and the centrality of the body in trauma raises the importance of exploring embodied experiences of psychologists within the therapeutic context (Booth et al., 2010; Margarian, 2017). As such, embodiment can be considered a common factor since it can influence therapeutic change and the therapeutic alliance between the therapist and the client (Tschacher & Pfammatter, 2016).

Quantitative research demonstrates the importance of embodied responses and the interrelated nature of our bodies and cognitions. This is vital from the perspective of a scientist-practitioner model, allowing the practice to be rooted in scientific evidence. On the other hand, qualitative research takes on the task of gaining an understanding of individual experiences as it is more suited for exploring the complex nature of the psychotherapeutic process. It allows for a deep understanding of the rich dynamics of psychotherapeutic encounters that are underexplored in quantitative literature (Ponterotto et al., 2017). Given this assumption, it can be argued from both a CoP and a critical realist perspective that existing research does not offer enough insight into the subjective lived experiences of practitioners when working with trauma presentations.

This study will implement a qualitative research design which aims to complement the existing knowledge by producing individual accounts of experience that can shape a holistic understanding of the investigated phenomenon. As a result, an IPA study was designed with the aim of exploring the following research question:

- **How do counselling psychologists experience embodied responses when working with clients who present with trauma?**

Chapter Two

Methodology

2.1 Overview

This chapter provides the rationale for utilising a qualitative research design and an IPA research methodology. The research paradigm and design framework will be outlined, providing details of the research process, including ethical considerations, sampling and recruitment strategies, data collection, data analysis, and quality evaluation criteria.

2.2 Research Paradigm and the Epistemological Stance of the Study

Kuhn (1970) defines a research paradigm as a set of shared common beliefs and assumptions about how questions or problems can be understood or addressed. It can also be described as the researcher's worldview or perspective and a set of beliefs that shapes and guides the research process (Mackenzie & Knipe, 2006; Guba & Lincoln, 1994). Research paradigms can be classified differently, ranging from positivism to constructivism, based on how they respond to ontological, epistemological, and methodological questions (Betzner, 2008; Guba, 1990). For example, Guba and Lincoln (1994) suggest four paradigms that include positivism, post-positivism, critical-theory, and constructivism. Epistemology refers to "a branch of philosophy concerned with the theory of knowledge" (Willig, 2013, p.4), and exists on a continuum ranging from positivism to social constructionism. It aims to provide answers as to 'how and what can we know?' while thinking about the nature of knowledge and seeking ways of answering these questions (Willig, 2013). Epistemology is intricately linked with ontology which is concerned with questions about the nature of reality and being, and ranges from realist to relativist positions (Lincoln & Guba, 2013).

Willig (2022) mentions that the philosophical assumptions of the researcher shape the way they answer questions about the nature of knowledge and its accessibility. Ponterotto et al.

(2017) also recommend that qualitative researchers consider their research paradigm as it coordinates their work and reflects their ontology and epistemology. This necessitates an active adoption of a clear philosophical stance that shapes and reflects the methodological choices and allows for a higher degree of conceptual clarity and methodological consistency (Ponterotto et al., 2017; Willig, 2013).

2.2.1 Research paradigm: Critical realism

The philosophical stance that I adopt is the critical realism, which takes a middle ground on the realist-relativist continuum, assuming a certain degree of ontological realism while combining it with a subjective epistemology. It situates itself as an alternative paradigm to both scientific positivism and strong interpretive approaches (Archer et al., 2016; Bhaskar, 1978; Howitt, 2010; Willig, 2017). Critical realism emerged as a critique of positivism and empiricism and uses the term "real" to denote the complexity of the interacting mechanisms, forces, and processes that underlie reality or nature, which are referred to as an open system (Bhaskar, 2010; Pocock, 2015). Bhaskar (2010) argued that there is much more complexity to reality and nature than positivism would allow and criticises its attempt to reduce it by creating an artificial situation (closed system) through scientific experiments that exclude the variety of complexity of interacting factors. Additionally, critical realism challenges postmodernist paradigms and questions the notion that knowledge can be reduced to the ways by which we produce it (Pocock, 2015).

My epistemological and ontological stances have formed after careful consideration of the existing literature, research question and the type of knowledge it is trying to produce. I also considered a position relatable to my perception of reality, my research topic, and my professional identity. I aim to explore and gain an understanding of the experience of embodied responses of counselling psychologists when they work with trauma clients rather

than discovering any processes or laws related to this experience. Ontologically, I assume that there is a reality independent of our perception of it, and each individual perceives this reality subjectively based on their perception and interpretation of it. Within the critical realist perspective, ontological realism processes a degree of autonomy from epistemology and interpretation, meaning that it is possible to improve our knowledge about the truth and make specific claims about reality that are relative since they are historical, contingent, and changing (Archer et al., 2016). Critical realists also believe that we cannot ignore that our knowledge of reality is always situated historically, culturally, and socially, and our perceptions of it have their limitations (Archer et al., 2016). It recognises the subjective aspect of knowledge production and assumes that our knowledge of the world is not entirely independent of our material world and is mediated through language while being grounded within underlying structures and mechanisms that give rise to the phenomenon suggesting a degree of epistemic relativism (Willig, 2013). It is essential to mention that critical realists do not assume that data directly reflects reality and suggest that more interpretation might be needed to understand the structures that underlie the investigated phenomenon (Willig, 2013).

As a result, participants' accounts will reflect subjective perceptions of their lived experience; however, my interpretations will also play an important role in the produced knowledge (Finlay, 2006). Regarding my role as a researcher, I understand that, based on this stance, I do not have full access to the participant's reality. However, I can engage in the sense-making process of the participant's meaning-making of their experience through an interpretative understanding. From a critical realist perspective, I will also assume that embodied responses are intrinsically linked to our ability to experience the world, rendering it the most basic form of self-consciousness (Alsmith & Longo, 2022). Given that the study aims to explore embodied experiences of counselling psychologists, the focus of enquiry will be reliant on an embodied perception and awareness (Alsmith & Longo, 2022). This is

congruent with Merleau-Ponty's phenomenological conceptualisation of our perceptual awareness being linked to our awareness of our bodies (Merleau-Ponty, 1945 in Alsmith & Longo, 2022).

The critical realist position seems to be compatible with CoP from the perspective that it values phenomenological explorations of individual experiences without prioritising any way of knowing or perceiving and validates subjective accounts (Bhaskar, 1978; Woolfe, 2016). CoP is "concerned with the study of being, the nature of 'how we know what we know' and praxis", and it adopts a "pluralistic and interdisciplinary attitude which overlaps with other applied psychologies" (BPS, 2018, p. 5). CoP identifies with the scientist-practitioner model in which practitioners are considered applied scientists whose practice is informed by evidence-based psychological research and empirically supported approaches (Woolfe, 2016). At the same time, CoP adopts a critical and reflective attitude while acknowledging the diversity of different ontological and epistemological positions. These positions underlie different approaches to practice and research and are consequently informed by several major research paradigms and epistemological perspectives (BPS, 2018).

2.2.2 Qualitative research design

Qualitative methods of inquiry emerged as a critique of the natural science model and the constraints imposed by the use of the scientific method and its inability to answer questions involving the subjective mind through a traditional logico-inductive method (Savin-Baden & Major, 2023). Qualitative research follows an inductive process and does not test for a cause and effect but instead seeks to learn, describe, and understand experiences or phenomena through the lens of those involved (Savin-Baden & Major, 2023). It is a diverse field of enquiry and can be defined as social research that seeks to investigate how people make sense of their experiences (Savin-Baden & Major, 2023). A qualitative research design is

compatible with the research question and aims of exploring experiences and generating richer insights and understandings as opposed to measuring specific phenomena (Willig, 2013). Qualitative methodologies exist on a continuum of epistemological and ontological positions ranging from naïve realism to radical relativism and provide an opportunity for an in-depth exploration of the subjective experiences of participants and the meanings they assign to these experiences (Madill et al., 2000). This approach seemed to be also compatible with the values of my CoP philosophy which endeavours to explore and gain an understanding of personal accounts of experience and subjective meanings (Woolfe, 2016). It also aligns well with a critical realist position and its assumption of our perceptions of reality being subjective and fluid depending on our experiences (Bhaskar, 1978; Finlay, 2006).

2.3 Research Methodology: Interpretative Phenomenological Analysis

2.3.1 Rationale for IPA

Given the study's epistemological stance and research question, IPA was adopted as the qualitative methodology to conduct the study. As mentioned in the previous section, critical realism assumes an inherent subjectivity and fluidity in the process of knowledge production and suggests that perception of facts relies on individual beliefs and expectations (Bhaskar, 1978; Finlay, 2006; Madill et al., 2000). IPA aims to generate personal accounts of experience without relying on theoretical presumptions, given that our knowledge and perceptions are subjective (Smith & Osborne, 2015). Moreover, IPA's focus on individual experiences with an emphasis on the researcher's role in interpretation made it most suitable for this study (Finlay, 2006). My interest in exploring and understanding the lived embodied experiences of counselling psychologists within a particular therapeutic context is compatible with IPA's aim of focusing on a detailed examination of the human lived experience and the meaning they attach to it (Eatough & Smith, 2017). IPA also acknowledges the connection

between embodied and emotional experiences as the participants talk about and make sense of them (Smith, 2011). Combining a phenomenological approach of exploring embodied experience and hermeneutics allows us to interpret further and explore this experience.

2.3.2 Theoretical background of IPA

IPA is an approach to experiential and qualitative research concerned with an in-depth examination of how individuals make sense of their life experiences (Smith et al., 2022). It has emerged within the field of health psychology and was conceptualised by Jonathan Smith (1996) in an attempt to capture and emphasise the importance of the experiential aspect of psychology (Smith et al., 2022). Since then, IPA has become a dominant qualitative research method within clinical and counselling fields (BPS, 2011; website). IPA draws its foundations from three major philosophical areas of knowledge: phenomenology, hermeneutics, and idiography (Smith et al., 2022).

Phenomenology is defined as a "philosophical approach to the study of experience" (Smith et al., 2022, p.7); it is the study of human experience and how things present to us within our lived world (Smith, 2011). Within the field of psychology, phenomenology provides a rich source of exploring and making sense of lived subjective experience and assumes that our existence in the world shapes our perceptions and experiences (Smith et al., 2022). Smith et al. (2022) mention that phenomenology can be illustrated as a pluralistic endeavour with significant input from major phenomenological philosophers, including Husserl, Heidegger, and Merleau Ponty. According to Husserl (1970,1982), the modern founder of phenomenology, taking a 'phenomenological attitude' refers to an ability to examine experience as it occurs on its terms and stepping out of our everyday experience to be able to examine it. To achieve this 'phenomenological attitude' and capture the essential tenets of human experience, Husserl (1970, 1982) developed a phenomenological method

which consisted of epoche or bracketing (separating), eidetic variation (getting the essence), and horizontalisation (Smith et al., 2022). On a practical level, Husserl's work and the concept of bracketing are interrelated to IPA's focus on the systematic process of reflection throughout the research process (Smith et al., 2022).

Phenomenology opposes the notion of body-mind dualism and emphasises the importance of the lived body experience, positioning its primary concern as experience (Smith et al., 2022). Merleau-Ponty has been influential within IPA by taking the approach to more of a situated or contextualised and interpretative stance (Smith et. al., 2022). Merleau Ponty (1962) suggested an embodied nature of our existence and positioned the body as a central element in human experience, and shared Husserl's and Heidegger's ideas of a contextualised existence of being in the world. Merleau Ponty emphasises the embodied nature of our existence, which gives a holistic sense to our self (Smith et al., 2022). According to Merleau Ponty, our body serves as means of communication with the world and shapes our understanding and knowing of it, thus emphasising the physical and perceptual aspects of our existence as opposed to abstract or cognitive ones (Smith et al., 2022). Within phenomenological research, the aspects of sensation and physiology are given varied degrees of importance. For some philosophers, emotional experience is tightly linked to an embodiment; for example, Ratcliffe (2019) emphasises the pivotal role of affective experience in the process of sense-making, especially in cases where embodied disruptions such as pain or illness (Carel, 2021). These ideas of embodiment have implications for my study, as understanding the embodied responses of practitioners will be significant in understanding their perspectives. Furthermore, while assuming that such experiences can seem abstract or difficult to capture, attention will be paid to when such experiences are evoked and described through emotion words, embodied language, and sensations (Smith et al., 2022).

IPA also has a hermeneutic component, meaning that knowledge is produced through interpretation and sense-making through interaction with the participant (Finlay, 2006). Hermeneutics is defined as the theory of interpretation, and it emphasises the significance of the researcher's involvement in the analytic process underpinning IPA's interpretative stance (Smith et al., 2022). Heidegger (1962/1927) argued that bracketing could never be fully achieved, making the concept of 'inter-subjectivity' essentially important, meaning that an interconnected and relational nature characterises our existence in the world (Smith et al., 2022).

As a result, the researcher takes an active stance as an interpreter of how the participants construct the meaning of their experience through a process which involves making sense of each participant's experience (Smith et al., 2022). This analytic process is based on the concept of "double hermeneutics", which involves making sense of the participant's sense-making (Smith et al., 2022). Moreover, the process of analysis in IPA is not linear; it is a circular process of interpretation and dynamic switching between looking at the whole and the individual parts and then back to the whole, allows for a consideration of the context as well and is referred to as the hermeneutic circle (Smith et al., 2022). The idiographic underpinning of IPA emphasises its commitment to a detailed focus on analysing each individual experience instead of a nomothetic approach to producing generalisable laws (Smith et al., 2022). This perspective allows us to value and understand the unique experience of each individual, which is immersed and situated in relation to the explored phenomenon (Smith et al., 2022).

2.3.3 Potential limitations of IPA

IPA has become a dominant qualitative research methodology within various academic fields, including counselling (Smith et al., 2022; Tuffour, 2017). Given this rise in popularity, IPA has received several criticisms mainly targeted at its conceptual and practical limitations

(Tuffour, 2017). IPA has been criticised for lacking standardisation and excessively relying on description, which may result in ambiguity (Tuffour, 2017; Giorgi, 2010). This point has been addressed by clearly outlining the methodology and the theoretical underpinnings to produce a clear layout of the conducted study. Another criticism of IPA is that it does not sufficiently recognise the integral role of language and relies heavily on the participant's ability to express or communicate their experience through language articulated during interviews (Landridge, 2007; Willig, 2001). Smith et al. (2022) argue against this criticism by mentioning that IPA's primary concern is gaining insight into experience and meaning making, which is contextualised, mediated, and intertwined through language. Tuffour (2017) suggests addressing this point by focusing on the sample and purposively selecting participants who can provide rich accounts of experience of the explored phenomenon. IPA's focus on perception and the lack of focus on seeking explanations for the studied experience has also been criticised (Tuffour, 2017). Smith et al. (2022) argued that IPA's focus on idiography and hermeneutics provides an understanding of the contextualised lived experience. The final point of criticism has been aimed at the incompatibility of some aspects of phenomenological inquiry and IPA's focus on cognition. However, the meaning making process is achieved through reflection, which agrees with cognitive psychology (Tuffour, 2017; Smith et al., 2009). Moreover, despite their focus on verbal descriptions, phenomenological approaches reject the idea of mind-body dualism (Galbusera & Fellin, 2014). For example, Merleau Ponty (1962) emphasised the intertwined relationship between language and the body, meaning that aspects such as silences and non-verbal communication reflect corporeal dimensions and lived experience (Galbusera & Fellin, 2014).

Given the following limitations of IPA, the study will focus on providing sufficient interpretation of the participant's narratives. Moreover, given the fundamental subjective lens of IPA, continuous reflexivity has been implemented throughout the process with a clear

outline of the underlying framework and methodology to adhere to the set quality standards of IPA. Further limitations related to the research study and suggestions for future research will also be discussed in the final chapter of the thesis.

2.3.4 Alternative Methods

Despite an increased interest in studying the embodied aspects of psychotherapeutic interactions, there has yet to be a consensus on a common methodology as the process is very complex (Nyman-Salonen et al., 2022). In the early stages of planning the study, I reflected on the possibility of implementing other qualitative methodologies. Other forms of phenomenological inquiry, such as descriptive phenomenology (Giorgi, 1985), did not align with the aim of focusing on and understanding the participants' individual experiences. Descriptive phenomenology is concerned with obtaining a concrete description of a phenomenon as it presents in a particular instance and requires that the researcher adopts a pure phenomenological attitude bracketing all existing knowledge of the phenomenon (Willig, 2013). On the other hand, grounded theory's focus on the process and production of an explanatory framework and theoretical accounts did not resonate with the aim of exploring embodied individual experience (Glaser & Strauss, 1967). Other discursive and narrative methodologies were not considered as they did not fit my epistemological stance. This would have produced tension with my position as a critical realist with the relativist ontology and the social constructionist position of narrative or discourse analysis, for example, which also predominantly focuses on how individuals use their language in constructing and describing their experience rather than how they make sense of it and attach meaning to it (Willig, 2013). From a critical realist perspective, the language used by the participants will be seen as a reflection of their experience as opposed to a construction of it. In addition to the previously mentioned methodologies, I came across embodied approaches which drew my

attention. Finlay (2006) provided a theory about reflexive body analysis where the bodily experiences of the researchers are used to tune into the participant's experience. Chadwick (2017) also describes several methodological strategies that aim to embody qualitative methods, such as embodied reflexivity and memory work, where researchers position themselves as 'embodied selves". This addition allows the researcher to articulate their embodied understanding of the research and go beyond the discursive aspect. Rice (2009) mentioned a limitation of conducting such approaches as they may divert the focus away from the participant, eliciting a centrality around the embodied experiences of the researcher. Despite the effort of conducting such methodologies, Chadwick (2017) adds that the body is brought to the narratives, and language can often be insufficient to portray bodily sensations and suggests finding new ways and methodologies of tracing the body in qualitative data. Rieger et al. (2022) add that another challenge of conducting such methodologies could be attributed to the data sources needing to be language based and may pose difficulties for researchers during the analysis process.

Given the existing challenges and the lack of literature that deals with the methodological implications of embodied approaches to research (Chadwick, 2017), IPA was chosen as a methodology that aligned well with the research aim and philosophical position. Moreover, being a novice qualitative researcher within qualitative studies and the limited scale of a professional doctorate thesis, an IPA with an established theoretical and methodological background seemed a more appropriate approach at this level.

2.4 Embedding Quality into Research Design

When it comes to assessing quality in qualitative research, Willig (2022) argues that it constitutes a significant challenge for researchers as it involves exploring meaning in context and interpretation of data in which the researcher takes an active role. The subjective role of

the researcher in the process of qualitative enquiry contrasts with the positivist notions of scientific rigour and objectivity. It renders the traditionally used criteria, such as generalisability and validity, non-applicable to a qualitative approach (Willig, 2022). Several evaluative criteria for qualitative research have been established, and it is argued that these criteria must be compatible with the chosen epistemological framework of the study (Willig, 2022). These criteria focus on aspects such as rigour, transparency, appropriateness of the chosen method, coherence, and clarity (Willig, 2022). Smith et al. (2022) mention Yardley's (2000) criteria as highly relevant to assess the quality of an IPA study. Consequently, to ensure that my research study adheres to the set paradigm and reflects the epistemological stance and the underpinning tenets of IPA, all steps were conducted per Yardley's (2000) guiding principles for qualitative research. Yardley (2000) presents four broad principles: transparency, coherence, commitment and rigour, impact and importance, and sensitivity to context. These principles will be explored further, and the study will be evaluated against these criteria in the discussion chapter.

2.5 Ethical Considerations

2.5.1 Ethical approval

The study received ethical approval from the Psychology School Ethics Committee at the University of East London on the 12th of September 2022 (see Appendix A). After experiencing difficulties in recruitment, one inclusion criterion was revised and amended towards the final stage of the recruitment process (see Appendix B). The amendment was introduced to reach the sample size goal of six participants by including counselling psychologists with less post-qualification experience who still had experience of working with trauma. By reducing the limit on the post-qualification years from two years to one year,

two more participants were added. The rationale for the amendment will be explored further in the sampling section.

Regarding ethics, no major concerns or risks were identified, and participants were offered the chance to be debriefed at the end of the interview. It was anticipated that the participants might experience minimal discomfort from recollecting traumatic narratives. In that case, it was suggested that they could contact their therapist or supervisor. Participants were also informed that they could withdraw from the interview anytime. All participants completed their interviews, and none chose to withdraw their interviews after completion.

