Pied Beauty: Exploring Psychological Therapists' Inner Experiencing in Reverie

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Pied[1] Beauty

Glory be to God for dappled things –

For skies of couple-colour as a brinded cow;

For rose-moles all in stipple upon trout that swim;

Fresh fire-coal chestnut falls; finches' wings;

Landscape plotted and pierced – fold, fallow and plough;

And all tradès, their gear and tackle and trim.

All things counter, original, spare, strange;

Whatever is fickle, freckled (who knows how?)

With swift, slow; sweet, sour; adazzle, dim;

He fathers-forth whose beauty is past change:

Praise him.

(Manley Hopkins, 2001, p.265).

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[1] The term 'pied' is defined in the *Concise Oxford English Dictionary* (Soanes & Stevenson, 2008) as 'having two or more different colours…originally in the sense 'black and white like a magpie'' (p.1084).

Acknowledgements

Abstract

Reverie has been defined as an equanimous yet passionate capacity to contain and process the other's emotional experiencing, taking almost any form. This study responds to a gap for research into this potentially powerful relational phenomenon with UK-based psychological therapists who are not psychoanalysts, by exploring how they experience, use and make sense of reverie and by investigating its potential as a qualitative research tool.

Informed by a bricolage of hermeneutic-phenomenological and practitioner-based methodologies, the study investigates reverie with seven qualified therapists working in the UK in a range of modalities. Participants took part in two video-recorded interviews, in the first focusing on reverie in clinical work and in the second reviewing with the researcher clips from the first interview. Video-stills from the interviews (of the researcher only, to protect participants' anonymity) are used throughout the thesis to illustrate non-verbal aspects of reverie use. The researcher reflected on her own 'live' reverie-experiencing in the interviews and encouraged participants to do likewise, and incorporated her reveries within the data analysis also.

Analysis revealed eight superordinate themes, grouped in three categories. Paying attention to reverie can offer access to heart-felt relational information so subtle it might otherwise escape attention; information that can be used sensitively to intuit, empathise with and make sense of others' spoken and unspoken meanings on personal, interpersonal and what may be regarded as transpersonal levels. Such work takes place in the space between consciousness and unconsciousness and between people; a potentially transformative space of 'pied beauty' (Manley Hopkins, 2001, p.265), filled with darkness and light, which can facilitate deep, soulful interconnection in therapy and research. Throughout the work readers are invited to enter that space by focusing on their own inner experiencing as they read, thereby gaining a living snapshot of their own reverie.

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Chapter 1 Introduction

This work is about the healing, transformative connections that exist within and between people, on personal, interpersonal or intersubjective, and transpersonal[2] levels in reverie. Reverie - our subtle, containing, inner response to others - has been described as the 'magical, imponderable streaming' (James, 1890, p. 550) that courses through our minds and bodies while we are awake or asleep (Bion, 1962). Located in what Romanyshyn (2013) calls the 'dark-light' (p.30) between consciousness and unconsciousness, reverie includes the ephemeral images, memories, daydreams, thoughts, feelings and inchoate senses that are woven into and around our perception of the other in a 'zone of background intuitions' (Husserl, 1931/2012, p.65). In contexts such as therapy sessions or in-depth research interviews, it has been claimed (Bion, 1962; Holmes, 2017; Ogden, 1999a) that reverie can provide access to a vast bank of relational information, helping us to engage empathically and intuitively with others and to contain and process their emotional experiencing.

Liminal information of this kind has been valued by the psychotherapeutic profession since its inception. Freud's earliest case studies (Breuer & Freud, 1893-5), for example, show him paying close attention to his own responses to his patients' explicit and implicit communications, using his unconscious 'as an instrument in the analysis' (Freud, 1912/1958, p.115). And yet such information is not always valued in contemporary clinical and research practice in psychotherapy and counselling. Indeed, it has been suggested that the managed care principles that dominate publicly-funded psychotherapeutic provision in the UK at present 'risk cleansing the practice room of the unconscious' (Morgan-Ayrs, 2016, p.32) and, by association, of phenomena, like reverie, that participate in and express it. In response, Lees (2016a) calls for 'transformational therapy-inspired practice and research methodologies' (p.3) to balance the situation and re-emphasise:

> the private, intimate, complex and often intense and unpredictable ever-changing world of the client-therapist encounter. (Lees, 2016b, p.123).

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[2] The term 'transpersonal' has been defined as denoting 'states of consciousness beyond the limits of personal identity' (Soanes & Stevenson, 2008, p.1533) and may include an awareness of that which both connects and transcends individuals (Hartelius, Rothe & Roy, 2015).