2.5.2 Informed consent

The Code of Human Research Ethics (BPS, 2021) and the UEL Code of Practice for Research Ethics (UEL, 2015) were adhered to throughout the research process. The recruitment process also involved obtaining informed consent, ensuring that participants were fully aware of the research details and their right to withdraw from the study at any point without any consequences for participation.

2.5.3 Anonymity and confidentiality

To ensure confidentiality in line with BPS Human Research Ethics (2021), identifiable details of participants were anonymised, and each participant was assigned a pseudonym during the transcription process. Participants were also asked if they wanted to use a pseudonym during the interview. The recordings, transcripts, and consent forms were stored in separate password-protected folders on my laptop and UEL drive in accordance with the data management plan. Anonymised interview transcripts with anonymised participant information were only available to the researcher and the research supervisors. They were not used for means other than those mentioned to participants as per the General Data Protection

Regulation (ICO, 2017). Audio recordings would be deleted after passing the viva examination, and anonymised interview transcripts would be stored for five years after thesis submission in accordance with the data management plan.

2.6 Conducting IPA: Research Design Framework

2.6.1 Sampling and recruitment

To ensure that sampling was conducted in accordance with the qualitative research paradigm and IPA methodology, purposive homogenous sampling was implemented. Participants were recruited based on their ability to offer insight into the investigated phenomenon (Smith et al., 2022). The inclusion criteria were consistent with the research question, and sampling was focused on recruiting counselling psychologists with at least one year of post-qualification experience who have had worked with trauma presentations. Smith et al. (2022) suggest recruiting a homogenous sample that allows for examining convergence and divergence where study claims are based on the immediate sample; however, a degree of theoretical generalisability is possible where the reader can relate the study to their professional knowledge and expertise (Smith et al., 2022). Regardless of the shared professional identity of the participants, the sample varied on a range of criteria which would be presented in the participants section below. And while the diversity can provide a richer and more nuanced exploration of embodied responses in therapeutic settings, it can also pose challenges in forming interpretations. To mitigate the following challenges and manage the diversity of the sample, the use of iterative analysis and constant comparison was implemented throughout the stages of the analysis (Pietkiewicz & Smith, 2014; Smith et al., 2022).

Regarding the sample size for professional doctorates, Smith et al. (2022) propose between six to ten participants. It is essential to mention that choosing a sample size in

phenomenology and qualitative research elicits a significant amount of debate (Bartholomew et al., 2021). There are no standardised guidelines, and Smith et al. (2022) recommend referring to the richness of individual cases and the constraints that the researcher might be working under. Smith et al. (2022) also warn against seeing larger sample sizes as a reflection of better research. Moreover, given IPA's idiographic underpinning, Giorgi (2009) emphasises the significance of smaller sample sizes to fully present each participant's voice and avoid the risk of 'blurring' the participants' experiences through large sample sizes (Bartholomew et al., 2021). As a result, the sample size adhered to the initial goal of recruiting six participants in line with suggested recommendations and the time constraints of the program.

After receiving ethical approval from the research committee at the UEL, counselling psychologists who fit the inclusion criteria were emailed and contacted online through various search websites such as Counselling Directory and Psychology Today. An online research poster was also circulated amongst colleagues via email and posted on professional social networks such as LinkedIn (see Appendices C& D). The recruitment period lasted about six months.

2.6.1.a Amendment to inclusion criteria

During the later stages of recruitment, an amendment to the intake criteria has been introduced, decreasing the years of post-qualification experience from two years to one year. Two factors facilitated this decision. The first reason was to reach the sample size goal of six participants as the end of the recruitment period was approaching. I had two counselling psychologists who expressed their interest in participating in the study; however, they lacked a few months of experience to be eligible despite having substantial experience working with trauma. I also revisited my reasons for introducing the two years criterion, which was based on a suggestion that self-awareness and the ability to self-reflect is a continual process

(Pompeo & Levitt, 2014). It was assumed that longer years of professional experience would mediate higher levels of self-awareness and self-reflection (Pompeo & Levitt, 2014). As I started conducting the interviews, I observed that the level of embodied self-reflection was mediated by the participant's personal interest in the field and their overall experience of working with trauma rather than their overall post-qualification experience. So, towards the end, I had only four participants who took part in the study, and to facilitate the intake of more participants, this amendment was introduced as not having a significant impact on the homogeneity of the sample or the richness of the participant's reflective accounts of their experience, and two more participants were interviewed. (See Appendix E.1 for personal reflections on amending inclusion criteria)

2.6.2 Context

Interviews were conducted online via Microsoft Teams after agreeing on a convenient time for the participant and researcher. All participants were counselling psychologists practising in the UK.

2.6.3 Participants

Participants were assigned pseudonyms during transcription to ensure anonymity. Demographic information, including age range, ethnic background, years of experience, and work setting, was collected prior to the interviews. All six participants identified as females from different ethnic backgrounds, aged between 34 and 44. They were UK-based counselling psychologists who reported having significant experience of working with trauma presentations, and their post-qualification experience ranged from 1.5 to 9 years. Three participants were recruited through Counselling Directory, two through snowball sampling, and one responded to a LinkedIn post. The participants' ethnic background was

diverse; three identified as Other White, one as Other Asian, and two as mixed multiple ethnic groups. For confidentiality, specific ethnic backgrounds are not detailed in the participant information table. (See Table1)

The sample varied on a range of criteria particularly the length of the experience and work settings which included private practice, secondary care services within the NHS, and charity organisations. All participants worked with adult clients and mentioned that complex trauma presentations make up most of their case load. Theoretical orientation and modalities were also varied, encompassing existential therapy, schema therapy, psychodynamic approaches, and cognitive behavioural therapies, with additional trainings in approaches like narrative exposure therapy (NET) and eye movement desensitisation and reprocessing (EMDR). All participants completed a professional doctorate in CoP and gained their trauma-related experience through clinical placements across various settings. Four participants mentioned practicing trauma focused CBT (TF-CBT) which they were trained in during NHS placements, while one participant was trained in schema therapy also during NHS training.

Despite this variation, each participant shared a core professional identity, describing their approach as trauma-informed, relational, and client-led regardless of the implemented therapeutic modality. This unifying element was critical for this sample as it ensured the research remained focused on the core research question rather than diverging into other areas (Larkin et al., 2006). The strengths and the limitations of this sample's diversity and its impact on the interpretation of the research results will be further explored in the discussion chapter. (See Appendix F for detailed participants' descriptions)

Table 1

Self-Reported Participant Information

Participants	Age Range	Years of Post-Qualification Experience	Work Settings	Therapeutic Approaches	Client Presentations
Maria	34-39	9 Years	Third Sector, Private	Integrative, Existential Therapy	Adults of all ages, Complex Trauma
Alexa	34-39	6 Years	Secondary Care Service NHS, Private	TF-CBT, Psychodynamic	Adults of all ages Complex Trauma
Emma	30-34	1.9 Years	Secondary Care Service NHS, Private	Schema Therapy, CBT, EMDR	Adults of all ages, Complex Trauma
Hope	40-44	1.5 Years	Secondary Care Service NHS	Integrative, TF-CBT, CFT, NET	Adults of all ages, Complex Trauma, Eating disorders
Olivia	40-44	3 Years	NHS, Private, Third Sector	Integrative	Adults of all ages, Complex Trauma, Eating Disorders
Rose	34-39	2 Years	Secondary Care Service NHS, Private	TF-CBT, ACT	Adults of all ages, Complex Trauma, Bereavement

2.6.4 Data Collection

2.6.4.a Pilot interview

A pilot interview was conducted with one of my peers to check the appropriateness of interview questions and to practice conducting interviews in a phenomenological manner (Willig, 2013). The order of the questions was revised and adjusted to allow for a better interview flow. The pilot interview has also helped me apply core counselling skills such as attentive and curious listening, warmth, and compassion, validating while remembering to maintain the balance between my role as a researcher and therapist. The pilot interview was not included in the analysed data.

2.6.4.b Semi-structured interviews

Data collection conducted through online semi-structured interviews via Microsoft Teams. The interviews were audio-recorded and transcribed verbatim. An interview schedule with a list of open-ended questions guided the interactions (see Appendix G). Upon initial contact, potential participants received a participant information sheet (see Appendix H), and a consent form (see Appendix I) were sent out to help them familiarise themselves with the study and provide informed consent to participate. After that, a date for the interview was arranged and conducted online. Interviews lasted between 45 minutes and 55 minutes. Participants were offered to be debriefed after the interview and sent a debrief sheet (see Appendix J). The recordings were transcribed after the interview, with all identifying details, such as names and workplaces, amended to ensure anonymity.

Although the study focused on the embodied element of the therapeutic interaction, the decision to conduct interviews online was taken to minimise any chances of disruption and maximise convenience for data collection. The decision was prompted by the ongoing pandemic at the study's planning stages. The online setting offered several advantages, mainly accessibility, as it did not restrict participants to a certain location. The flexibility of

online interviews allowed accommodating participants' schedules (Sullivan, 2021). However, online interviews can suffer from issues of rapport and lack of depth due to an inability to pick up on non-verbal cues, which is significant in the context of a phenomenological study exploring embodied responses (Jowett et al., 2020; Smith & Osborn, 2021). Given that the study focused on participants recalling their experiences of embodied responses from past clinical cases, the issue did not seem to impact the aim of the study. The interviews yielded rich accounts of experience, which was evidenced by the participants' use of emotive words and deep reflective explorations. Despite the inability to pick up on some non-verbal cues, other cues such as facial expressions, variations in voice tone, and speech pauses, conveyed emotions and intentions beyond the literal meaning of words (Liebenthal et al., 2016). The rich accounts can also be attributed to the CoP training of the participants and their reflective capacity. Any potential privacy concerns related to online settings were addressed by following the ethical and data management guidelines detailed in the ethical considerations section. (See Appendix E.2 for reflections on conducting interviews)

2.6.5 Transcription

Interviews were transcribed verbatim. Since IPA is concerned with interpreting the meaning of the content (Smith et al., 2022), all words spoken by the participant and researcher with all repetitions were transcribed. Non-verbal utterances such as laughter, vocal utterance such as 'umm', and broken words were also noted. Transcriptions had wide margins for exploratory noting, and spaces were left between each turn in the conversation.

2.6.6 Data Analysis

Smith et al. (2022) analytic process was followed to conduct the analysis. The existing IPA literature does not provide a prescriptive account for analysing data and offers a degree

of flexibility and suggests focusing on exploring how participants assign meanings and make sense of their experiences (Smith et al., 2022). Smith (2007) describes the analysis process as an inductive cycle which draws on various strategies, such as a close analysis of each case, identification of patterns, and development of a structure which illustrates the relationship between experiential themes and allows the process of analysis to be traced. All these strategies have to be complemented with supervision and reflexivity to help create coherent interpretations, which in turn led to the development of a final narrative (Smith et al., 2022). As a novice qualitative researcher, I followed the suggested steps for each participant:

1- Reading and rereading

Once the interviews had been collected, I started the analysis process. This included immersing myself in the original data by rereading the transcripts. The transcription process also allowed me to immerse myself in the process as I listened to the interviews precisely and noted some of my impressions and observations. Listening to the interviews has also helped capture the participants' tone and imagine their voices later as I read the interviews. As Smith et al. (2022) suggest, reading the transcripts has also allowed me to locate and highlight the richer sections of the interviews and gain a clearer image of the patterns and dynamics as they started to emerge at this stage. This stage was characterised by maintaining horizontalisation and writing down any emerging observations (Smith et al., 2022).
After transcribing the interviews, transcripts were printed with large margins to allow for exploratory noting in the next stage.

2- Exploratory noting

The following stage involved writing notes and examining the ways participants talked about the examined phenomenon as I read the transcripts. It also involved engaging with the text in detail, exploring meaning, and furthering analysis to an interpretative level. During the initial phase, the notes were predominately descriptive. As my familiarity with the transcripts

increased, the notes became more interpretative as I paid more attention to parts of the interview that stood out more, such as assumptions, metaphors, and emotion words (Smith et al., 2022). (see Appendix E.3 for reflections on exploratory noting, and Appendix K for an example of the initial analysis process)

3- Constructing experiential statements

After writing my provisional notes and gaining more familiarity with the interviews, I moved to the third step of constructing experiential statements. During this stage, the amount of detail was reduced as exploratory statements emerged from the exploratory notes producing a summary reflecting each case's experiential core (Smith et al., 2022).

4- Searching for connections across experiential statements

This stage involved mapping the experiential statements and looking for ways of developing a structure which reflected the most significant aspects of each participant's account (Smith et al., 2022). Experiential statements were cut into separate pieces of paper and scattered over an A3 piece. This allowed to break up the original ordering of the statements and helped create a conceptual ordering and connections across the statements as they were organised into clusters (see Appendix L).

5- Naming the PETS and consolidating them in a table

Each of the previously produced clusters was given a title reflecting its characteristics and each participant's experience or experience of sense-making creating PETS and subthemes (Smith et al., 2022). (see Appendix M)

6- Developing Group Experiential Themes (GETS)

This final step included looking across PETs for patterns of similarity and variation and coming up with GETS that reflected the connections in addition to the shared and unique features of experience across the whole data set (Smith et al., 2022). This stage was characterised by the need to constantly move back and forth and compare PETS across

participants while reorganising the data and trying to figure out at which level the commonality was shared. A label was chosen for each GET and group-level sub-theme, which were later organised into a table to mirror the participants' experience and reflect the unique way each participant expresses that shared experience (Smith et al., 2022).

The sequence of the analysis results reflected the semi-structured nature of the interview questions, which provided a scaffold guiding participants through a natural progression and narrative flow of the explored experience (Smith et al., 2022). The consistency and order of the resulted themes also reflected the iterative cycle of IPA, where themes are developed, checked against the data, and refined. This cyclical analysis process revealed a structure inherent in the experiences themselves, demonstrating a sequential analysis consistency (Pietkiewicz & Smith, 2014).

2.7 Summary

The following study takes a critical realist stance and aims to explore and gain a rich understanding of the subjective lived experiences of the participants using IPA. By implementing IPA, my role as a researcher involved engaging with the participants' accounts to obtain insight into their thoughts and beliefs regarding their experiences of embodied responses. This was achieved through an interpretation of how they think about it (Willig, 2013). Moreover, interviewing counselling psychologists predisposed to a high degree of familiarity with my participants' experiences and required continuous reflection throughout the research stages. The concept of a reflective practitioner holds distinctive importance and underpins all aspects of the professional identity of CoP, including research and practice (Donati, 2016). It allows to frame the research questions within the researcher's position and their personal beliefs and assumptions and acknowledges the complexity and

interconnectedness of human experience (Donati, 2016; Parker, 2005). The next chapter will outline the results of the IPA analysis.

Chapter Three

Analysis

3.1 Overview

This chapter presents the results of an IPA of semi-structured interviews with six counselling psychologists who agreed to share their clinical experience. After completing the analysis process, four GETS, and 11 underlying subthemes were identified (see Table 2). These themes will be presented through a phenomenological and interpretative narrative, reflecting their interconnectedness and contribution to the holistic experience and hermeneutic circle. The narrative aims to capture the depth and breadth of the explored phenomenon while highlighting both the shared and distinct experiences within the sample (Smith et al., 2022). Quotes from the transcripts are included throughout the chapter to illustrate the interpretations and themes that emerged during the analysis process. To support the identified themes, the most prominent quotes will be presented from at least half of the participants (Smith et al., 2022).

Table 2

List of GETS and Subthemes

GETS	Subthemes
Caught in the Net of Trauma	• Overwhelming physical responses • Responses reflecting the client's stories: A parallel process • Accumulating Responses: "Leftovers" from sessions • Apprehension: What if this happens to me?!

Making Sense of the Response	• Thrown in at the deep end • Making sense through the professional identity of CoP
Taming the Response	• Balancing on Shaky Ground • Need to self-regulate • Recuperating through Self-care
Bringing the Body In: Embodied Responses as a Therapeutic Instrument	• Relating on a deeper level • Processing the unprocessed through the therapist's body

3.2 Introduction to Group Experiential Themes

The four identified GETs reflect an account of participants' experiences of embodied responses when working with trauma and how they made sense of the different facets of their experience. The first GET provides an account of the challenging and predominantly overwhelming nature of the embodied responses that the participants described when working with complex trauma cases. The second GET presents the participants' attempts to understand and make sense of their embodied responses. The first two GETS interlink as they reflect a challenging experience, which leads to a sense of curiosity and the need to make sense of what the participants are going through as they encounter these responses. The third GET introduces the need to control and tame the elicited responses due to their overwhelming and even intruding nature. The intensity of the responses requires the participants to self-regulate to maintain their professional role as psychologists. The corresponding subthemes explore the need to manoeuvre and maintain a delicate balance while providing a steady ground for the client and therapist within the therapeutic interaction.

The final GET reflects the practical and beneficial side of the experience, incorporating the embodied response into the session as a therapeutic tool, uncovering a more profound connection and sense of relating with the client in the therapy room.

The sequence of the elicited themes reflects a narrative flow from experiencing the phenomenon to making sense of it, mirroring the temporal and logical processes that counselling psychologists undergo when working with trauma (Smith et al., 2022). The story-like format of the results mirrors how humans naturally produce narratives to make sense of complex experiences. Bruner (1991) suggested that narrative construction is key to how people organize and understand their experiences. The results reflect a story of professional development and personal reaction in a challenging therapeutic context. The reflective nature of the profession, where counselling psychologists systematically reflect on their experiences could have also contributed to results of the analysis. This aligns with Schön's reflective practice model (1983), where professionals engage in a cycle of action, reflection, learning, and application. The sequence can thus represent the reflective process as experienced and reported by the participants.

3.3 GET 1: Caught in the Net of Trauma

This theme introduces the challenging aspect of the embodied lived experience that all the participants described as they talked about how it was for them to be in the room as they listened to their clients' disclosure of traumatic life experiences. It appeared that most participants found it difficult to sit with the elicited responses. The responses had a physical nature, which mostly resonated with and reflected aspects of the client's story. The underlying subthemes explore the different aspects of the challenging experiences, mixed with a sense of surprise, confusion, and apprehension towards both the elicited responses and the client's narrative.

3.3.1 Overwhelming physical responses

All six participants described varying degrees of felt physical responses they experienced with their clients. Whenever prompted about their experience, it seemed that most participants recalled a remarkable clinical case of one or two clients who elicited an overwhelming embodied response that remained imprinted in their memory. Some participants shared a more general state triggered by certain types of disclosures, primarily identified as unexpectedly heavy. Participants described vivid physical sensations that permeated their senses and imagination in unexpected ways that they were not prepared to experience. This was demonstrated in Alexa's account when she recounts how her body responds to disclosures of sexual abuse:

> ***"Especially sexual abuse, uh, with involving children and, and also the client, you know, conveys their sense of disgust and they maybe describe kind of smells or physical sensations and, uh, is it kind of your skin crawls a little bit, and sometimes I feel a bit of a knot in my throat." (Alexa, p.15, lines 132-136)***

> ***"I find it really difficult, and I really feel quite a lot of disgust and I kind of like, my skin feels weird and it's almost like I can feel my blood vessels." (Alexa, p.15, lines 154-157)***

Alexa's way of describing the experience and reaction puts her at the receiving end of the clients' experiences, reflected in such strong responses as disgust and aversion. These responses also translate a sense of caving in and distancing oneself from the disclosure. It seems that the physical response permeates Alexa's senses as the clients uncover their stories and reveal an intensity that Alexa is not prepared to witness. Alexa describes reactions that seem to be elicited by descriptions of sensations, such as smells, making the experiences

more palpable and accessible through imagination. Emma describes a reaction similar to Alexa's while emphasising the physiological reactions she experiences in response to listening to traumatic experiences:

> ***"I think inside of me, like strong physiological responses when hearing certain types of traumatic experiences from my clients. Um, I get, you know, everything from maybe like goosebumps to, I notice my heart, kind of, my heart rate increasing or, um, maybe even like some tightness in my chest […] I, I get quite strong with throat reactions" (Emma, p.29, lines 62-68)***

Emma also experiences constrictive physical responses, such as chest and throat tightness. Emma describes a reaction akin to the emotional stress of fear or anger that might resemble what her clients might have been going through as they recalled their stories. Emma highlights the power of certain disclosures, but not others, in triggering these responses, something which Alexa also refers to when she emphasises sexual abuse as a difficult topic for her. Hope illustrates a vivid experience in response to a disclosure of sexual abuse:

> ***"The sense of feeling dirty, the feeling of disgust and just wanting to clean was quite powerful. And it has happened a few times with clients. Um, again, with, with, with a kind of like, you know, chronic and severe, like sexual abuse or mm-hmm or humiliation […] That was, um, like you afflicted on their body in, in some way that evoke that kind of response in me." (Hope, p. 46, lines 114-120)***

Hope describes her reaction as something that she wants to release and free herself from by cleaning. Her narrative gives the disclosure a sticky and muddy sense that she wants to wash off her body. The overpowering and challenging nature of her bodily experiences, over which she had no sense of control, mirrored what was inflicted on her client. As with Alexa and Emma, Hope experiences aversion, which might relate to a sense of avoidance and wanting to distance or even protect herself from the experience. The lack of control over the

embodied responses is clearly reflected in another expression where Hope describes a specific case from her practice:

> ***"I think it was a blankness of the mind and feeling very kind of like, as if my body isn't present, it's not there." (Hope, p.49, lines 234-236)***

Hope narrates a state of dissociation from the session, where she feels like her body ceased to exist in the therapy room, mirroring the state of her client. Hope perceives this state as something unique that she had not experienced before, nor was she prepared to experience. Hope's use of the word "blankness" reflects a state of absence and lack of control over what was happening in the room. In this case, she describes her response as a reflection rather than a reaction to how the client presented. Hope taps into her client's state, without even realising it herself, through an overpowering physical experience of dissociation. Another participant, Rose, describes a similar lucid response:

> ***"I could feel the burn on my thighs, the same moment, I can talk to her. You know, when you burn yourself by accident, oh my God, I, I have it all now. Right now, you have like this kind of, um, goosebumps..." (Rose, p.76, lines 141-145)***

Rose describes an overwhelming reaction which she finds difficult to recall even during our interview. It was a unique experience with one of her clients, who seemed to elicit very raw and strong responses that mimicked their story. Rose's exclamatory way of retelling the response reveals how unexpected and intrusive the response was for her, almost paralysing, and having the power to be triggered again through memory. The synchronicity present between the two in the session was overpowering for Rose, and she felt trapped in her own body:

> ***"it's like, uh, yeah, it's like being in a cage" (Rose, p. 77, line 207)***

Rose's use of the word "cage" reflects the sense of being caught up in her embodied experience; it is unescapable, and she is trapped in her reaction. Again, as with other

participants, the sense of lack of control is prominent here, entangled with a sense of heaviness and restraint. The responses are taken from the client to be held and carried throughout the therapeutic process.

3.3.2 Responses reflecting the client's stories: A parallel process

A common feature of the embodied responses that the participants described was the parallel nature of the sensations, which mirrored aspects of the client's experience. There was a sense that the client's narrative was being reenacted through the therapist's inner process and sensations. For example, Maria reflects how she felt with one of her clients:

> ***"a lot of just intrusion and, uh, horror and that kind of did come across in how I felt when I was with her in the room, or how I felt sometimes when I'm outside." (Maria, p.3, lines 86-88)***

This quote depicts the level of identifying with the client's story. Maria uses the words "intrusion" and "horror", exhibiting a violation of her space and body, which in turn mimics a traumatic experience. She continues to reveal the power of the response, which accompanies her outside the therapy room, maintaining an intrusive nature that interferes with her world. Hope conveys a similar sense of identification with the client that intercepts her daily life:

> ***"I do, uh, feel that there are times when, uh, the sleep can be disrupted and I can, I feel anxiety in my body, and I can feel the helplessness of the client." (Hope, p.46, lines 125-127)***

Hope makes a distinction, labelling the sensations as her client's rather than her own. This reflects a parallel process that exists between Hope and her client on an unspoken level and continues to play out in her daily life. Alexa shares the same understanding of her responses being an expression of her client's feelings:

"And a feeling of, strong kind of feeling of feeling stuck, physically stuck, or also maybe, uh, unable to help […] And this often mirrors the client's feelings, like when they feel hopeless" (Alexa, p.15, lines 168-171)

She describes a myriad of physical sensations that mirror the client's hopelessness. She also identifies with her client's state, which almost paralyses her. Alexa identifies the response as something separate from herself, giving her an indication of how the client might be feeling. Olivia shares her understanding of the ongoing process:

"I think with trauma there's, there's this sense of mmm, violation that happens, um, with clients because their boundaries have been so much violated. And I think that's, why, um, sometimes you might feel things on a physical level because of the lack of boundaries." (Olivia, p.63, lines 216-221)

Olivia relates the nature of her physical responses to the essence of the traumatic experience that the client goes through, which is often violating and boundaryless. There is something about physical responses that Olivia perceives as intruding and crossing permissible limits. There is a sense of the body being very private, which is also present in the previous quotes as the participants share how the responses accompany them to their personal lives through bodily experiences. This very much coincides with the intrusive nature of traumatic symptoms that the clients might be experiencing.

3.3.3 Accumulating Responses: "Leftovers" from sessions

An important aspect of the participants' descriptions of their embodied experiences was their tendency to accumulate and stay with them after the session. There was a sense that the elicited responses did not remain in the therapy room but continued to exist in the participants' lives. Several participants mentioned a sense of heaviness, which persisted after the sessions were over. Most of the participants articulated this directly, describing the

responses as something residual. For example, when reflecting on how she makes sense of her embodied responses, Maria mentions:

> **"*Post session, post-work. Um, yeah. What happens to you when you're with them in the room. […] And also, afterwards." (Maria, p.2, lines 51-53)***

Maria's quote reflects the aspect of the embodied responses as something elicited in the therapy room and extending into her life after work. Her repetition of the word "post" stresses the staying and permanent nature of the embodied responses that she experiences. She moves on to question herself about the number of stories she holds within herself, almost stored away in the following quote:

> ***"I do sometimes question like, how much have I accumulated in all those years? And how many of these stories are in there? Um, or filed away." (Maria, p.4, lines 142-144)***

The reflective and questioning nature of Maria's disclosure hints at her uncertainty regarding the degree to which she might have been affected by her clients' stories. There is almost an unconscious nature to what she might be carrying around and taking on from her work. Her use of the word "accumulated" also resonates with the burdensome feeling that other participants described. For example, Hope mentions:

> ***"I think the downside to it can be I do carry, like, you know, I do feel that I kind of embody, um, like, you know, distress a lot in my body because that can come up as like, you know, body pain and like, you know, um, migraines and, and I can see that happening with me." (Hope, p.50, lines 294-299)***

Hope refers to her clients' stories as something that she embodies. Her use of the word "carry" reflects a sense of holding and taking on the distress from the client. She refers to this process as a "downside", highlighting the hefty nature of her work and the effort it requires. There is an almost a sacrificial nature to her work as she processes the aftermath of the

sessions, which manifests as bodily pain. Emma also shares how she carries her client's stories home:

> ***"I thought about it when I got home. I kind of, um, thought about it before I, I fell asleep. It's kind of just was sticking out quite strong." (Emma, p. 30, lines 115-117)***
>
> ***"and if that image is quite jarring, quite shocking, I think, yeah, it's almost like, it's almost like I'm hit with it and it, and it stays with me." (Emma, p.32, lines 207-209)***

This quote shows the permeating nature of the responses as they accompany Emma to her private and personal space. Her use of the phrase "sticking out" reflects how powerful, prominent, and even destabilising the responses can be. Emma's second quote reflects the role of surprise and the intensity of the experience in imprinting the response within her. Both quotes reflect little to no control of the elicited process. Rose's experiences resonate with Emma's, showing a profound distressing impact:

> ***"It's quite horrific and it might haunt me for, haunt me for, I don't know, for a day or two, some, and sometimes I would be emotionally either angry or very fearful." (Rose, p.75, lines 107-111)***

It seems that the intensity of the disclosed experience stays with Rose. Her choice of words conveys strong emotions of fear and anger that linger on her beyond the session, reflecting the deep extent to which she is affected. On the other hand, Olivia shares how she avoids such consequences:

> ***"there's something that you end up taking, I think, because when you relive that, and I think I was careful in that sense because I was trying not to reimagine how it must be like because um, yeah, you don't want to go home and reexperience flashes of that." (Olivia, p.63, lines 207-211)***

Olivia stresses the significance of imagining the client's story in eliciting strong responses. She displays a sense of knowing how to shield herself from the downsides of the experience and protects her personal space.

3.3.4 Apprehension: "What if this happens to me?!"

This subtheme introduces the participants' sense of apprehension and revulsion when faced with the unexpected intensity of stories of trauma and tragedy that might have challenged their perception of the world. Some of the participants expressed it in a way which reflected a fear about experiencing the same event, anticipating the way they would have dealt with it. The irrationality of traumatic experiences seemed to trigger an embodied response where therapists tried to make sense of it but preferred to distance themselves and avoid being affected by the disclosure. This subtheme resonates with the previous one on accumulating responses, where the participants talked about the residual elements of trauma therapy. It seems that what stayed with them elicited a sense of apprehension and fear of being affected or almost contaminated by the experience. Alexa's expression portrays this theme vividly when she mentions:

> ***"I think especially when it comes to the sexual stuff, I really try very hard not to feel it too much in my body because it's almost like I'm afraid that if I connect too much with the way they've experienced sexual activity or sexual abuse, yeah, I'm gonna be affected by it and not be able to enjoy sex myself." (Alexa, p. 19, lines 330-335)***

Alexa expresses a sense of fear of not being able to enjoy sex if she connects with her client or experiences her client's pain through her own body. The fear of over-identifying with her client may result in her body being affected. Alexa attributes significant power to her bodily sensations as she worries about being affected. It seems that connecting cognitively is

experienced as more safe and less potent. Hope voices a similar need to distance herself in this quote:

> ***"Um, because it's very important for my own mental health and physical health […] to separate that. So, I think, yeah, by, by separation I already mean like, you know, um, making sense of the experience, like, you know, but not engaging with it too much […] Like not getting too entangled with it […] That it, my experience as well, like, it just kind of, it's kind of like gets, it's mixed up. Yeah, with my experience, so I don't want to, it's like, you know, just as literally kind of saying like, I don't want to take it home." (Hope, p.51, lines 326-334)***

Hope describes her experience as messy; there is a sense that if she is not careful, she might get entangled in it. Her use of the phrase "not engaging with it too much" reflects the need to gauge the right amount of connection or "engagement" to connect with the client just enough. There is a sense of lack of control, which also shows up in Alexa's previous quote, which may underlie the fear that they express from being affected by what the client is disclosing. Hope voices her worry and apprehension towards the traumatic disclosures, preferring to leave them at work. Olivia expresses a similar attitude when she says:

> ***"you don't want to go home and reexperience flashes of that." (Olivia, p.63, line 211)***

Olivia describes her response with a sense of caution and the need to deal with it warily, avoiding further engagement to protect herself from unsought reminders at home. She needs to keep her home environment for herself, protecting it from the undesirable consequences of her work. She pulls the thread further as she expresses her fear of experiencing a similar event:

"if you think about, oh, what if it was me? How could, if this have happened to me, how would I react? Or how would I be if this happened to me?" (Olivia, p.63, lines 197-199)

It seems that the intensity of the traumatic experience shakes Olivia, making her want to anticipate and avoid a similar situation. The idea that anyone can be afflicted by an unexpected or irrational experience such as trauma makes her want to protect herself and avoid being affected beyond the therapy room. On the other hand, Maria expresses her apprehension towards the embodied response itself rather than the client's presentation despite gaining more understanding of her reactions with experience:

"I fear it less, but I also don't want it. Um, but I also know that it's part of the work, so […] It's, it's not I don't want it, it's, it's more, I'd rather not experience it, but I also know that it's part of it." (Maria, p.10, lines 387-391)

Maria firmly expresses how she would rather avoid the embodied response and distance herself from it, portraying how unwelcome it is. However, when she says it is part of her work, she conveys a sense of acceptance of the inevitability of the embodied experience in the therapeutic process.

3.4 GET 2: Making Sense of the Response

The second GET reflects the process of making sense of the embodied responses, which most participants engaged in as they brought in some of their most memorable clinical experiences. The first GET symbolised the overwhelming and sometimes unbearable nature of the responses, which had a complex and almost uncontrollable quality. Participants described various physical reactions they had to sit with as they listened to stories of human suffering that were hard to grasp. As they explored their embodied responses, there was a natural tendency and need to make sense of and gain awareness of their felt and embodied

processes. The two underlying subthemes of this GET continue to reflect the challenging nature of the participants' encountering their bodies and sensations within the therapeutic process and attempting to make sense of them through experience and professional training.

3.4.1 Thrown in at the deep end

A common thread across the participants' narratives was the sense of being faced with reactions they were not prepared for as they started working with trauma clients early on in their training. Most of the participants expressed a sense of being in unknown territory, filled with confusion regarding the elicited inner processes as they witnessed their client's stories. Some of the participants hinted at the lack of a theoretical understanding of the process, emphasising the role of gaining awareness through their own personal experience. For example, Emma says:

> ***"I don't have a, a very theoretical, I guess, awareness or understanding of it, but just from my own personal experience" (Emma, p.29, lines 58-60)***

Emma points to the lack of her theoretical understanding despite having worked predominantly with trauma. Earlier, she described working with trauma as the "bread and butter" of her work and how she feels that the area is under researched. She explored her understanding of embodied responses, which unfolded gradually through experiential learning as she encountered challenging inner processes. Alexa shares Emma's experience in not having enough theory to rely on when making sense with what goes in inside of her as she sits with her clients:

> ***"in fact I feel there's a bit of a lack of that in, in psychology. Yeah. of the kind of focus on the body." (Alexa, p. 26, lines 627-628)***

"Um, so that's quite cerebral, isn't it? In terms of focusing on the body, I don't know if it was encouraged as much as I would've liked in my training." (Alexa, p. lines 555-557)

She expresses the need for a focus on the body in the field of psychology in general. However, she then pulls the thread further as she acknowledges that it might be a type of knowledge which is hard to gain through reading books by referring to it as "cerebral". Maria expands on the same idea:

"I don't feel like I really grasped what it meant. Um, and it's interesting with those concepts because you grasp them and then it goes, and you need to grasp 'em again." (Maria, p. 8, lines 332-335).

There is a sense of this knowledge being elusive. Maria's repetition of the word "grasp" reflects almost a slippery nature of the process. She tries to make sense of it, but it keeps slipping away. This could refer to the nature of the responses being physical and hard to understand cognitively unless they are felt through the body. This could also point to the uniqueness of each response, being different with each client and each story that is brought into the session, resulting in a distinctive and idiosyncratic embodied experience. Rose delves deeper into the making sense process:

"I couldn't experience it and I wouldn't experience it. And if I had, had I experienced it, I would have thought that it's more of, um, my own anxiety. Mmm. It's me, I'm not right. I might, I wouldn't say, oh, maybe this is the anxiety of the client. This is how they felt. Mm. Back then I wouldn't, so yeah, it was interesting. I was, I couldn't pay attention of, of it to it, even if it was happening like at that time." (Rose, p. 86, lines 605-611)

She points to the importance of awareness as she says, "I couldn't experience it". This affirms the role of being aware to be able to recognise and single the embodied response out

as a reaction to what the client has brought to the session. This expression brings more clarity to the process of understanding and the overwhelming confusion that the participants refer to as they try to figure out the origin of their inner process. Olivia reiterates the same experience:

> ***"I don't think I've linked that to what the client was bringing in I thought I was just tired. Uh, but it made sense with time." (Olivia, p. 63, lines 192-194)***

She echoes the same sense of not recognising her inner processes and responses as part of the therapeutic process, linking it to other factors. It's an understanding that came with time and through experiential learning. Emma expands this further as she shares her understanding:

> ***"I'm the psychologist here in front of this client and I'm here to help them, to help witness their story, to help them contain that, to help them make sense of it […] Uh, but underneath it all, I'm just human and, and yeah. Some of the stories that you hear, it's really, I think it would be really difficult for anyone to not be affected by them. […] Um, so I think that's how I make sense of them. Yeah. It's just that I'm just human." (Emma, p. 35, lines 336-343)***

Emma's expression reflects the profound impact of human suffering. It affects her to the core as she says, "I'm just human". This phrase gives a sense that despite any power dynamics or roles taken by two people in the room, it is an inevitable process of being affected by human tragedy. Emma links her psychologist role to maintaining a steady shoulder for her client to lean on. However, in the room when stories of suffering are unfolding, professional roles come down, uncovering a shared human experience and the inevitability of pain and human suffering. Emma's reflection adds another layer to a shared sense among the participants that embodied responses are an expression of a two-way process that emerges within the intersubjective space of a therapeutic encounter.

3.4.2 Making sense through the professional identity of CoP

This subtheme symbolises the professional lens through which the participants made sense of their experience. The previous subtheme explored the initial meaning-making and uncovering of the process, while this one reflects the context of the unfolding embodied experience. Within this subtheme, there is a sense of divergence among the participants; some assigned a significant role of their professional identity and training in their understanding of embodied responses, while others were hesitant about its impact and referred to a slight sense of disappointment. Alexa shares her experience of not being exposed enough to this type of knowledge in her training as she says:

> ***"In terms of focusing on the body, I don't know if it was encouraged as much as I would've liked in my training." (Alexa, p.24, lines 556-557)***

She admits her interest in this topic and the lack of knowledge, which she mentioned in one of the previous quotes. Maria reiterates this hesitantly as she suggests it is part of her professional role, conveying a sense of obligation to consider embodiment; however, she talks earlier about how difficult it is to grasp the concept in subtheme 3.4.1.

> ***"So, in a way, actually, I would say that it, it is part of being a counselling psychologist, um, that you take the embodiment of the work mm-hmm, into consideration." (Maria, p.8, lines 317-320)***

There is a sense of ambiguity and lack of guidance, which puts Maria and Alexa in a position to figure out the experience independently. On the other hand, Emma gives a different perspective on her experience:

> ***"I think counselling psychology gave me that permission, you know, the tool actually, actually you, you as, as a person, you as a practitioner, you are an active role in the, you play an active role, you're an active […] part of this" (Emma, p.36, lines 405-409)***

Emma highlights a significant role that her training played in her perception of embodied responses, in addition to her style of working and her role in the therapy room. Her use of the word "permission" signifies a sense of restraint that she might have felt when experiencing her responses to the clients. Emma's training has validated her responses and allowed her to bring herself into the therapeutic process. Olivia shares a similar perspective:

> ***"I think it's the perspective that counselling psychology gives you. You relate to the client in a different way." (Olivia, p.67, lines 409-411)***

She refers to how her professional identity predisposes her to relate in a distinctive way, resulting in a different therapeutic process. Rose expands on the role of her training further:

> ***"the fact that we all forced or obliged, or that the therapy is mandatory is to show us as, as when we were training that us counselling psychologists or the future of counselling psychologists, we are really, it's, it's our duty to take care of our, our, our of ourselves, not only for […] for us, it is for the client, foremost for the client." (Rose, p.87, lines 644-649)***

Rose points out the significance of personal therapy in gaining awareness and self-care, which is also indispensable for her client's wellbeing. Her use of the words "obliged" and "forced" may hint at realising the benefit of the training requirements and an understanding that came later with time. She also relates her professional identity with a sense of duty and obligation of care, which is indirectly linked to the therapist's self-care and level of awareness.

3.5 Taming the Response

The third GET reflects the ways in which participants managed their responses inside and outside the therapy room. All participants described a sense of challenge that required reflection and understanding the encountered embodied responses. The underlying subthemes

reflect the aspects of self-regulation and the challenging aspect of trauma work, marked by a sense of uncertainty and unanticipated abruptness. This stage reflects an attempt to create and hold a steady ground for both the client and the therapist while trying to regulate their inner state. It seems that the embodied responses were useful for the session only when the participants were able to find the right balance between being too overwhelmed or being very detached from the whole process. The transcripts reflect an overarching sense of inner conflict and confusion regarding the elicited responses and their role within the therapeutic process.