This thesis, which celebrates the private, the intimate and the transformational, is a response to that call. It is my attempt to convey what I have learned about that most intimate phenomenon – reverie – from the seven practising therapists who generously participated in the study, and from immersing myself in reverie during the research.

I noted above that liminal forms of experiencing like reverie have been used and prized by psychotherapists and counsellors (henceforth referred to as 'therapists') from the beginnings of psychotherapy in Freud's day to the present. Reverie is also central to my experiencing as a counsellor and qualitative researcher, and it is partly for this reason that I have chosen it as the subject of my PhD. The choice of a topic with profound significance for the researcher is a feature of the heuristic phenomenological approach to research (Moustakas, 1990); a discovery-oriented methodology that informs this study. Moustakas (1990) insists that immersion in a subject of such passionate, subjective concern is essential to the process of discovery. It fuels what can be a long and weary research journey and – because the subject is lived, viscerally, by the researcher through his/her[3] personal involvement in it - it gives that process realness and depth.

In this work I share the discoveries that have emerged from my immersion in reverie during the study, starting, in section 1.1 of this chapter, by telling how I first encountered reverie through the writings of the psychoanalyst Thomas Ogden, and going on to reflect briefly on how I experience reverie in clinical work (section 1.1.1) and qualitative research (section 1.1.2). In sharing these accounts, I hope to convey some of the passion and the personal engagement that Moustakas (1990) highlights and also to trigger corresponding passion in other therapists and qualitative researchers (my intended audience), which may inspire them to learn more about reverie. In the remainder of the chapter, I broaden my scope to consider the need, within the profession today, for investigation into the phenomenon (section 1.2); to establish the research question and aims (section 1.3); and to outline the structure of the thesis (section 1.4). I end by returning to the 'intimate' dimension, this time not in relation to my experience, but to readers', who I invite to attend to their own inner experiencing as they take in this work, as a way to explore *their* reverie (section 1.5).

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[3] To simplify the text, from this point on instead of using the cumbersome 'him/her' to refer to individuals who could be of either sex, I refer sometimes to 'her' and sometimes to 'him', but such references are interchangeable.

1.1   Personal Encounters with Reverie

When I was training to become a counsellor, I came across Thomas Ogden's (1994a) paper 'The analytic third: Working with intersubjective clinical facts'. In it Ogden describes a session with his client Mr L., in which he finds himself drifting into reverie, which, for him, includes both 'psychological states that clearly reflect the analyst's active receptivity to the analysand'[4] as well as:

> a motley collection of… states that seem to reflect the analyst's narcissistic self-absorption, obsessional rumination, day-dreaming, sexual fantasising, and so on. (p.8).

Although the latter might be regarded as distractions, Ogden claims that they express the therapist's receptivity just as much as the former, and with great sensitivity. He writes, for example, that as he listened to Mr L., he drifted into a series of ruminations:

> These ruminations were unpleasantly interrupted by the realisation that my car, which was in a repair shop, would have to be collected before 6:00 p.m., when the shop closed. I would have to be careful to end the last analytic hour of the day at precisely 5:50 pm if there were to be any chance at all of my getting to the garage before it closed. In my mind, I had a vivid image of myself standing in front of the closed garage doors with the traffic roaring behind me. I felt an intense helplessness and rage (as well as some self-pity) about the way in which the owner of the garage had shut his doors at precisely 6:00 pm, despite the fact that I had been a regular customer for years and he knew full well that I would need my car. In this fantasised experience, there was a profound, intense feeling of desolation and isolation, as well as a palpable physical sensation of the hardness of the pavement, the… stench of the exhaust fumes, and the grittiness of the dirty glass garage-door windows. (p.5).

Reading Ogden's paper as a trainee affected me profoundly. I was captivated by its realness, and could imagine my own mind going on in a similar way. Ogden writes about the actual experience of living, and musing about living, in all its astonishing and often apparently incongruous detail. In particular, he shows what it is like to be alive in the presence of another person, one whom you are striving with all your might to understand, like a client or research participant. Some accounts of therapists' interactions with clients give the impression of a machine impersonally processing data. Ogden's vignettes, in contrast, demonstrate how understanding can arise out of, and mingle with, both therapist's and client's flow of experiencing,

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[4] As a psychoanalyst, Ogden writes about 'analysts' and 'analysands'. Because I intend this work to be accessible to non-psychoanalytic therapeutic and research practitioners, throughout the thesis I use, instead, the alternative terms 'therapist' and 'client', which I believe to be more widely understood.

creating a field of mutual influence that affects everything they think and feel together (Ogden, 1999a; 1994a). Far from implying that he failed to listen, Ogden's musings illuminate the fine-grained nature of his listening to the alienated and anxious Mr L. The garage reverie offered a visceral, *lived* experience of how such alienation might feel: how urgent and alone and stifling. As a trainee counsellor I wanted very much to listen to clients in the profound way Ogden described (I still do), but I was unsure how to do so in practice. Reading his paper, I wondered if I had found a way.