3.5.1 Balancing on shaky ground

An important feature of the participants' depictions of their embodied responses was the sense of having to manage a delicate balance between the possibility of being swept away by an overwhelming response and the need to maintain a professional role of holding the space in the therapy room. This was illustrated in several ways, and most of the participants described an impending fear of loss of control due to an element of unexpectedness. The responses had the potency of disempowering the therapist and derailing the session. For example, Maria mentions:

> ***"But just when, for a second you might, um, um, lose sight of where […] the client stuff is and where you are in relation to that. Um, so you kind of lose your ground and I think that's that's, that's a key reminder, especially with working with trauma, that you have to have a solid ground to stand on." (Maria, p.3, lines 98-103)***

Maria points to the importance of keeping an eye on her inner state all the time; otherwise, she might be caught off guard by the client's material and may not be able to hold a solid ground. She echoes the sense of having to watch out, otherwise, the response might affect her unexpectedly, and she can lose control of the session. There is no room to be affected due to

a constant need of holding a steady ground. An embodied reaction can be too overwhelming for her, which affects her role and rationality. She continues to elaborate on the idea, hinting at her role of having to be a steady figure for the client, which holds no space for an overwhelming embodied response:

> ***"It's almost if you're so shocked by something you, or not just shocked, like let's say if, yeah, if you've lost your ground, then how can you be a steady figure for the client?" (Maria, p.5, lines 188-190)***

Maria conveys a state of shock and its power in disstabilising her ability to contain the session. She also conveys a sense of responsibility and obligation which she holds as part of her professional role. Emma describes a similar element of surprise as she encounters a client's disclosure and experiences an intensity that she is not prepared for.

> ***"I think it's like a tricky balance to keep, to be honest, because sometimes it just kind of surprises you and you're just having the moment, that kind of reaction." (Emma, p. 33, lines 253-256)***

There is a sense of having to be constantly aware of the potential effect of the response and keeping it under control to hold the client. Emma's use of words portrays a sense of a pause, where a surprising element just interrupts the session almost like a flashback or dissociative reaction. She continues to translate the same sense of having to deal with her response alone, leaving no space for a reaction in the room but the client's.

> ***"it's a tricky, I guess, balance to keep, because I wouldn't want my emotional reaction to […] for my embodied response and me portraying that to the client […] to derail the session" (Emma, p.38, lines 468-471)***
>
> ***"I shouldn't let anything of mine kind of seep into the therapeutic relationship." (Emma, p. 40, lines 592-593)***

Here, Emma emphasises the need to keep her responses to herself as part of staying professional. Something about showing responses or being affected resonates with being unprofessional for her. There is a sense of having to keep responses under control and provide more space for her client, which does not seem to be an easy task to do as she navigates her interventions. Rose shares a similar experience, as she vividly translates the sense of confusion which results in an inner discord:

> ***"I think the decision needed to maybe made very quickly […] I need to be congruent, authentic, and true with her, but will my truthfulness be really relevant for her in the here and now. So, I was trapped in my body, and I was trapped in my thoughts, and she ceased to exist. Even it might have taken like, um, micro or two seconds […] But for me was a long time. So, I brought myself back and, and I just say, yeah, I, I felt it." (Rose, p. 77, lines 192-199)***

As with Maria and Emma, Rose highlights the intricacy of her inner dialogue as she encounters an embodied response. She feels the pressure to figure out how to deal with her response and gets entangled and trapped in it. While trying to make sense of it and figure out her subsequent actions, she gets overwhelmed and disconnects from her client. The way Rose describes her reaction and the slowing down of time mimics a traumatic response. This subtheme links to the previous one of therapist's embodied responses being parallel reflections or mirrors of the client's experiences. The struggle that Rose describes puts her in a position where she must juggle so many aspects to, as she says, "bring herself back" and keep the session going. Again, as with other participants, there is sense of professional obligation of staying firm and unmoved in turbulent waters.

3.5.2 Need to self-regulate

This subtheme describes the attempts and the need of the therapists to self-regulate and manage their reactions as part of holding the session. The overwhelming and predominantly challenging embodied reactions described in the first GET necessitated finding ways of taming the elicited responses to ameliorate the potential of burnout in the long term and provide a firm space for the client in the moment. Most of the participants explored and shared instances where they had to implement grounding techniques to contain their reactions. For some participants, managing the responses took the form of anticipating a potential threat and taking a protective stance. For example, Alexa says:

> ***"I think perhaps because of the topics are so difficult to hear about often, I sometimes perhaps detach from my body a little bit." (Alexa, p. 14, lines 121-123)***

Alexa's detachment from the body serves as way of getting less impacted. Listening to traumatic narratives can be so hard to bear that it elicits the need to detach staying more rational. There is a sense of almost numbing the body to be able to hold what the client is bringing; otherwise, it may become too intense to experience. Emma shares her experience of containing the responses:

> ***"I remember, um, um, usually nowadays I'm able to kind of contain my experiences in either after the session, I take some deep breaths, I go for a walk around the clinic, or if I'm working at home, I go for a walk outside. Um, I discuss it in supervision, but I, I tend to be able to contain it within my working space" (Emma, p. 30, lines 109-114)***

Emma refers to her ability to being able to hold her responses. Emma has developed this capacity, saying that nowadays, she can endure them during the session, after which she needs an outlet to regulate the resulting inner tension. There is a sense of having to let the elicited reaction out, whether it is through sharing with a supervisor or through physical

activity. It seems that for Emma, self-regulation happens after the session, as if she releases what has accumulated during the session. In contrast, Hope describes a situation where she finds herself self-regulating in the moment:

> ***"It was a different kind of experience, which I have not felt in any, any therapy, any, any, any kind of like, you know, sessions. And, I had to kind of like ground myself first and then I did the grounding for them and had them come back into the room" (Hope, p.49, lines 236-240)***

Hope refers to how unusual this experience was for her. The extent to which she was affected was not something that she experienced before or expected to experience. In this part, Hope referred to an experience of dissociation, which will be picked up in the subsequent themes. She used the phrase "came back to the room", referring to a state of dissociation, and describes an incident so powerful that she had to ground herself before grounding the client. This incident resonates with the analogy of putting your oxygen mask on first; Hope brings herself back to the room before she can attend to her client. The intense nature of the response that Hope refers to puts her in a position where she has to look out for herself before she can help her client. Rose describes a similar moment from her practice:

> ***"And I couldn't stay with her anymore, so I needed to use some grounding, uh, techniques […] Like, started breathing seven, you know, like the seven eleven […] This is what I was doing." (Rose, p. 76, lines 171-175)***

Rose's use of "I couldn't stay with her anymore" reflects a state of being unable to hold or bear the client's experience. It seems that the experience overtook her, reaching a threshold for what she can contain. Her attempts to ground herself reflect a need to recover her ability to be at the receiving end of their story. Again, as with other participants, there is a pervasive sense of having to recuperate and control embodied responses that can catch the therapist off balance to keep the session going.

3.5.3 Recuperating through self-care

A common thread that ran through the transcripts was restoring a capacity to contain the therapeutic sessions and release the accumulated tension. Most of the participants mentioned their awareness of being exposed to burnout and vicarious trauma more than others. There was a sense of needing to mend and heal after heavy disclosures, as if trauma work added a layer or need to restore their capacity to be able to continue their work. Compared to the previous subtheme of self-regulation, which reflected a need to deal with unexpected responses, self-care seemed to be an integral part of the participants' day-to-day lives, necessitated by the trauma presentations they worked with. For example, Maria talks about the ways she looks after herself:

> ***"I did find other ways that can be really helpful. Um, to just, yeah, look after myself while I'm working with trauma." (Maria, p. 4, lines 130-132)***
>
> ***"I also find getting physical and sweating, just as a way of getting that out." (Maria, p.4, lines 140-141)***

Maria stresses her need to find ways of looking after herself as she works with trauma, and emphasises the need to let them out, as if she needs to get rid of what has stayed with her. Alexa echoes the same need for self-soothing and care:

> ***"I use my body to soothe myself quite a lot […] Mostly in a helpful way, I hope[..]. Um, but uh, but yeah, that's, that's kind of something that quite comes quite naturally to me" (Alexa, p. 23, lines 519-522)***

Alexa explores how she uses her body to self-regulate and mentions that it is almost instinctive, requiring little effort. This resonates with the previously mentioned fear of her body being affected, which elicits the need to protect herself through distancing (subtheme 3.3.4). For Alexa, her body serves as a means and an outlet for self-regulation and care

outside the session. There is a sense that if her body gets affected in therapy, Alexa might lose her ability to recuperate after sessions. Hope sheds some light on vicarious trauma and shares how vital it is for her to take breaks to protect herself from it:

> ***"last month I had this two weeks break, had gone to a retreat and before that I, I knew that I am kind of going through that, like, you know, or at least like reaching the stage of like, you know, vicarious trauma because I was not able to eat properly, and I was like a lot of pain in my body." (Hope, p.50, lines 304-309)***

Hope describes how she reaches a state where she knows it is time for her to take a break. She describes how the tiredness manifests in her own body, affecting her day-to-day life, signalling to her that she requires a break. Self-care becomes a vital necessity in this case, which protects her from burnout and keeps her going. Rose shares her experience of deciding to take a break from working with trauma due to its profound effect on her:

> ***"if I don't take care of myself while working with trauma […] I might burn myself up out and yeah. So, it will, it will affect my, uh, mental, physical, and also psychological and social, um, yeah […] Yeah. Social, um, interactions and life as well […] Hence my desire not to work in trauma." (Rose, p. 82, lines 406-411)***

Rose shares her desire not to work with trauma anymore as she nears a state of burnout. She stresses the importance of having to recover from trauma work; otherwise, it will affect her clients adversely. Rose pulls this thread further as she highlights the importance of self-care not only for the sake of her job but for her personal life as well. She highlights the effect her work has on the other aspects of her life, which resonates with the first themes of accumulating embodied responses that seep into the therapist's life and require processing. It is through the awareness of these embodied responses and self-care that the therapist manages to stay afloat within such a demanding field of work.

3.6 GET 4: Bringing the Body In: Embodied Responses as a Therapeutic Instrument

The final GET symbolises the practical and beneficial side of the embodied experiences, which was previously described as predominantly arduous. Despite the challenges the participants described in their narratives and how they managed and made sense of their experience, the final theme presents the implementation and use of their embodied responses within the therapeutic room. The previous descriptions of overwhelming responses and the attempts to make sense of them show a gradual transition of trying to gain control over one's body and bring it into the room as a therapeutic tool. The two underlying subthemes reflect how the embodied responses of the therapist became part of a relational approach, taking the therapeutic process to greater depths and complexity.

3.6.1 Relating on a deeper level

This subtheme reflects the participants' ability to relate to their client's experience on a deeper embodied level. Most participants made sense of their embodied responses as a profound form of connecting to the client's stories. It was not just about the elicited embodied response but also about the process the practitioners went through as they navigated through their reactions within the therapeutic process. It seemed that gaining insight into what the client might have been through on a physical level created more closeness and understanding. Moreover, some participants seemed to trust their embodied responses as a mirror of the client's state. Other participants contributed the embodied reactions to intensified forms of empathy and felt that embodied responses are elicited in response to experiences that pass a certain threshold for intensity. For example, in the quote below, Maria shares her experience of reflecting on her inner state and how it affects her relationship with her client:

> ***"if you, you can share with the client how you're, how, how you feel when you're with them in the room or that, or you kind of use it as a way to reflect how they might be feeling or mm-hmm, or putting words to their experience, then they can feel more understood and the more understood they are, the closer they will feel to you as a therapist" (Maria, p. 7, line 275-281)***

Maria views her disclosures as helping the client make sense of their experience. There is a sense that by feeling or experiencing what the client might not be able to articulate, the therapist brings that out through her reaction and reflects that to the client. The understanding that builds up within the therapeutic space creates a shared sense of closeness, strengthening the therapeutic alliance. The sense of closeness and trust elicited within the client seems to be mediated by the therapist's ability to make sense of their own embodied response and reflect it, thereby adding another layer of shared understanding. Maria's use of the phrase "put words to it" seems to reflect her perception of her embodied responses, which serve as a mirror of the client's world; thereby, she can feel it and help the client make sense of it. Olivia shares the experience of creating a deeper connection:

> ***"I think it would be a bond on deeper […] you, you establish a very strong relationship with the client through that because you're more in touch in that way, you're more… you're fully in." (Olivia, p. 67, lines 372-375)***

Olivia attributes a stronger therapeutic relationship to her ability to be in touch with the client's experience through her embodied responses. Her use of the phrase "you're fully in" reflects her perception of the holistic nature of the embodied response, which allows her to be in touch with her client's experience on a deeper level. It seems that Olivia attributes a different level of engagement with the client's narrative through bodily sensations as opposed to cognitive perception. The embodied responses to Olivia seem to be a holistic way of

accessing and relating to the client's experience. Hope reiterates a similar understanding of the embodied process between her and the client:

> ***"how I understand is like, you know that it's the attunement, it's the attunement with the client. And if we connect with, uh, somebody in, at, at a kind of like, you know, not only psychological level, but also in a kind of very perceptive body level, uh, it, we can have that effect of like, you know, how, what kind of inner experience they're having." (Hope, p. 49, lines 248-253)***

Hope shares her understanding of an elicited embodied response, describing it as a form of attunement. Hope compares a bodily connection as opposed to a psychological one, attributing greater importance to relating on a physical level. It seems she views the ability to relate on a bodily level to access and gain deeper insights into the client's world. Most participants shared this understanding of embodied responses as a means of accessing a clearer perception of the client's experience. She expands on this further:

> ***"I do see it as like, you know, advantage as very helpful. Um, and understanding my own experience fully, like, you know, in a more holistic level. And also, the experience of my client in a more holistic level." (Hope, p.50, lines 290-293)***

Hope describes her embodied perception as holistic, portraying a sense of having a key to a better understanding herself and the client. In this case, the body becomes a source of knowledge and empathic relating that guides her through the therapeutic process. Alexa shares a similar experience of empathy and attunement:

> ***"Even though as you go through it, you might feel stuck or suffocated or disgusted. But then if it works and if the person feels relieved, then you kind of feel that relief with them. That lightness as well, yeah in the body." (Alexa, p.19, lines 311-314)***

Alexa expresses the level of synchronicity and empathy that she experiences with her client. Through her body, she feels the vicissitudes of her client's experience. The quote also reflects

the parallel nature of a therapeutic encounter where both the therapist and the client are engulfed in the process of meaning-making. Alexa also expresses the double-edged nature of embodied responses, where she might feel overwhelmed before she experiences a sense of relief with the client. Despite the challenges, Alexa highlights the rewarding side of her profession, where she gets to share and be part of her client's world through thick and thin. Olivia mentions another aspect of this experience in her quote:

> ***"There is this bond that forms between you and the client and feel grateful that they're sharing that with you and, um, especially I think with clients who find it difficult to disclose" (Olivia, p.70, lines 540-543)***

Olivia expresses her gratitude for being able to access her client's world. In the previous reflections on embodied responses, they were deemed as something spontaneous that the practitioner or even the client has no control over. Olivia sheds a different light on the experience by attributing a certain level of intentionality to what the therapist might be experiencing. In other words, the client plays a role in inviting the therapist to unveil their experiences. This process is also given an unconscious quality when she mentions clients who have difficulty disclosing their stories. It is almost as if the client has the power to invite the therapist to unveil their pain when verbal communication becomes toilsome.

3.6.2 Processing the unprocessed through the therapist's body

Another subtheme which emerged from the participants' narratives of their embodied responses was the sense that the participants were taking something from the clients and reprocessing it through their bodies. The subtheme started emerging at the end, throughout the final stages of the analysis, and was not apparent on the surface. Longer reflections on some of the participants' sayings made it clear that besides the element of deeper relating and almost synchronising with the client's experience, there was a sense that the therapist was

helping the client reprocess some of their experience by sensing it physically. The first quote that hinted at this underlying subtheme was when Alexa mentioned:

> ***"So, because this man was so psychologically minded and so able to reflect on things, it, I think it also helped me kinda be less impacted." (Alexa, p.18, lines 266-268).***

Here, Alexa brings an example of a complex case which left her less impacted, contrary to her expectations. She continues reflecting and attributes the client's psychological mindedness to being less affected. This insight translates into a sense that the client can alleviate some of the therapist's responses by being able to process or be more aware of their inner experience. Hope echoes this idea as she connects her sense of being overwhelmed to taking on too much from the client:

> ***"it also tells me that if I'm taking on too much, then um, am I kind of underestimating the agency or the, the resilience of my clients" (Hope, p.51, lines 336-338)***

Hope relates excessive embodied responses to underestimating the ability of the client to process their pain. The following expression reflects a sense of over-responsibility and the therapist's tendency to take her clients' experiences and help them gain a clearer picture. It is almost as if the therapist helps the client untangle their inner difficulties by gaining access to their inner world through embodied sensations. Hope shares another experience which sheds light on the complex process which goes on between her and the client as she experiences dissociation in the room in response to her client's dissociation.

> ***"I reflect that back to them and notice my own dissociation, but also, help them notice that, um, that that's, that's happening in their body or check with them, like if that's happening with them." (Hope, p.48, lines 185-188)***

Hope describes a state where she tries to make sense of what has been going on with her own body. As she makes sense, she realises that she dissociates in response to the client and reflects that state to her. Through this process, Hope experiences dissociation, makes sense of it and realises it must be the client's experience. The client seems to be unaware of her state, and Hope ends up gaining clarity about what has been going on through her own body. It seems that for Hope, the body becomes a vessel for experiencing and making sense of the client's experience. The whole experience seems to be unconscious or pre-reflective for Hope as she makes sense of it the moment it happens and checks in with the client to validate it. She goes on to affirm that her bodily sensations serve as a source of knowledge guiding the therapeutic process:

> ***"It can give a lot of knowledge about what might be happening," (Hope, p.52, lines 386-387)***

Hope mentions how her body helps her guide the therapy and figure out what might be going on, especially when the client might not be aware. The embodied responses become a significant terrain of non-verbal communication in the therapeutic space as the practitioner untangles the inner pain and navigates through the inner labyrinths of traumatic experiences. The bodily sensations seem to serve the function of a palpable source of experiential knowledge that guides the therapist through the depths of the client's traumatic experience. Olivia echoes the same experience as she explores her role in bringing the client's experience out:

> ***"Because you, you feel that sometimes, and if not, if they're not able to articulate that, you, you can articulate that with them because you are experiencing that. You share that with them. Um and, um, in a way you help them bring that out." (Olivia, p.70, lines 520-524)***

Olivia reaffirms her role in accessing the client's pain by feeling it for them. She experiences it through her body, makes sense of it, and helps the client bring it to the surface. In a way, Olivia's bodily sensations mediate the unspoken in the therapeutic room by taking on what might be unbearable for the client and reprocessing it.

3.7 Summary

The following analysis reflected the participants' experiences of their embodied responses through the stages of experiencing discomfort, sense-making, management, regulation, and finally mastering these responses as therapeutic instruments when working with trauma clients. Each group theme reflected a distinct aspect of the participants' embodied responses while interlinking with others to form a comprehensive narrative of this complex experience within therapeutic encounters.

GET 1 highlighted participants' encounters with uncomfortable and overwhelming physical sensations, with almost no way to escape. The participants expressed a sense of obligation to endure complex emotions and responses while listening to stories of human suffering. The responses had a residual quality, and often lingered, leaving the participants with a need to reprocess and self-regulate. The physical responses mirrored the intricacy of the clients' stories and the irrationality and helplessness of traumatic experiences. The theme also highlighted the feelings of apprehension that the participants felt towards traumatic disclosures, reflecting a need to anticipate or even protect themselves from what the client has been through.

GET 2 focused on the spontaneity and the intensity of physical and emotional responses. The unpredictability of the responses and the discomfort they caused required the participants to understand and make sense of their inner processes. This theme revealed confusion which required the participants to explore their embodied responses as they started working on

complex trauma cases with no prior knowledge or guidance. Participants interpreted their responses in various ways, agreeing that it reflected the stories of human tragedies they witnessed. This theme also uncovered the role of CoP training and highlighted the divergence among participants, with some noting gaps in their training, while others accentuated the importance of their professional identity in shaping their awareness of bodily responses in the room.

GET 3 symbolised the participants' attempts to self-regulate and manage the responses as they found themselves entangled with their client's stories. Building on the sense of lack of control and the attempts to make sense of overwhelming responses, participants felt a sense of obligation to tame their responses and keep them under control to avoid derailing a session and maintain a professional role. Something about overly expressing oneself or being too impacted by the clients' stories was not appropriate for the therapeutic process. This theme also highlighted the importance of self-care and finding ways to release accumulated responses to avoid potential burnout.

The **final GET** represented the positive side of the experience as participants integrated their embodied responses in therapy taking the process to greater depths and connection. The theme also symbolised the participants' capacity to bring their bodies in as guiding compasses through the tangled threads of trauma.

Chapter Four

Discussion

4.1 Overview

This chapter integrates the previously presented information by considering the analysis results within the broader context of existing theory and literature summarised in the first chapter. The study will be evaluated by exploring its limitations and relevance to the field of CoP, and suggestions for future research will be provided. Six semi-structured interviews were conducted with counselling psychologists who shared their experiences of embodied responses when working with trauma-related presentations. The interview schedule was designed to address the following research question: How do counselling psychologists experience embodied responses when working with clients who present with trauma?

An IPA analysis of the research transcripts revealed four GETS: "Caught in the net of trauma", "Making sense of the response", "Taming the response", and "Bringing the body in: Embodied responses as a therapeutic instrument". Each theme highlighted an aspect of the lived experience and branched out into subthemes, revealing the depth and the different facets of the participants' narratives. The results affirmed the findings from different research literature, highlighting the confusing and perplexing states that can be elicited when working with trauma. Moreover, the study revealed an in-depth process initiated by heavy and overwhelming embodied responses, then regulated and mastered into a therapeutic instrument.

Participants made sense of their responses in several ways, attributing them to the client's complex presentations and their relational therapeutic approach, which formed part of their professional identity as counselling psychologists. The study provided new insights revealing the participants' unpreparedness for the process they experienced. The intensity of the process

and the inner dialogue ignited by the embodied responses were underpinned by not being ready for what they faced, gradually finding ways to navigate the embodied experience. The findings provide a deeper exploration of the participants' experiences, highlighting the intricacies and complexity of the therapeutic process in a trauma context. The findings resonate with a recent theoretical framework of managing somatic countertransference suggested by Raczynska (2023), which will be highlighted in the last part of the next section. The exclusive focus on counselling psychologists allowed for an exploration of the experience considering the professional values and identity of CoP. The study provides a fresh perspective into the embodied experience of counselling psychologists in trauma contexts and reasserts the prominence of the explored phenomena.

4.2 Exploring GETS in the Context of Existing Literature

This section presents how the study findings relate to existing literature and aim to contribute to understanding the explored phenomenon. Similar to the literature review chapter, the engagement with literature will selectively highlight the most relevant studies and theories that illuminate the results. The analysis aligns with empirical findings and existing literature related to therapist's embodied responses and the impact of working with trauma clients. Each resulted group theme and subthemes will be discussed in further detail.

4.2.1 Caught in the net of trauma

The first GET highlighted the high levels of overwhelm and entanglement participants experienced as they witnessed their clients' traumatic experiences. The group theme was broken down to reflect the different facets of this experience. All participants reported a range of overwhelming physical responses, explored in the *"Overwhelming physical responses"* subtheme. This subtheme conceptualised the physical aspect of the experience, which was present in all accounts. Participants recalled memories of embodied experiences

from their clinical experience with trauma, noting a predominant sense of challenge and entanglement. These responses were not generalised towards all trauma-related cases, but were particularly intense for certain cases, described as traumas with a big "T" (Shapiro, 2001) that fit the DSM-5 criteria (5th ed.; DSM-5, APA, 2013) such as forms of sexual assaults, adverse childhood events, or military conflicts. The overwhelming experience manifested physically, with reactions like chest tightness, racing heartbeat, and headaches, sometimes mirroring the client's story, such as feeling burned or experiencing dissociation. This finding aligns with Shaw's (2003) study, which described various physical responses that therapists experience. It also aligns with Egan and Carr's (2010) exploration of the somatic countertransference scale in response to clients and studies of embodied perception (Terasawa et al., 2014).

Although the intensity of the experienced physical sensations was not highlighted in the previous studies, Stone (2006) and Figley (1995) mentioned the high levels of embodied arousal within trauma contexts and its role in vicarious traumatisation. Participants described a pervasive sense of discomfort that they had to endure. The responses mirrored the client's story, resembling a parallel process. The second subtheme, "*Responses reflecting the client's stories: A parallel process"*, highlighted the similarity of the client's embodied responses to the client's presentations. Participants often experienced physical sensations reflective of their clients' feelings due to traumatic events. This observation was pointed out by the participants; other times, it was achieved through reflection. The extent of reciprocity between the therapist and the client could explain the overwhelming discomfort therapists felt. Several studies highlighted the sense of discomfort and reciprocity therapists experience (Kokkalis, 2019; Loughran, 2002; Rumble, 2010; Shaw, 2003), although not specifically in response to trauma presentations, except for a brief mention in Merriman and Joseph's (2016) study. This observation also aligns with Martini's (2016) analytic case study, where he

explored and analysed his embodied sensations and how they resonated with one of his client's cases. These results were also consistent with Putrino et al. (2020), who described experiencing symptoms that resonated with their client presentations, such as emotional dysregulation when working with borderline personality disorders. The findings aligns with the neuroscientific bases of physical and emotional reciprocity and empathy, presented in the theories of affect contagion (Hatfield et al., 2014) and mirror neurons (Rizzolatti et al., 1996). The concept of somatic empathy explored by Rothschild (2006) also provides explanation for the parallel nature of the experienced physical sensations, where the therapist ends up feeling their client's internal state through mimicking and unconscious mirroring. These theories affirm the interconnectedness of our minds and bodies and their bidirectional interactions, which are translated into the therapy room (Gallese et al., 2013; Niedenthal et al., 2005; Porges, 2017; Taylor, 2014).

Another element underlining the response intensity was their unexpected and sometimes engulfing nature. Participants commonly reported not being ready for embodied responses and feeling confused about their origin. This finding was not present in other studies, and participants pointed out that the sensations were more confusing during their early stages of training, highlighting the importance of awareness in recognising embodied response as part of the therapeutic encounter. While several studies noted this sense of confusion (Athanasiadou, 2011; Kokkalis, 2019; Loughnan, 2002), the unpreparedness for the intensity of the responses and the resulting inner turmoil have yet to be highlighted. From a psychoanalytic perspective, these reactions could represent the therapist's inner conflicts being triggered (Lemma, 2015; Gelso & Hayes, 2007; Hayes et al., 1998). It could also be assumed that these responses could have been a representative of this sample and participants may have responded in such ways due to their own unique life experiences or attachment

styles which might have been triggered within the transference/ countertransference framework (Lemma, 2015).

The third subtheme, *"Accumulating Responses: "Leftovers" from sessions",* reflected the residual effect of the embodied responses. It seemed that the participants' work extended beyond the therapeutic room, intensifying the heaviness and intensity of their experiences. This concept did not appear in studies examining embodied responses; however, it resonates with the psychoanalytic concept of projective identification, where unbearable aspects of the self are split onto others (Klein, 1996). In this case, the therapist helps the client navigate through the fragmented and split parts of their traumatic experience. Similar concepts of residual symptoms have been described in theoretical papers within analytical psychology. For example, Godsil (2018) described a clinical case of shared symptoms of respiratory difficulties and visceral pain with one of his clients who presented with dissociative symptoms. Godsil (2018) adhered to psychoanalytic and Jungian ideas, referring to these symptoms as residues of somatic countertransference that might emerge within primitive communication and dissociation. He also added that the analyst needs to stay receptive to accessing unconscious communication despite the potential cost of their disturbance.

The final aspect of this theme was the apprehension and fear of being affected by the client's presentation. Participants expressed worries about experiencing similar symptoms if they connect through embodied responses, leading them to maintain a careful distance. Athanasiadou and Halewood (2011) and Kokkalis (2019) highlighted this need for distancing. This subtheme also aligns with the trauma transmission model suggested by Figley (1995), which underpins vicarious traumatisation and suggests that the therapist requires an identification with their client to generate an understanding of their state. Although participants did not describe their state as a vicarious trauma, they described how they felt in response to their clients.

Overall, this theme aligns with research exploring the negative consequences of working with trauma and the high risk of burnout and vicarious traumatisation (Cavanagh et al., 2020). These consequences can be damaging for both therapist and client if accompanied by a lack of awareness (Forester, 2007). The embodied responses represent a form of an unconscious affective and bodily communication, which intensifies when working with clients experiencing dissociative symptoms or communication difficulties (Forester, 2007). The parallel nature of the responses and their persistence beyond sessions can reflect the co-created therapeutic space, including somatic communication, known as intersubjectivity (Stern et al., 1985). The psychosomatic communication occurring within the intersubjective therapeutic space, can mimic the somatic affective communication that starts in infancy, as described by Meurs and Cluckers (1999) and continues into adult life, providing unconscious means of relating to others through various bodily aspects such as movements and rhythms (Dosamantes, 1992). Shaw (2004) highlighted this concept and mentioned that psychotherapy deals primarily with the intersubjective space, stressing the need to pay more attention to the therapist's body in therapy as the basis for subjectivity.

4.2.2 Making sense of the response

The second GET highlighted the process of making sense of responses marked by distressing novel experiences. The accompanying discomfort, explored in the first group theme, necessitated making sense of it. Maunders (2012) explored how therapists make sense of their responses without focusing on the embodied element. This study brought in a new perspective, highlighting the intensity and the level of unpreparedness most participants expressed regarding their embodied experience.

The first subtheme, *"Thrown in at the deep end"*, revealed the participants' unpreparedness to face the experienced phenomenon. It highlighted an inner struggle and the need to make

sense of intrusive responses. Most participants figured out how to handle these responses intuitively as they gained experience through their CoP training and practice. Previous studies, such as Athanasiadou and Halewood (2011) and Merriman and Joseph (2016), noted a lack of somatic insight and theory for therapists regarding bodily responses with trauma clients. This theme sheds light on the lack of academic coverage of embodied responses within CoP training, specifically regarding trauma work. Several participants made sense of their responses as inevitable reactions to witnessing human suffering or as a result of their relational approach, which required deeper empathy and understanding. Most participants were trained to work with trauma within their clinical placements and implemented various approaches including TF-CBT and schema therapy. Despite that, they noted the lack of training exposure to their embodied responses, necessitating an inner dialogue to navigate the process. Rumble (2010) mentioned similar findings where the participants engaged in an internal dialogue to make sense of their inner experiences.

Several participants highlighted the role supervision and personal therapy played in raising their awareness and ability to manage responses. They also agreed that embodied responses were an inevitable part trauma work. Shaw (2003) highlighted the importance of self-awareness and personal therapy in dealing with the elicited responses, while Athanasiadou and Halewood (2011) mentioned the importance of clinical supervision in dealing with somatic countertransference. This support was of critical importance for most participants in allowing them to process their experiences and figuring out ways of regulating and managing embodied responses.

Another challenge was distinguishing between client-related and personal responses. Despite the confusion, participants regarded their bodily reactions as a reliable and robust source of information. The intensity of their reactions dictated the significance of the phenomenon. Relating through the body was less desirable but more potent than a cognitive

or psychological understanding. Wahl (2003) suggested that bodily sensations are full of information and can be more significant than verbal interactions.

The second subtheme reflected the process of *"making sense through the professional identity of CoP"*. Given its values, CoP offers a holistic and relational lens towards client work (BPS, 2013; Nicholas, 2022). Counselling psychologists draw on various disciplines to provide clients with a safe, stable, and validating space (Nicholas, 2022). The relational and intersubjective focus helps deal with various levels of complexity and tune in to clients' affective experiences while also predisposing them to greater proximity. One participant noted that a relational and humanistic focus allowed her to contain discomfort when hearing stories of complex trauma despite not being technically experienced during early training stages.

This subtheme revealed the divergence within the sample, as participants completed their training in different universities and times. They also trained in varied settings and implemented different psychotherapeutic modalities, but described their approach as trauma-focused, and relational. Some felt their training validated and contextualised their experience of embodied responses, while others felt a lack of insight into embodied elements. Two participants emphasised the importance of mandatory personal therapy and clinical supervision within their training, which helped them navigate their embodied responses. Despite these differences, all the participants shared a sense of unpreparedness for what they experienced and described a gradual journey of understanding and making sense of their responses.

Additionally, a relational and subjective focus predisposed participants to deeper empathy and attunement with their clients, eliciting a sense of greater connection or sometimes entanglement. This aligns with Cooper's (2007) research on therapists' experiences of relational depth and how empathy can have a strong somatic element for practitioners, which

he described in one of his earlier papers as embodied empathy (Cooper, 2001). Since other studies have not included exclusive samples of counselling psychologists working with trauma, the following observations can be assumed to reflect the studied sample's experience. However, it can also be suggested that given the existing literature which examines the complexities of work with trauma and its embodied elements, holistic and relational work predisposes therapists to stronger responses (Ben Shahar, 2010).

4.2.3 Taming the response

This group theme reflected a shared experience of having to regulate elicited responses, as they had the potential to interfere with the therapeutic process. The three subthemes, *"Balancing on shaky ground", "Need to self-regulate",* and "*Recuperating through self-care"*, presented different aspects of the experience, ranging from the need for constant vigilance, almost imitating a state of hypervigilance, to regulating responses within sessions to maintain a therapeutic presence, and making life adjustments to incorporate self-care for recovery and replenishment. These findings align with the existing literature on vicarious trauma and the importance of self-care (Figley, 1995; Posluns & Gall, 2020; Rasmussen, 2005; Schellinski, 2013), as well as studies exploring therapists' responses to clients regardless of the presentation (Athanasiadou & Halewood, 2011; Jenkins, 2017; Kokkalis, 2019; Maunders, 2012; Shaw, 2003).

The first subtheme emerged from several participants who reported a constant need to watch out for unexpected responses or disclosure from their clients. There was a shared concern about the potential of an embodied response to "sweep the therapist off their feet" and derail the therapeutic process. Sabin-Farrell and Turpin (2003) mentioned that responses resulting from working with trauma presentations have the potential to affect the therapist's subjectivity, thereby impacting the process. This cautiousness stemmed from the need to be a steady and solid figure for the client. Several participants highlighted the necessity to

stabilise and contain as part of trauma treatment, reflecting the therapist's responsibility in holding a space perceived as vulnerable and fragile. Although not directly demonstrated in related studies, this finding aligns with theoretical assumptions about the adverse effects of working with trauma on therapists and the trauma transmission model which underpins the process of vicarious trauma (Figley, 1995; Rasmussen, 2019).

This subtheme represents an intersection between the role of the psychologist in holding the space, explained through Winnicott's (1955) concept of relational holding, and the countertransference process, replicating the client's past traumatic experiences, such as being watchful and hypervigilant, mirroring the hyper-arousal states of trauma presentations (Forester, 2007). Relational holding, rooted in the early mother-infant relationship (Slochower, 1996), provides a protective space co-created between the therapist and the client for attunement and reparation, allowing the client to re-experience and process trauma. This finding also aligns with Clarkson's (2003) therapeutic relationship model mentioned in the first chapter, where she suggests that the therapist has a reparative function, building on the therapist's capacity for emotional connection and containment. Thus, the therapist needs to hold the space and maintain a firm therapeutic ground while navigating intense embodied experiences and professional responsibilities.

The second subtheme, *'Need to self-regulate'*, reflected participants' shared experiences of having to regulate elicited responses within the therapeutic room. Several participants mentioned using grounding and breathing techniques to regulate abrupt and overwhelming responses. However, it is important to note that participants described varying intensities of reactions, possibly due to different presentation complexities or individual differences among participants. Managing these responses involved awareness and self-monitoring, aligning with Maunders' (2012) findings that therapists experience a need to manage their responses. As stated earlier, when exploring the overwhelming nature of the responses, most theoretical

perspectives view the responses as a result of therapists' inner conflicts potentially triggered by clients' material (Hayes & Gelso, 2001; Hayes et al., 1998; Lemma, 2015). This was evident in one participant's account of feeling more attuned and reactive to relatable stories. However, it can be argued that not all reactions are countertransferential. Some can be explored from the neuroscientific theory of affect contagion, where the therapist's receives communication, an aspect also explored in Shaw's (2003) study.

Based on neuroscientific theories, Rothschild (2006) explored the negative consequences of trauma work on therapists resulting from states of hypo/hyperarousal. In her book "*Help for the Helper",* (Rothschild, 2006) offers skills and techniques that can help therapists manage their levels of empathy and resonance with clients, maintaining control over how much they are affected. Such skills require mindful observation and awareness of non-verbal interactions, such as facial mimicking and mirroring (Rothschild, 2006).

This subtheme also highlights the significance of self-awareness and insight, enabling the therapist to manage elicited reactions. This aligns with Van Wagoner et al.'s (1991) five factors of managing elicited responses, including self-insight, self-awareness, therapist self-integration, and ability to manage anxiety and empathy. Participants mentioned the significance of being aware of their embodied responses and the ability to distinguish between personal and therapeutic responses, tied to the reflective nature of CoP's professional identity. Reaching an understanding and making sense of responses was facilitated through ongoing reflection. Some participants were more attuned to their bodies even before the start of their careers, while others developed this awareness through a process that they found challenging.

The third subtheme, 'Recuperating through self-care,' presented an additional layer of responsibilities participants faced as part of their trauma-related work. It focused on mitigating the negative consequences of work beyond sessions, requiring therapists to build

their capacity to work. The importance of self-care in trauma-related work is well documented (Figley, 1995; Posluns & Gall, 2020; Rasmussen, 2005; Schellinski, 2013). It has also been suggested that embodied responses serve as a starting point for vicarious trauma and paying attention to them can help anticipate burnout (Schellinski, 2013). Participants mentioned using meditations, retreats, and physical activity as part of their self-care to avoid burnout and release accumulated pressure. For some, the intensity of residual embodied responses indicated when they needed a break from work. This aligns with Schellinski's (2013) suggestions on using embodied responses to monitor wellbeing and avoid vicarious trauma. Most participants viewed self-care as an inevitable part of their lives to maintain an ethical practice and avoid burnout.

This finding reaffirms Posluns and Gall's (2020) study on the importance of taking a proactive approach to self-care among mental health practitioners. They also suggested the importance of integrating self-care into clinical training to ensure the quality of mental health services. Iqbal (2015) discussed the ethical component of trauma work with trauma, highlighting the risks of the higher rates of burnout for therapists' wellbeing and clients' outcomes. As a result, awareness and monitoring of embodied responses can serve as a component of a proactive approach to self-care, indispensable in trauma work. This finding raises ethical considerations in trauma work, emphasising the levels of responsibility and caution therapists requires to maintain their fitness to practice.

4.2.4 Bringing the body in: Embodied responses as a therapeutic instrument

The final group theme reflected the participants' ability to use their responses within the therapeutic interaction and implement them as interventions that offered deeper levels of relating and understanding of the client's experience. This finding resonated with the existing

literature suggesting the use of the therapist's body in the room. Shaw (2003) described the body as a receiver of communication, and Rumble (2010) suggested that therapists experience their bodies in relation to their client's bodies. Smaller studies, such as the ones conducted by Mayer (2015) and Sultan (2017), focusing on body-focused therapies, highlighted the role of an embodied approach in facilitating trust and healing within the therapeutic relationship. This finding also aligns with research suggesting that embodiment is a common factor in therapy which can enhance and deepen the therapeutic relationship (Paulick et al., 2018; Tschacher & Pfammatter, 2016).

The first subtheme within this section, *"Relating on a deeper level"*, focused on the importance of an embodied response in providing more profound levels of empathy and understanding of the client's experience. All participants made sense of the significance of embodied responses as forms of communication and enhanced empathy. Relating through embodied sensations was considered more potent in reflecting the client's experience. One participant mentioned how her clients described the smell or even the taste of trauma, creating a vivid way of accessing their experience. Empathy serves as the basis of any therapeutic relationship; however, it seems to be a complex process that varies in depth.

From a psychoanalytic perspective, Forester (2007) describes a kinaesthetic form of empathy, or mimesis, resulting from the therapist's body interacting with their client, distinguishing it from emotional empathy. She adds that different forms of empathy enhance and deepen the therapeutic relationship. Participants described an embodied form of empathy, highlighted in Shaw (2003) as body empathy, suggesting that therapists' responses reflect the shared affective experience of the client. This finding also aligns with Cooper's (2001) experiential perspective, where he describes empathy as a "complex, gestalt-like mosaic of her client's embodied being, that initial primal thrust of the client's experiencing as it emerges into the world." (p.223). Finlay (2015) adds that empathy and attunement are embodied

relational processes, suggesting that when clients struggle with communication, the therapist can sense more and explore meanings.

Finlay's (2015) exploration of empathy and attunement and its implementation within the therapeutic process aligns with the last finding in this study. The final subtheme, *"Processing the unprocessed through the therapist's body"*, revealed how participants used their embodied responses to help clients reprocess states that were hard to communicate. Similar findings appear in other studies, such as Shaw (2003), where he describes the therapist's body as a receiver of communication from the client, guiding the therapist in their practice. Moreover, Kokkalis (2019) highlights using embodied responses in therapy. Similar ideas were presented in Martini's (2016) case study, where he explored embodied responses from an analytical perspective, showing how they informed his therapeutic process and reflected unprocessed parts of his client's experience. This subtheme intertwined with the initial finding regarding the apprehension and the fear of being affected, as the therapist's body may serve as a vessel for reprocessing. One participant shared a transformative experience which vividly reflected this subtheme's meaning. Hope described experiencing dissociation in response to her client's dissociation, and later exploring it with the client, who was unaware of her inner process. Referring to kinaesthetic empathy mentioned earlier, Forester (2007) added that emotional and embodied empathy deepen the therapeutic bond, but can have negative consequences for the therapist when unacknowledged, especially when working with clients with traumatic experiences and dissociation.

Forester (2007) discussed embodied responses within the framework of somatic countertransference and its role in trauma work and vicarious traumatisation. She stressed the importance of building reflective capacity and awareness to tolerate and sit with the strong counter-transferential experiences pertinent to trauma work (Forester, 2007; Hedges, 2000). She added that therapists working with trauma are exposed to dissociated elements of their

client's experiences, which can be affective and physical. These dissociated aspects contribute to the countertransferential dynamic, leading to a re-enactment of the original trauma (Forester, 2007; Pearlman & Saakvitne, 1995; Schwartz, 1994; Wilson & Lindy, 1994).

This subtheme aligns with Merleau-Ponty's (1962) philosophy outlined in the first chapter. The therapist's relational and intersubjective presence offers insight into the client's embodied experience. Building on the work of Bion (1967) and Ferrari (2004), Rumble (2010) suggested that any embodied disturbances experienced by the therapist may reflect a disturbance in the client's relationship to their own body. This links with the first theme, reflecting overwhelming experiences and opening the door for implementing embodied response as therapeutic interventions.

4.2.5 Summary of findings and alignment with current trends

To summarise, the study findings are consistent with existing literature and provide deep insights into the lived experience, going beyond positivist research in suggesting that the embodied responses reflect a more complex process of therapeutic interactions. An in-depth exploration of embodied experiences within trauma revealed unique findings, highlighting the participants' unpreparedness for their embodied responses and how they navigated this process. Building on previous studies exploring therapists' embodied experiences, conducting this study in a trauma context seems to have provided reasonable grounds, as it had the potential to trigger and bring embodied responses to the surface, offering a vivid picture of the participants' experiences (Stone, 2006).

The unexpected and unanticipated nature of these responses was not highlighted in previous studies, shedding light on a challenging aspect of therapeutic practice that may be discussed less often (Elliot, 2012). The journey that unfolded from this unanticipated

encounter showed how participants faced and managed their responses while enduring the elicited discomfort. Despite these challenges, participants revealed another side of the experience, where embodied responses served as powerful therapeutic instruments, advancing their relationships with clients. This process aligns with Raczynska's (2023) new framework for managing and implementing somatic countertransference, presented in the first chapter. This framework provides means of advancing therapy, particularly where difficulty in communication and expression of internal states marks the therapeutic process. Most participants linked their strong embodied responses to a form of communication when the clients had difficulties expressing and verbalising their states.

The GETS of this study can be mapped onto three stages described by Raczynska (2023), which include pre-awareness, awareness, containing, and intervention. The first two group themes reflected noticing and enduring burdensome embodied sensations, which were later processed and made sense of, leading to the regulation and implementation of the response as a source of communication and deeper relating. Raczynska (2023) also mentions that withholding the intensity of the response and the capacity to regulate it, highlighted in the following study, sustains the connection with the client. This finding is compatible with the current study, where the participant’s ability to endure and process unanticipated responses allowed for their implementation as therapeutic instruments.

4.3 Evaluation of the Study

4.3.1 Clinical implications and contribution to CoP

The following study aims to contribute to filling a gap in the existing literature, highlighted by the need for studies examining the embodied element of the therapeutic encounter (Nyman-Salonen, 2022). It provides a rich exploration of counselling psychologists' lived experiences, offering in-depth insights into their clinical experience and

therapeutic process (Ponterotto et al., 2017). The results of this study are relevant to CoP on various levels, including training and clinical practice. CoP emphasises the importance of the therapeutic relationship (Woolfe, 2016) and is underpinned by a relational, humanistic stance that prioritises the relational use of the self within the therapeutic context (Amari, 2021). Jarman et al. (1997) noted that qualitative research is valuable when findings can be applied to clinical practice. While qualitative research does not aim to provide transferable or generalisable results, it still offers an in-depth exploration that can be informative and relevant to practitioners (Carminati, 2018).

The study aims to contribute to improving therapeutic relationships by demonstrating the potential use of embodied responses to enhance the therapeutic process. The findings align with Tschacher and Pfammatter's (2016) suggestion to consider embodiment as a common factor and a significant agent of therapeutic change and attunement. The study also provides novel insights into the experience of not being prepared to face the intensity of embodied responses, highlighting a gap in academic and clinical training previously noted in the literature (Gennaro et al., 2019). This finding emphasises the importance of focusing on self-care and the wellbeing of psychologists. Schellinski (2013) suggests that reflecting on the embodied responses during the therapeutic encounter can decrease the risk of burnout and encourage greater self-care. CoP places relational work and the therapeutic relation at its core (Woolfe, 2016), potentially predisposing counselling psychologists to stronger embodied responses and burnout.

Another implication is considering the ethics of working with trauma and the practitioner’s fitness to practice, as suggested by Iqbal (2015). This study demonstrated the challenges therapists can face when working with trauma-related presentations and the need to navigate through tedious experiences. Working with trauma cases raises the question of the risk therapists undertake and how to monitor and anticipate professional burnout before it

affects their wellbeing and, consequently, their clients' (Iqbal, 2015). The connection between embodied responses and potential burnout among professionals working with trauma necessitates more attention to this topic.

Moreover, the study's results and their alignment with the recent framework suggested by Raczynska (2023) to manage countertransference responses, highlighting the implications of this research when working with high-complexity cases where embodied responses become a form of implicit communication. Overall, the various clinical implications of this topic demonstrate the importance of incorporating more training and awareness of embodied responses within academic and clinical training.

4.3.2 Limitations

The main limitation of the following study could be attributed to the diversity of the sample. While the study was designed for qualified counselling psychologists with trauma-related clinical experience, there were no intake restrictions to their therapeutic approach or gender. CoP is not a uniting term for psychotherapeutic approaches; however, the CoP identity assumes a set of commonly shared values that bring up the importance of a relational and intersubjective focus in practice (Woolfe, 2016). It opposes Cartesian dualism and aims to diminish the gap between the mind and the body (Milton, 2010). Hence, the decision was made to interview practitioners only within the field. All participants shared a relational approach to therapy and linked their responses to their relational approach. However, it can be suggested that participants who agreed to share their experiences might have been more aware of their bodies in therapy, making the research results representative of this specific sample.

In line with IPA, the aim of the study was to explore the nuanced and subjective experiences of the participants (Smith et al., 2009). And while IPA involves smaller and more

homogenous samples to ensure depth over breadth in analysis, a slightly more diverse sample can offer a deeper, multifaceted understanding of embodied responses in trauma settings (Smith et al., 2022). The diversity of the sample, ranging from qualification experience and work settings, provides an understanding of the varied ways different professionals perceive and react to trauma, which is critical in a field where context can affect therapeutic practices (Eatough &Smith, 2006). It can also be suggested that the diversity of the sample enhances the ecological validity of the study, meaning that the findings are not confined to a narrow group and can be relevant to a broader professional audience (Yardley, 2008). Although diversity might introduce variability in responses, the use of iterative analysis allowed for a systematic exploration of data where emerging themes were continuously compared existing data. This iterative cycle ensured that the themes accurately represented the participants' experiences, providing a comprehensive understanding of the therapists' embodied responses with trauma-related presentations (Pietkiewicz & Smith, 2014; Smith et al., 2022).

The similarity of the reported experiences among the participants might suggest the universality of how embodied experiences manifest in therapeutic interactions with trauma. This suggestion can be underpinned by the theory of embodied cognition which suggests that cognitive process and fundamentally intertwined with physical states (Shapiro, 2001). It could be argued that embodied responses are deeply ingrained in the cognitive process of therapeutic interactions, transcending individual difference. Moreover, trauma theory suggests that certain reactions to trauma are instinctual and physiological making these reactions more universal triggering similar physical and physiological reactions regardless of personal background or experience (Van der Kolk, 2014). The similarity in responses could also be attributed to the professional identity of CoP which provided a framework for the participants within which they interpreted and managed their embodied responses to trauma. This could be explained through the professional identity theory which suggests that the

roles, responsibilities, and values of a profession shape the behaviours and attitudes of its members (Ibarra, 1999).

Another limitation of the study is that all the participants who responded to the invitations identified as women, despite not limiting participation based on gender. This aligns with the trend in the field of psychology in the UK where a higher proportion of women is observed with about 80% of psychologists identifying as women (BPS, 2020). The shame and vulnerability associated with the body and embodied responses mentioned earlier may have also contributed to the hesitancy of male practitioners to share their experiences (Shapiro, 1996; Totton, 2018). Gender differences in therapeutic settings are well-documented, with studies indicating that female therapists might show greater empathy and emotional attunement, which could influence embodied responses (Eaton & Bradley, 2008). Moreover, gender role theory suggests that societal expectations might influence the professional behaviours and experiences of female therapists differently than those of their male counterparts (West & Zimmerman, 1987). Thus, it is important to acknowledge that these responses may not encapsulate the experiences of male or non-binary therapists, potentially limiting the transferability of the study. In addition, time restrictions of the research process have limited the data collection period, resulting in the exclusion of male experiences that could have shed a different light on the phenomenon. This issue of embodiment and gender also appears in critiques of Merleau Ponty's (1968) work, suggesting that he has not explored his concept of the body as the primacy of all experience in light of gender differences posing issue from a feminist perspective (Grosz, 1994).

Another limitation of the study did not consider or explore the role of culture in shaping participants' perception of embodied experiences. While the sample included participants from various ethnic backgrounds, the aspect of culture did not emerge within the interview process.

4.3.3 Research quality criteria

Yardley's (2000) criteria were implemented to assess the study's quality. The criteria were briefly introduced in the methodology chapter and will be expanded upon here to explain how they were applied to the conducted research. *Sensitivity to context* was achieved through continuous engagement and extensive familiarisation with the literature related to the investigated topic, as demonstrated in the literature review. This was crucial as it provided the basis for the later analysis stages, offering a perspective on the broader context (Smith et al., 2022). Moreover, the idiographic underpinning of IPA requires sensitivity to the unique context of each participant and the unique material provided. Yardley (2000) also emphasises the importance of acknowledging power dynamics between the participant and the researcher. This issue was addressed through consistent reflexivity throughout the study's stages. (see Appendix K for Reflexivity)

Commitment and rigour were maintained by keeping a thorough attitude regarding each decision made throughout the research stages (Yardley, 2017). Adherence to Smith's (2022) framework of IPA ensured that sampling aligned with the methodology. Commitment was achieved by focusing on my engagement and immersion in the data and building my competency and research skills (Yardley, 2017). The interviews were kept informal and organic, as shown by the rich accounts provided by participants. Assessing and improving the quality of analysis was also achieved through research supervision and attending a peer IPA support group, where fellow researchers shared their understandings of selected quotations. This helped address the credibility of my analysis and interpretations and receive diverse feedback.

Transparency and coherence were achieved throughout the research process, including the write-up. Examples of the analysis process are included in the appendix. Both principles

were achieved through reflexivity throughout all the stages of research and by providing a clear outline of all stages of the research process, such as data collection and analysis. Coherence was ensured by adopting a research methodology that fit the epistemological stance and the research question guiding the process. A reflective journal was also used throughout the research process to take notes of any emerging ideas or observations. The final criterion, *impact and importance*, was achieved by demonstrating the study's utility and relevance. The study complemented the existing literature by providing novel insights into embodied responses within the therapeutic context and an in-depth understanding of the explored phenomenon, as discussed in earlier sections.

4.5 Recommendations for future research

Considering the limitations of this study, it would be beneficial to explore a more homogenous sample in terms of qualification experience, therapeutic approaches, or work settings. Such an approach could shed light on the impact of these variables in shaping therapist's experiences of embodied responses. Future research could also benefit from including male therapists to explore the potential role of gender in embodied experiences. Additionally, this study did not focus on how culture informs participants' understandings of their experiences, which is another worthy scope of exploration.

Moreover, studies exploring different client groups and presentations could also deepen and enhance our understanding of the embodied element of the therapeutic process. Given the relational and intersubjective nature of the embodied process, another potential topic to explore would be the client's perspective. Research investigating both sides of the story could further illuminate the processes underlying the therapeutic alliance.

4.6 Conclusion

This study presented a journey of investigating counselling psychologists' experiences of embodied responses when working with trauma presentations. The results offered an in-depth snapshot of a sample of counselling psychologists who worked predominantly with trauma throughout their training and qualification, describing their approach through the lens of their professional values and identity. Using an exploratory qualitative approach provided rich insights into the explored process and demonstrated the value of drawing attention to the subjective accounts of the practitioner's experiences, which remain scarce within the field. The study revealed the complexity of the embodied experiences described by the participants, generating new questions, and highlighting the significance of further research and training for future trainees. The results and implications of this study extend beyond the field of CoP and are relevant to a wide range of therapists and professionals working in trauma.

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Appendix A

Ethics Approval

School of Psychology Ethics Committee

NOTICE OF ETHICS REVIEW DECISION LETTER

For research involving human participants
BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology

Reviewer: Please complete sections in blue | **Student:** Please complete/read sections in orange

Details	
Reviewer:	**Martin Willis**
Supervisor:	**Lucy Poxon**
Student:	**Christina Mansour**
Course:	**Prof Doc Counselling**
Title of proposed study:	Exploring The Experiences of Counselling Psychologists' Embodied Responses When Working with Trauma: An Interpretative Phenomenological Analysis

Checklist
(Optional)

	YES	NO	N/A
Concerns regarding study aims (e.g., ethically/morally questionable, unsuitable topic area for level of study, etc.)	☐	☐	☐
Detailed account of participants, including inclusion and exclusion criteria	☐	☐	☐
Concerns regarding participants/target sample	☐	☐	☐
Detailed account of recruitment strategy	☐	☐	☐
Concerns regarding recruitment strategy	☐	☐	☐
All relevant study materials attached (e.g., freely available questionnaires, interview schedules, tests, etc.)	☐	☐	☐
Study materials (e.g., questionnaires, tests, etc.) are appropriate for target sample	☐	☐	☐
Clear and detailed outline of data collection	☐	☐	☐
Data collection appropriate for target sample	☐	☐	☐

If deception being used, rationale provided, and appropriate steps followed to communicate study aims at a later point	☐	☐	☐
If data collection is not anonymous, appropriate steps taken at later stages to ensure participant anonymity (e.g., data analysis, dissemination, etc.) – anonymisation, pseudonymisation	☐	☐	☐
Concerns regarding data storage (e.g., location, type of data, etc.)	☐	☐	☐
Concerns regarding data sharing (e.g., who will have access and how)	☐	☐	☐
Concerns regarding data retention (e.g., unspecified length of time, unclear why data will be retained/who will have access/where stored)	☐	☐	☐
If required, General Risk Assessment form attached	☐	☐	☐
Any physical/psychological risks/burdens to participants have been sufficiently considered and appropriate attempts will be made to minimise	☐	☐	☐
Any physical/psychological risks to the researcher have been sufficiently considered and appropriate attempts will be made to minimise	☐	☐	☐
If required, Country-Specific Risk Assessment form attached	☐	☐	☐
If required, a DBS or equivalent certificate number/information provided	☐	☐	☐
If required, permissions from recruiting organisations attached (e.g., school, charity organisation, etc.)	☐	☐	☐
All relevant information included in the participant information sheet (PIS)	☐	☐	☐
Information in the PIS is study specific	☐	☐	☐
Language used in the PIS is appropriate for the target audience	☐	☐	☐
All issues specific to the study are covered in the consent form	☐	☐	☐
Language used in the consent form is appropriate for the target audience	☐	☐	☐
All necessary information included in the participant debrief sheet	☐	☐	☐
Language used in the debrief sheet is appropriate for the target audience	☐	☐	☐
Study advertisement included	☐	☐	☐
Content of study advertisement is appropriate (e.g., researcher's personal contact details are not shared, appropriate language/visual material used, etc.)	☐	☐	☐

Decision options	
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.
APPROVED - BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES	In this circumstance, 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 at the end of this form once all amendments have been attended to and emailing a copy of this decision notice to the supervisor. The supervisor will then forward the student's confirmation to the School for its records. **Minor amendments guidance:** typically involve clarifying/amending information presented to participants (e.g., in the PIS, instructions), further detailing of how data will be securely handled/stored, and/or ensuring consistency in information presented across materials.

NOT APPROVED - MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED	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. **Major amendments guidance:** typically insufficient information has been provided, insufficient consideration given to several key aspects, there are serious concerns regarding any aspect of the project, and/or serious concerns in the candidate's ability to ethically, safely and sensitively execute the study.

Decision on the above-named proposed research study	
Please indicate the decision:	**APPROVED**

Minor amendments
Please clearly detail the amendments the student is required to make

Major amendments
Please clearly detail the amendments the student is required to make

Assessment of risk to researcher		
Has an adequate risk assessment been offered in the application form?	**YES** ☐	**NO** ☐
	If no, please request resubmission with an **adequate risk assessment.**	

If the proposed research could expose the researcher to any kind of emotional, physical or health and safety hazard, please rate the degree of risk:		
HIGH	Please **do not approve a high-risk** application. Travel to countries/provinces/areas deemed to be high risk should not be permitted and an application not be approved on this basis. If unsure, please refer to the Chair of Ethics.	☐
MEDIUM	Approve but include appropriate recommendations in the below box.	☐
LOW	Approve and if necessary, include any recommendations in the below box.	☒
Reviewer recommendations in relation to risk (if any):	Please insert any recommendations	

Reviewer's signature	
Reviewer: (Typed name to act as signature)	**Martin Willis**
Date:	**12/09/2022**
This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Ethics Committee	

RESEARCHER PLEASE NOTE

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

For a copy of UEL's Personal Accident & Travel Insurance Policy, please see the Ethics Folder in the Psychology Noticeboard.

Confirmation of minor amendments (Student to complete)	
I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data	
Student name: (Typed name to act as signature)	Please type your full name
Student number:	Please type your student number
Date:	Click or tap to enter a date
Please submit a copy of this decision letter to your supervisor with this box completed if minor amendments to your ethics application are required	

Appendix B

Ethics Amendment Approval Form

School of Psychology Ethics Committee

REQUEST FOR AMENDMENT TO AN ETHICS APPLICATION

For BSc, MSc/MA and taught Professional Doctorate students

Please complete this form if you are requesting approval for proposed amendment(s) to an ethics application that has been approved by the School of Psychology

Note that approval must be given for significant change to research procedure that impact on ethical protocol. If you are not sure as to whether your proposed amendment warrants approval, consult your supervisor or contact Dr Trishna Patel (Chair of School Ethics Committee).

How to complete and submit the request	
1	Complete the request form electronically.
2	Type your name in the 'student's signature' section (page 2).
3	When submitting this request form, ensure that all necessary documents are attached (see below).
4	Using your UEL email address, email the completed request form along with associated documents to Dr Trishna Patel: t.patel@uel.ac.uk
5	Your request form will be returned to you via your UEL email address with the reviewer's decision box completed. Keep a copy of the approval to submit with your dissertation.
6	Recruitment and data collection are **not** to commence until your proposed amendment has been approved.

Required documents	
A copy of your previously approved ethics application with proposed amendment(s) added with track changes.	**YES** ☒
Copies of updated documents that may relate to your proposed amendment(s). For example, an updated recruitment notice, updated participant information sheet, updated consent form, etc.	**YES** ☒

A copy of the approval of your initial ethics application.	**YES** ☒

Details	
Name of applicant:	**Christina Mansour**
Programme of study:	**Professional Doctorate in Counselling Psychology**
Title of research:	Exploring the Experiences of Counselling Psychologists' Embodied Responses when Working with Trauma: An Interpretative Phenomenological Analysis.
Name of supervisor:	**Dr. Lucy Poxon**

Proposed amendment(s)

Briefly outline the nature of your proposed amendment(s) and associated rationale(s) in the boxes below

Proposed amendment	**Rationale**
Change Sampling Eligibility Criteria to Fully Qualified Counselling Psychologists with One Year Post Qualification Experience instead of Fully Qualified Counselling with two years of post-qualification experience.	To allow recruiting more participants at this stage. Moreover, after conducting several interviews with psychologists with varying years of post-qualification experience, the criterion seems less relevant to the research study question.
Proposed amendment	Rationale for proposed amendment
Proposed amendment	Rationale for proposed amendment
Proposed amendment	Rationale for proposed amendment

Confirmation

Is your supervisor aware of your proposed amendment(s) and have they agreed to these changes?	**YES** ☒	**NO** ☐

Student's signature

Student: (Typed name to act as signature)	**Christina Mansour**
Date:	**13/06/2023**

Reviewer's decision		
Amendment(s) approved:	**YES** ☒	**NO** ☐
Comments:	Please enter any further comments here	
Reviewer: (Typed name to act as signature)	**Trishna Patel**	
Date:	**14/06/2023**	

Appendix C

Invitation Email

Dear x,

I hope this email finds you well. I am a second year DPsych student at the University of East London, and I am conducting a qualitative research study as part of my Professional Doctorate in Counselling Psychology degree.

***Title of the study**: Exploring the experiences of Counselling Psychologists' embodied responses when working with trauma: An Interpretative Phenomenological Analysis*

***The purpose of the study**: To date, there has been very little research exploring the experiences of counselling psychologists' embodied responses when working with trauma. I am interested in exploring your experience of embodied responses in the context of working with trauma clients as a counselling psychologist. Studies suggest that specific clinical presentations such as trauma can intensify the embodied experiences of the therapists and that listening to traumatic experiences may facilitate significant physical and emotional responses that may interfere with the therapist's work. Moreover, vicarious traumatisation and higher rates of burnout amongst therapists working with trauma have also been linked to experienced physical responses. Exploring this topic can potentially inform and contribute to counselling psychology on various levels, including therapeutic practice, training, and professional development.*

I am looking for fully qualified counselling psychologists with one year of post-qualification experience or more who have worked with trauma. You will be asked to participate in an online semi-structured interview which will take about one hour of your time. The interview will be conducted and recorded online via Microsoft Teams, and you will be asked to reflect on your experience of embodied responses when working with trauma clients from your clinical practice.

If you are interested in taking part or if you would like further information, please contact:

Christina Mansour- Counselling Psychologist In-Training
University of East London
Email: u1312383@uel.ac.uk

Appendix D

Invitation Leaflet

RESEARCH PARTICIPANTS NEEDED!

University of East London

TITLE: *EXPLORING THE EXPERIENCES OF COUNSELLING PSYCHOLOGISTS' EMBODIED RESPONSES WHEN WORKING WITH TRAUMA: AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS*

***Purpose of the Study**: I am interested in exploring your experience of embodied responses in the context of working with trauma. Studies suggest that clinical presentations such as trauma can intensify the embodied experiences of the therapists and facilitate significant physical responses that may interfere with the therapist's work. Moreover, vicarious traumatisation and burnout have also been linked to experienced physical responses. Exploring this topic can potentially contribute to Counselling Psychology on various levels, including therapeutic practice and training.*

***Eligibility Criteria:** Fully qualified counselling psychologists with one year of experience or more who have worked with trauma.*

What would the study Involve?

You will be asked to participate in an informal online interview via MS Teams which will take about one hour of your time. If you are interested in taking part or if you would like further information, I would love to hear from you!

Researcher: Christina Mansour, Trainee Counselling Psychologist

Email: *u1312383@uel.ac.uk*

Appendix E

Reflections On Methodology

E.1 Reflections on amending inclusion criteria

As I started the recruitment phase, I did not anticipate experiencing challenges. During the study planning stages, I assumed that the participant group would be easy to access; however, this was not the case. After sending countless invites on websites, I noticed a greater response and feedback from participants who were newer graduates who did not fit my criteria of experience at the very beginning. Psychologists interested in embodiment or those who worked predominantly within complex trauma settings were also more responsive. I attributed these challenges to the topic of embodied response or perception being ambiguous, and only people who had a particular interest in the field were more likely to be willing to participate in the interview. Another challenge was being an insider to the profession and working predominantly within trauma settings. I avoided recruiting psychologists who knew me personally or professionally to avoid any conflict of interest and affect the interview process. Introducing the amendment and rethinking the intake criteria has also made me reflect on the subject and how it is perceived within the professional field, which, indirectly, reflected the existing gap and the concept of embodiment as something quite abstract and hard to capture and reflect on.

E.2 Reflections on conducting interviews

The process of conducting the interviews was both challenging and exciting. The first challenge that I experienced was with conducting the interview itself. It was my first experience conducting qualitative interviews, and it was not easy to bracket my counselling skills and focus mainly on asking phenomenological and open-ended questions without

jumping to summarise and reflect on what the participant has said, especially during moments of silence. As I re-read my interviews, I noticed closed questions that might have been leading and paid close attention to that during my analysis process to ensure that I was not introducing or leading on to a particular theme or idea. It also took a lot of effort not to disclose personal experiences during the interviews, and there were instances when I did so. As an insider to the profession and the topic and having spent most of my training years in complex trauma settings, a lot of what the participants were sharing was very relatable, and there was a strong sense of shared experience with them. Another challenge was the dynamic of the interviews where, especially before the start, I was hesitant to interview experts within the same professional field, and there was a fear of being tested. Contrary to my assumptions, I noticed this hesitancy within my participants; some expressed reluctance of not knowing if they answered my question at the end of their reply. Moreover, few participants commented on not having read enough on the topic before the start of the interview. As I reflected on that after each interview, I attributed that to the topic, which may seem too abstract, ambiguous, or even taboo. I found the participant's accounts very rich and reflective of what I experienced in my clinical training. Despite being an insider, there was also a sense of getting access to insightful accounts of experience, which prompted further thinking and reflection about my own perception and understanding of the topic.

As I started conducting the literature review and exploring the topic, my focus and research enquiry focused on how counselling psychologists make sense of their embodied responses. When mentioning the word embodied, I immediately thought of a physical response despite using a holistic definition of the term, which referred to a holistic perception and integration of the body and the mind. Only at the point of conducting the interviews did I realise that my perception or understanding of the term was also split and dualistic. When interviewing the participants, I realised that several participants referred to emotions as embodied experiences.

At a particular stage, I considered rephrasing some of my questions to physical responses rather than embodied ones. It was not until later that I realised that by focusing exclusively on physical perception, I was separating the body from the mind and, as a result, minimising the importance of an embodied perception which is never achieved through a separated physical or psychological perception, but rather through an integration of both elements which transcends the parts of the phenomenon. Reading the interviews and reflecting has helped me understand that participants were describing a particular state triggered within the therapeutic context where a client was disclosing narratives of a traumatic nature. Participants presented accounts of their bodily awareness within the therapeutic contexts with their clients.

E.3 Reflections on exploratory noting

The initial step of immersing myself in the data started during transcription as I listened to the audio recordings several times. Exploring the first transcript was quite challenging; I felt overwhelmed by the need to distinguish between the different types of notes. However, the process became more manageable as I allowed myself to take notes of anything that stood out to me without thinking about any category. Reading the transcripts over and over and taking breaks in between has helped me distinguish between the different types of comments and switch between more descriptive and interpretative notes as I approached the transcript with a clear mind allowing me to bracket my assumptions and approach the data with more of a phenomenological lens.

Appendix F

Participants' Descriptions

Maria

Maria is a counselling psychologist with nine years of experience in the field. She had completed a professional doctorate in counseling psychology and had extensive experience working with trauma-related issues, particularly sexual abuse and violence in adult females. Maria had trained in various settings, including the NHS, charitable organizations, and private practice, gaining most of her experience through her course, clinical placements, and clinical supervision. She described her therapeutic approach as trauma-informed and integrative, drawing on existential, psychodynamic, and cognitive-behavioral therapies to tailor her methods to the individual needs and goals of each client. Maria responded to the research advertisement online, and at the time of our interview, was working at a charity organization alongside a private practice. When asked why she agreed to be interviewed, she mentioned that embodied responses played a significant role in her therapeutic work with trauma. However, she also noted that the concept of embodiment was challenging to grasp and required continuous reflection.

Alexa

Alexa is a counselling psychologist and had been practicing for six years. She described her approach as rooted in TF-CBT and psychodynamic approaches, which she was trained in during her CoP training across different clinical placements within the NHS. Alexa completed a professional doctorate in CoP and worked with trauma-related cases in secondary-trauma settings, including adults with complex trauma and PTSD resulting from sexual abuse, political persecution, and war conflicts. Alexa was referred by a colleague and, at the time of our interview, Alexa was working in a secondary-trauma NHS setting in addition to private practice. When asked why she agreed to participate in the research, she mentioned that she wanted to reflect on and explore the topic of embodiment in therapy. She added that she was not well-informed about it and would like to explore it through our interview, as it is something she is willing to integrate more into her practice with clients.

Emma

Emma is a counselling psychologist who responded to my research advertisement through a counselling directory website. She has been practicing for about two years and started working with trauma-related presentations early during her CoP training. Emma completed a professional doctorate in CoP, which had strong humanistic and relational underpinnings, and was trained in schema therapy during her NHS placements. She mentioned that 95% of her caseload are adults with complex PTSD, mostly related to sexual abuse and developmental trauma. She described her approach as schema-informed, implementing schema-informed CBT or pure schema work. Emma added that she has recently completed EMDR training. At the time of our interview, Emma was working in a secondary care service within the NHS, alongside her private practice. When asked why she agreed to participate, Emma mentioned that the topic aligns with her research interests and that she believes the embodied aspect of therapeutic interaction is not discussed enough. She referred to trauma work as her "bread and butter," and added that there are not many research studies focused on the felt senses of therapists within therapeutic interactions.

Olivia

Olivia is a counselling psychologist with about six years of post-qualification experience who was recruited through LinkedIn. She completed a professional doctorate in CoP, and described her approach as integrative, drawing on CBT, psychodynamic, and person-centered approaches. Olivia works predominantly with adults who present with trauma-related presentations, mostly with victims of sexual abuse and addictions, and has experience of working with eating disorders. She gained her experience while working within NHS services during her training and, at the time of our interview, was working in private practice with a wide range of presentations including anxiety, depression, and complex trauma. Olivia mentioned that she agreed to participate in the interview to share her experience of embodied responses, which she encountered frequently throughout her work with trauma-related cases especially at the beginning of her training.

Hope

Hope is a counselling psychologist and has been practicing in the field for about 1.5 years. She described her approach as integrative, relying on various methods including TF-CBT, mindfulness-based approaches, and compassion-focused therapy. Hope completed a

professional doctorate in CoP and gained her experience with TF-CBT during her clinical placements within the NHS. Alongside her CoP training, Hope also completed training in narrative exposure therapy. Referred by a colleague, she expressed a keen interest in embodiment and its application in therapy with her clients. She emphasized how much she relies on both her clients' bodies and her own as sources of implicit information and relational processes within therapy. At the time of our interview, Hope was working in an NHS secondary care service, predominantly with trauma-related cases in adults. When asked why she agreed to participate, she mentioned that the topic resonates with her research interests and that she had several memorable embodied experiences within her practice that she wanted to share.

Rose

Rose is a counselling psychologist who responded to the online research advertisement to participate in the study. She completed a professional doctorate in counseling psychology and has been qualified for about three years. Rose gained her experience working with trauma through her NHS clinical placements, where she was trained in TF-CBT and ACT. She mentioned working with a wide range of clinical presentations related to complex trauma, such as sexual abuse, domestic violence, bereavement, and chronic pain management. At the time of our interview, Rose was working in a secondary care service within the NHS, alongside a private practice. When asked why she agreed to participate, she mentioned that she had several memorable experiences in her clinical practice and felt that the impact of trauma work on the therapist was not highlighted enough. Rose was very enthusiastic about the topic and expressed the strong impact that trauma work had on her and shared her desire to take a break from work due to experiencing symptoms similar to burnout.

Appendix G

Interview Schedule

The interview will be semi-structured and will include approximately 6-10 questions. It will start with warm-up questions and inquiring about the participant's experience of working with trauma. To help facilitate the process, the participants might be asked to bring in a memorable case from their therapeutic practice that may have elicited embodied responses and how it may have affected them and the course of therapy. The structure of the interview will be flexible, and the following questions will guide the interview:

1. What prompted to you participate in this research?
2. Can you tell me about your experience working with trauma presentations?
3. Can you tell me about your understanding of embodied responses?
4. Can you tell me about your experience of embodied responses with trauma clients in your clinical practice? (Prompt: Ask about a specific case from clinical practice which might have been memorable or the most memorable response)
5. How do you understand your embodied experience or response to a trauma client?
6. Has your understanding/experience of embodied responses been affected, if at all, by your professional identity as a counselling psychologist?
7. How, if at all, do you think your experience of embodied responses affects your therapeutic process with trauma clients?
8. Can you tell me if your understanding/experience of embodied responses has changed with time?
9. Would you like to add other comments before we end the interview?

Appendix H

Participant Information Sheet

Exploring the experiences of Counselling Psychologists' embodied responses when working with trauma: An Interpretative Phenomenological Analysis

Contact person: Christina Mansour
Email: u1312383@uel.ac.uk

You are being invited to participate in a research study. Before you decide whether to take part or not, please carefully read through the following information which outlines what your participation would involve. Feel free to talk with others about the study (e.g., friends, family, etc.) before making your decision. If anything is unclear or you have any questions, please do not hesitate to contact me on the above email.

Who am I?

My name is Christina Mansour. I am a postgraduate student in the School of Psychology at the University of East London (UEL) and am studying for a Professional Doctorate in Counselling Psychology. As part of my studies, I am conducting the research that you are being invited to participate in.

What is the purpose of the research?

I am conducting research into exploring and understanding of the subjective experiences of counselling psychologists in attending to their embodied responses when working with trauma clients. To date, there has been very little research exploring this topic. Studies suggest that specific clinical presentations such as trauma can intensify the embodied experiences of the therapists and that listening to traumatic experiences may facilitate significant physical and emotional responses that may interfere with the therapist's work. Moreover, vicarious traumatisation and higher rates of burnout amongst therapists working with trauma have also been linked to experienced physical responses. Exploring this topic can potentially inform and contribute to counselling psychology on various levels, including therapeutic practice, training, and professional development.

Why have I been invited to take part?

To address the study aims, I am inviting Counselling Psychologists to take part in my research. If you are a fully qualified counselling psychologist with at least of year of post-qualification experience in the field who has the experience of working with trauma, you are eligible to take part in the study. It is entirely up to you whether you take part or not, participation is voluntary.

What will I be asked to do if I agree to take part?

If you agree to participate, you will be invited to attend an online semi-structured informal interview via Microsoft Teams which will be recorded. The interview will take about one hour of your time, and you will be asked to reflect on clinical cases of working with trauma clients from your clinical practice, focusing particularly on the elicited embodied responses.

Can I change my mind?

Yes, you can change your mind at any time and withdraw without explanation, disadvantage, or consequence. Participation is voluntary and if you choose to withdraw from the interview or not participate, you can do so at any point of the study. Separately, you can also request to withdraw your data from being used even after you have taken part in the study, provided that this request is made within 3 weeks of the data being collected (after which point the data analysis will begin, and withdrawal will not be possible). If you withdraw, your data will not be used as part of the research.

Are there any disadvantages to taking part?

It is not anticipated that you will be adversely affected by taking part in the research, and all reasonable steps have been taken to minimise distress or harm of any kind. Nevertheless, it is possible that your participation – or its after-effects – may be uncomfortable in some way**.**

How will the information I provide be kept secure and confidential?

All the collected personal information will be anonymised and kept strictly confidential. Recorded interviews will be saved on OneDrive under pseudonyms and identifiers to protect the identity of the participants. All collected information will be stored under protected passwords. Collected data will be shared in an anonymised from, and you will not be able to be identified or identifiable in any of the produced reports or transcripts. The data of each study participant will be identified with the help of a unique identifier, and it will be completely anonymised and scrambled before sharing. The details of the unique identifier will be held securely with the researcher, and there will be no such information in the shared data which will disclose the identity of the participant. The anonymised interview transcripts and the related data will not be shared with the general public; however, this data will be shared with research supervisor to monitor the analysis and interpretation process through secure UEL emails. Full anonymised transcripts might also be shared with the examiners for examinations purposes only. Examples of the analysed sections of the transcripts will be partially shared in the appendices section of the written thesis.
Recorded interviews, transcripts, analysis, and notes will be securely stored following the end of the assessment submission. Data will be deposited as soon as is practicable after the

completion of the research, and as stated by the guidelines of the British Psychological Society, the data will be kept for five years following the completion of the study. Personal details of the participants will be kept securely stored with the researcher in case they choose to receive a summary of the research following its completion.

It is also important to mention that all confidentiality will be subject to legal and ethical practice constraints. For example, disclosing anything that raises the researcher's legal duty to report and disclosing serious or life-threatening risks to self or others may lead to a breach of confidentiality.

For the purposes of data protection, the University of East London is the Data Controller for the personal information processed as part of this research project. The University processes this information under the 'public task' condition contained in the General Data Protection Regulation (GDPR). Where the University processes particularly sensitive data (known as 'special category data' in the GDPR), it does so because the processing is necessary for archiving purposes in the public interest, or scientific and historical research purposes or statistical purposes. The University will ensure that the personal data it processes is held securely and processed in accordance with the GDPR and the Data Protection Act 2018. For more information about how the University processes personal data please see www.uel.ac.uk/about/about-uel/governance/information-assurance/data-protection

What will happen to the results of the research?

The research will be written up as a thesis and submitted for assessment. The thesis will be publicly available on UEL's online Repository. Findings will also be disseminated to a range of audiences (e.g., academics, clinicians, public, etc.) through journal articles, conference presentations, talks, magazine articles, blogs. In all material produced, your identity will remain anonymous, in that, it will not be possible to identify you personally.

You will be given the option to receive a summary of the research findings once the study has been completed for which relevant contact details will need to be provided.

My Director of Studies, Dr. Lucy Poxon, and I will securely store the anonymised research data for a maximum of 5 years, following which all data will be deleted.

Who has reviewed the research?

My research has been approved by the School of Psychology Ethics Committee. This means that the Committee's evaluation of this ethics application has been guided by the standards of research ethics set by the British Psychological Society.

Who can I contact if I have any questions/concerns?

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Christina Mansour
Email: U1312383@uel.ac.uk

If you have any questions or concerns about how the research has been conducted, please contact my research supervisor ***Dr. Lucy Poxon***. School of Psychology, University of East London, Water Lane, London E15 4LZ,
Email: ***L.Poxon@uel.ac.uk***

or

Chair of School Ethics Committee: Dr Trishna Patel, School of Psychology, University of East London, Water Lane, London E15 4LZ.
(Email: t.patel@uel.ac.uk)

Thank you for taking the time to read this information sheet

Appendix I

Consent Form

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Exploring the experiences of Counselling Psychologists' embodied responses when working with trauma: An Interpretative Phenomenological Analysis

Contact person: Christina Mansour
Email: U1312383@uel.ac.uk

	Please initial
I confirm that I have read the participant information sheet dated XX/XX/XXXX (version X) for the above study and that I have been given a copy to keep.	
I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
I understand that my participation in the study is voluntary and that I may withdraw at any time, without explanation or disadvantage.	
I understand that if I withdraw during the study, my data will not be used.	
I understand that I have 3 weeks from the date of the interview to withdraw my data from the study.	
I understand that the interview will be recorded using Microsoft Teams.	
I understand that my personal information and data, including audio/video recordings from the research will be securely stored and remain confidential. Only the research team will have access to this information, to which I give my permission.	
It has been explained to me what will happen to the data once the research has been completed.	
I understand that short, anonymised quotes from my interview/group level data may be used in material such as conference presentations, reports, articles in academic journals resulting from the study and that these will not personally identify me.	
I would like to receive a summary of the research findings once the study has been completed and am willing to provide contact details for this to be sent to.	
I agree to take part in the above study.	

Participant's Name (BLOCK CAPITALS)

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Participant's Signature

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Researcher's Name (BLOCK CAPITALS)

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……

Researcher's Signature

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Date

……..……
……

Appendix J

Participant Debrief Sheet

PARTICIPANT DEBRIEF SHEET

Exploring the experiences of Counselling Psychologists' embodied responses when working with trauma: An Interpretative Phenomenological Analysis

Thank you for participating in my research study on *Exploring the experiences of Counselling Psychologists' embodied responses when working with trauma*. This document offers information that may be relevant in light of you having now taken part.

How will my data be managed?

The University of East London is the Data Controller for the personal information processed as part of this research project. The University will ensure that the personal data it processes is held securely and processed in accordance with the GDPR and the Data Protection Act 2018. More detailed information is available in the Participant Information Sheet, which you received when you agreed to take part in the research.

What will happen to the results of the research?

The research will be written up as a thesis and submitted for assessment. The thesis will be publicly available on UEL's online Repository. Findings will also be disseminated to a range of audiences (e.g., academics, clinicians, public, etc.) through journal articles, conference presentations, talks, magazine articles, blogs. In all material produced, your identity will remain anonymous, in that, it will not be possible to identify you personally.

You will be given the option to receive a summary of the research findings once the study has been completed for which relevant contact details will need to be provided.

Anonymised research data will be securely stored by my research supervisor, Dr. Lucy Poxon, for a maximum of 5 years, following which all data will be deleted.

What if I been adversely affected by taking part?

It is not anticipated that you will have been adversely affected by taking part in the research, and all reasonable steps have been taken to minimise distress or harm of any kind. Nevertheless, it is possible that your participation – or its after-effects – may have been challenging, distressing or uncomfortable in some way. If you have been affected in any of those ways, you may find the following resources/services helpful in relation to obtaining information and support:

British Psychological Society (BPS)

Website: http://www.bps.org.uk/

British Association for Counselling and Psychotherapy (BACP)

Website: http://www.bacp.co.uk/

Who can I contact if I have any questions/concerns?

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Christina Mansour

Email: U1312383@uel.ac.uk

If you have any questions or concerns about how the research has been conducted, please contact my research supervisor ***Dr. Lucy Poxon*** School of Psychology, University of East London, Water Lane, London E15 4LZ,

Email: L.Poxon@uel.ac.uk

or

Chair of School Ethics Committee: Dr Trishna Patel, School of Psychology, University of East London, Water Lane, London E15 4LZ.

(Email: t.patel@uel.ac.uk)

Thank you for taking part in my study

Appendix K

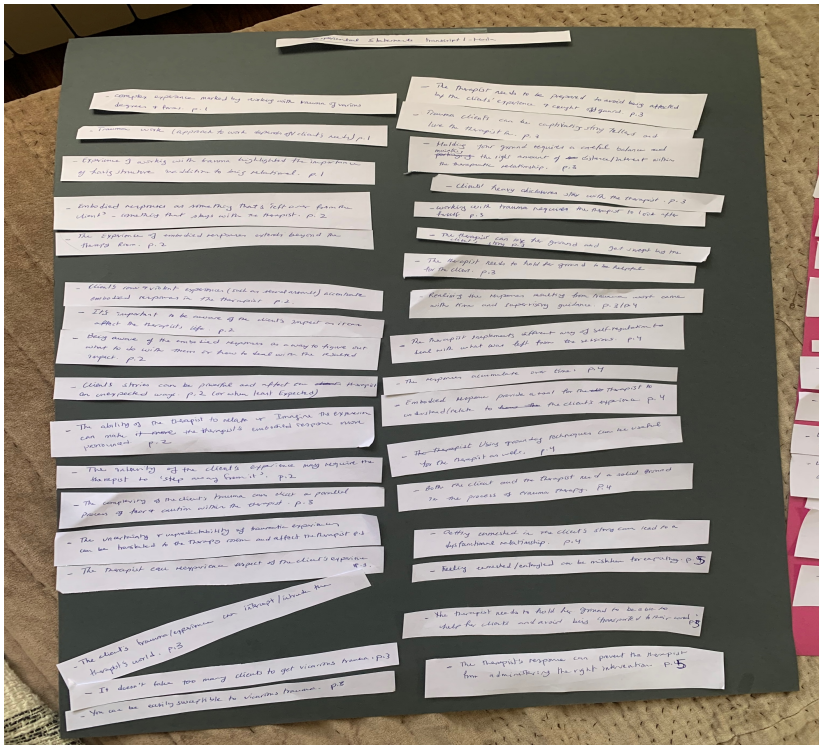
Example Analysis Process

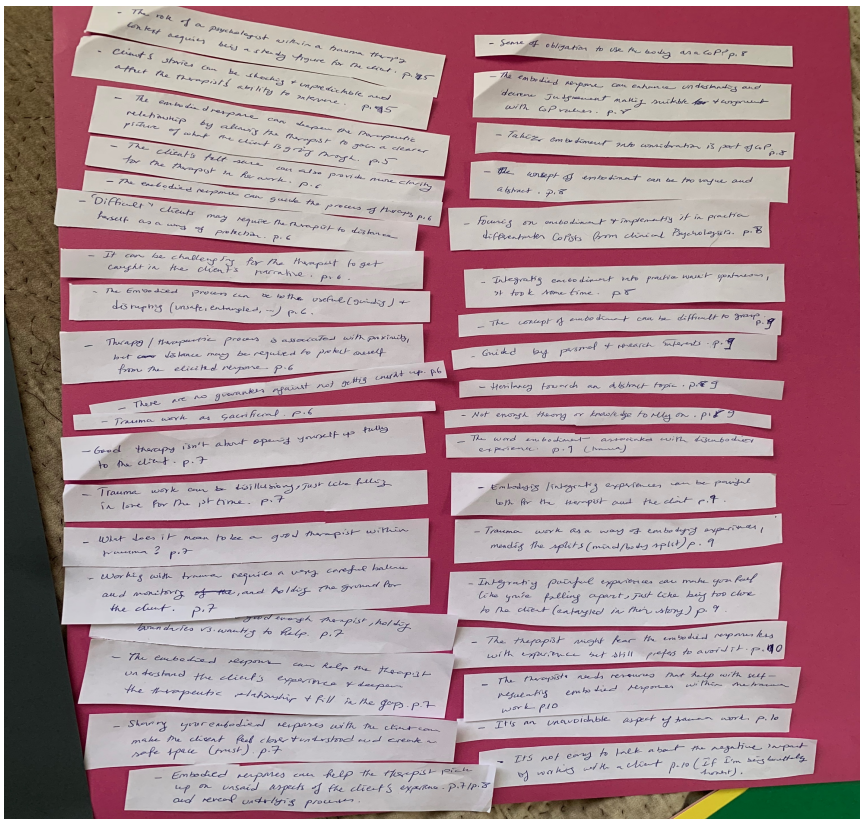
Experiential Statements	**Transcript** P: Participant, ***R: Researcher***	**Exploratory Notes**
Intense responses to horrendous experiences as part of being human. Reponses to clients as part of not being a blank slate. Being a sensitive and empathic person makes you more susceptible to elicited responses. Recognising responses as one's own stuff that needs to be contained. Being more aware of the responses makes them more manageable. Need to assess the origin of the response to assess	**P:** Mm-hmm. So how I make sense of, I guess, my own experiences. mm. Yeah. I think like the best way, I think the first thing I recognize is like, I'm just human. I'm not, I'm not a robot. I can't just kind of, yeah, hear some really horrendous experiences and have the client in front of me and imagine that client as that child, for example, with, um, again, with schema therapy work, you do a lot of, um, kind of work with the, the inner child or their little parts. So, I try to, when I work with them, I try to see that little part of them. ***Mm-hmm***. I try to see them as that little child. So, it's sometimes I guess I feel like, well, I'm just human, so of course I'm gonna be impacted by that. So, it just makes me, I guess, understand that yeah, I'm not this blank slate that's not affected by what's going on with my, uh, for my clients. ***Mm-hmm.*** Um, and, and I recognize it personally. I am. Um, quite a, a sensitive person. ***Mm-hmm***. Um, by nature as well. So, I know that I, even before I ever started studying psychology, I would empathise quite strongly mm-hmm with other people. Mm-hmm. Like if I would see a commercial that was maybe, I know there was like a, a stray dog, I would start crying and I guess I'm just like a very, um, I, I feel quite strongly, so I think that's part of me explaining myself. Well, of course I'm gonna be impacted by that. ***Mm-hmm.*** Um, but what helps me, I guess, be a bit more contained in the session is again, like I said, like knowing that, okay, well that's my own stuff. ***Mm-hmm.*** Um, and, and thinking, oh, is this, is this helping in any way my client to see	Making sense of her experience; "I'm just human" Intense horrendous experiences Anyone will be affected I am not this blank slate Making sense of the response through the used modality-schema therapy Making sense of the experience through personal qualities (I am quite sensitive) Being impacted more strongly as a result of strong empathy. It impacts me Assessing the origin of these responses What's mine? What's the client's? Recognising one's own response makes it more manageable and easier to contain within the session.

the usefulness of sharing it with the client. The therapist's response can have the power of derailing the session If the therapist is impacted, their ability to help the client might be affected. Responses as part of being human/ vulnerable underneath an outer expertise. Containing/holding the session as part of being the psychologist/expert.	this? And, and if I assume that no, actually this would be just taking away from the client's process. ***Mm-hmm***. This would be just maybe derailing even the session. I am, I am able in that moment be like, okay, park that for later. And like I said, maybe then during the break I have a cry, or I go for a walk with my dog. But, um, I guess in the session, I'm just aware that like, yeah, I am a practitioner. ***Mm-hmm.*** I'm the psychologist here in front of this client and I'm here to help them, to help witness their story, to help them contain that, to help them make sense of it. ***Mm-hmm.*** Uh, but underneath it all, I'm just human and, and yeah. Some of the stories that you hear, it's really, I think it would be really difficult for anyone to not be affected by them. Yeah. Mm-hmm. Um, so I think that's how I make sense of them. Yeah. It's just that I'm just human. Yeah. uh mm-hmm.	Assessing the usefulness of sharing the response with the client. Therapist's responses derailing the session. Responsibility? Expertise? Emma making sense of her role as a psychologist Holding it together expertise not vulnerability If I get impacted, I might not be able to help the client? Being human is vulnerable (need to hide?)

Appendix L

Initial Scattering of Experiential Statements





Appendix M

PETS Table

Participants	PETs	Subthemes
Maria	A. EMBODIED RESPONSES IN THE THERAPY ROOM AND BEYOND	Embodied responses stay with Maria after the session
		Embodied responses accumulate over time
		Embodied responses weigh heavy on the therapist
	B. EMBODIED RESPONSES MIRRORING INNER PROCESSES	Embodied responses reflecting the client's story
		Embodied responses reflecting the therapeutic process
	C. EMBODIED RESPONSES CAN BE INTENSE AND OVERWHELMING	Need to step away from the embodied experience
		Losing oneself in the process of rescuing
	D. NEED TO SELF-REGULATE AND PROCESS ELICITED RESPONSES	Importance of being aware of the embodied responses
		Managing what is 'left over' from the sessions
		Importance of Self-care
	E. BALANCING ON SHAKY GROUND	Need to hold a steady ground in therapy
		Need to watch out/ Prepare for unexpectedly heavy disclosures
		Being a good enough therapist/From rescuer to helper
		Embodied responses can be a helpful tool in therapy

	F. EMBODIED RESPONSES: A DOUBLE- EDGED SWORD	**Embodied responses can sweep the therapist off her ground**
		Therapist's overwhelming responses can affect her ability to intervene
	G. GRASPING THE CONCEPT OF EMBODIMENT THROUGH EXPERIENCE AND PROFESSIONAL IDENTITY	**Embodiment as abstract and experiential**
		Embodied responses fitting with CoP Identity
Alexa	**A. DETACHING FROM THE BODY AS A PROTECTIVE MECHANISM**	**Overpowering bodily experiences**
		Detaching as a way of staying rational in the session
		Controlling and protecting herself from strong embodied responses
	B. APPREHENSION TOWARDS TRAUMA: FEAR OF CONTAMINATION?	**Fear of her body being adversely affected by the disclosure**
		Experiencing sensations of disgust and aversion towards difficult disclosures
		Fear of experiencing the same difficulty as the client
	C. EMBODIED REFLECTIONS AS PART OF COUNSELLING PSYCHOLOGY IDENTITY	**Reflective knowledge**
		Not enough space for reflection within clinical settings
		Missing part of her CoP training
	D. MAKING SENSE OF THE EMBODIED RESPONSE	**Figuring out the origin of the response/ What's mine and what's the client's?**
		Embodied responses are understood through experience
		Figuring out the function of the responses
		Ambivalence towards embodied responses
	E. BEING HELD HOSTAGE OF ONE'S OWN EMBODIED RESPONSES	**The unpredictability of an embodied response**
		Being entangled in the client's narrative
		Embodied responses mirroring the client's stuckness
	F. A PARALLEL PROCESS: IDENTIFYING WITH THE CLIENT THROUGH BODILY EXPEREINCE	**Embodied responses mimicking the client's story**
		Relating to the client's experience through embodied responses
		A two-way process of the client and the therapist affecting each other
	G. GETTING IN TOUCH WITH ASPECTS OF THE SELF THROUGH THE CLIENT (SELF-EXPLORATORY PROCESS)	**Reality checks (This could happen to anyone)**
		Getting in touch with the vulnerability of being a woman
		Gaining a new perspective by relating to the client's story

Emma	A. Lack of a theory to rely on: The process of exploring and making sense of the embodied responses.	**Exploring through challenges**
		Unconditional acceptance of embodied responses as a part of the therapeutic process
		Making Sense of embodied responses through her professional Identity
		Making sense of embodied responses through the client
		Making sense of embodied responses through self-exploration
	B. Taming the response: Need to self-regulate and manage the responses within the session	**Trauma disclosures eliciting intense embodied reactions**
		Need to control and self-regulate elicited responses (I'm just human)
		Importance of being aware
	C. THE POWER OF AN EMBODIED RESPONSE	**An unwelcome intrusion**
		A therapeutic tool
		Ambivalence and the need to assess the usefulness and origin of a response
	D. "This is something for you to deal with on your own": Being too much for the client	**There is space for only one response in the room**
		Embodied responses can feel exposing
		Responsibility of handling the response professionally
Hope	A. EXPERIENCING EMBODIED RESPONSES AS AN INEVITABLE COMPONENT OF TRAUMA WORK	**Experiencing through the body**
		Elicited Responses mirroring client's processes
		Embodied responses are a form of attunement
	B. MANAGING THE RESPONSES IN THE ROOM AND BEYOND	**Importance of being aware of the embodied response**
		Bringing the body into the session

		Importance of Self Care
	C. A THERAPEUTIC PROCESS GUIDED THROUGH THE THERAPIST'S EMBODIED RESPONSES	**Therapist's body as a compass**
		Therapist's body as a vessel for processing the unprocessed
		Bodily sensations as an indicator of the unspoken in the room
	D. "I DON'T WANT TO TAKE THIS HOME"	**Responses can feel like a burden**
		Work can seep into personal life
	E. EXPLORING THE COMPLEXITY OF THE BODY: A PERSONAL AND PROFESSIONAL JOURNEY	**Exploring bodily sensations through personal experience**
		Exploring the body through CoP training
		Experiential Knowledge
Olivia	A. POWERFUL EMBODIED RESPONSES	**Responses that can be heavy to carry/ Burden/Unexpected/ Surprise**
		A sense of privilege- Being let into the client's world/ Experiencing an embodied response as a way of entering the client's world
		Power of visualizing in eliciting an embodied response within the therapist (A two-way process)
	B. EMBODIED RESPONSES IN-ACTION	**Embodied responses as a form of the client's non-verbal communication with the therapist**
		Embodied responses as a therapeutic instrument
		Sensing the client through the body/ A Form of relating & attunement
		Processing the client's story through the therapist's body
	C. MAKING SENSE OF THE RESPONSE THROUGH EXPERIECNE AND PROF. IDENTITY	**Role of self-awareness**
		Professional Identity/Practice
	D. REGULATING THE ELICITED RESPONSES	**The impacted body**

		Delving in too deep/ Getting entangled
		Making sense of the irrationality of traumatic experiences
Rose	A. OVERWHELMING EMBODIED RESPONSES	**Responses mimicking a traumatic reaction**
		Feeling trapped in embodied response
		Responses that are heavy to carry
	B. RESPONSES AS A NUISANCE FOR THE THERAPIST	**No space for the therapist's response/guilt**
		Responses affecting the therapeutic relationship
		Responses leading to burnout
	C. NEED TO REGULATE ELICITED RESPONSES	**Need to protect herself from elicited responses**
		Regulating through avoidance/distance
		Regulating through grounding techniques
		Managing through Awareness
	D. A GRADUAL UNDERSTANDING OF EMBODIED RESPONSES	**Understanding through training and professional identity**
		Awareness through personal therapy
		Experiential Learning

Appendix N

Reflexivity

Reflexivity was central in conducting this study and helped shape and understand my role within the context of this research and reflect on the emerging tensions (Willig, 2013). My clinical experience throughout the training predominantly involved complex trauma cases and my curiosity about the topic was initiated through my clinical experience. This required an awareness of my preconceptions throughout the various stages. My understanding of the experience of embodied responses evolved, and it was interesting to notice that as my awareness of the phenomenon increased during the immersion stages of the research, I started experiencing more of it in my practice. The awareness opened more space for me to sense my clients, which was challenging when working with high complexity. I also realised that my perception of embodiment was split and limited only to a physical response or sensation. With time, I noticed that it was a state rather than an isolated sensation mixed with feelings and emotions that reflected the therapeutic process.

As a novice researcher within the qualitative field, the journey had its ups and downs. I went through stages of rigidly focusing on Smith et al.'s (2022) guidelines to finding more flexible ways of navigating around the analysis process. I also reflected on my interaction with the participants; and realised that my interviews, especially the first ones, had more questions, leading at points. As a result, I consciously decided to leave more space for the participants towards the end. I also revised the transcripts to ensure that the themes did not result from a closed question that might have prompted the participant to answer in a certain way. This also proved challenging as it required a careful balance between open and focused questions to explore and collect relevant data.

The analysis process was a new experience; new information and details emerged as I went deeper. The process felt too intrusive at one point as I focused separately on each transcript. There was something very personal about analysing the interview of each participant and rereading the transcripts while focusing on fine details. The process elicited a sense of protectiveness towards the participants which I reflected upon as I conducted the analysis. Having a similar professional background and experience allowed me to navigate through the challenges of having a dual role as a practitioner and researcher. The feelings of protectiveness also drew my attention to bracketing and the importance of being aware of my biases and setting aside any preconceptions and experiences which were related to my clinical experience. The repetitive nature of the analysis stage in IPA was essential in helping me navigate this dual role and continuously reflect on its impact. Rereading the transcripts, and continuously immersing myself in the process created images of my participants in my mind as I went through the analysis process. Sometimes, it was challenging to translate specific experiences and find matching quotes as they were based on my perception of the interaction and went beyond explicit verbal expressions. Some subthemes, such as the last one, *"processing the unprocessed through the therapist's body",* emerged after an extended process of reflecting and revisiting transcripts and making connections between different experiences. Repetitive examinations of the transcripts allowed the analytic stage to go beyond description, and themes started to gain more depth and meaning and come together into a coherent narrative of the participants' stories.

As I conducted this research, the various concepts and terms used to describe embodied intermingled with each other. I had doubts about whether using the term embodied responses was the right one given that my participant's responses varied one from another, and the states they described could have been named inner experiences. My thoughts were also prompted by the different pieces of research that I came across and the endless terms

implemented to describe a therapist's inner experience. I also wondered if my interview questions had a different term, would I have had different responses from my participants? Towards the final stages of the research, I realised that the variety of terms used within the literature might have contributed to the confusion, where the literature was scattered across different places. The lack of concreteness of the explored topic was also challenging; at moments, it seemed elusive, and I needed to revisit the terminology, concepts, and philosophical assumptions. I found a sense of groundedness in my critical realist position, which provided a state of anchoring by assuming a degree of realism regarding the physicality of the explored phenomenon supported by more positivist research while at the same time focusing on exploring the subjective lived experiences of the participants. This perception of the topic, focused on a phenomenological and subjective exploration, also helped me bracket my own experiences despite being an insider.

As I approach the end of this piece of work, I understand the multifaceted and complex nature of the topic, and I think that the use of the term embodied may have served as a way to delve further into the topic by directing the participant's attention to their core and access more profound reflections of their states. Directing the attention to the body was a way to access holistic narratives and rich accounts of experiences with their clients.