And then I thought: 'But it doesn't apply to me, because Thomas Ogden is an experienced psychoanalyst and I am not'.   Yet, when I examined in detail what it was like for me to be with others (a state that I explore further in sections 1.1.1 and 1.1.2 below) I discovered – to my considerable surprise - that my experiencing bears close resemblance to Ogden's. I do not claim that my reveries are as sensitive as Ogden's, which express his inimitable warmth, wisdom and skill, but I believe my experiencing to be reverie nonetheless: reverie in my own idiom. It is partly this hunch - that even early-career non-psychoanalytic practitioners, like me, can experience and use reverie productively - which motivated me to carry out this research and to share it, in the hope that other relatively inexperienced or non-psychoanalytic therapists (and researchers) may find something that has meaning for them and their own practice.

1.1.1   Encountering Reverie in Therapeutic Work

While counselling my mind does not often wander very far from the client's manifest narrative as Ogden's seems to. I attribute this partly to inexperience: I do not yet have the confidence to let go of the manifest as a more experienced practitioner might. It may also have to do with seeing clients face-to-face, rather than sitting behind them while they lie on the couch as psychoanalysts like Ogden do, which may facilitate mind-wandering (Bollas, 1987; Ogden, 1996). However, I *do* routinely experience with clients fleeting mental imagery or feelings, often coloured by personal memories. I might 'see' the people and places they describe and when I focus on these images, I may discern elements that remind me of someone or somewhere I know or convey a feeling that I may link in some way with the client's experience or our relationship. Sometimes the link appears fairly direct: an example might be remembering a time I felt sad when a client is talking about sadness. But at other times the link seems more indirect and metaphorical, as when I sense a vague shape – which might, for instance, resemble a high barrier –

that seems to me to convey something like: 'it is as if the client has come across a road-block'.

I believe experiences like these may translate my own ineffable relational responses to clients into forms that I can grasp, but they do not *replicate* what clients are experiencing. Rather, they seem to offer me a tentative sense of direction, functioning something like an 'emotional compass' (Ogden, 1997a, p. 571). Recognising that my own defences and other limitations may interfere with the accuracy of this compass, I try to follow its lead cautiously and check its relevance with clients frequently. My experiencing does not come with a fanfare that marks it as a significant event, and I rarely have the time and discernment to work out its potential meanings immediately. Generally, reverie is for me no more than intimation: a blink of colour, shape, feeling or form, threaded through with emotional significance. Often I do not recognise possible meanings until *after* sessions, when I ponder on them. But my reveries have a definite effect in the moment too, because the feelings they contain affect me as I feel them. I believe my clients sense that effect somehow, and this mutual sensing can connect us more strongly, even when, as is frequently the case, I do not mention my experiencing to them explicitly.

1.1.2 Encountering Reverie in Research

At the beginning of an interview with 'Grace',[5] one of the therapists who participated in this study, I asked her what the term 'reverie' meant for her. She replied:

> I was thinking about reverie actually as *processional experience* and I was thinking about the pleasure of being in the procession and then it made me think of carnival for example ((laughs))[6] and it made me think of *revelling in.* (G1:26-36).[7]

Later, when Grace was describing what it felt like to be in the procession, she introduced, suddenly, an image of herself in carnival costume, saying:

> So that person's giant wing ((laughs)) smacks you in the face ((whips head back, smiling, then turns in chair to look over right shoulder)). Is my bum showing in my skimpy costume? (G1:288-290).

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[5] 'Grace' is a pseudonym. Throughout this thesis participants are referred to by pseudonyms which they chose from a list of generic first names.

[6] Non-verbal elements of the research conversations are indicated in double brackets throughout the thesis, a convention borrowed from the Jefferson (2004) transcription system used in conversation analysis. A key to these and other transcription symbols used in the text is given in Appendix 6.

[7] G1:28-36 refers to the location of this quotation in the transcript of Grace's interview. The transcript referencing system is explained on p.196.

At this point, *Grace took me with her into the carnival in reverie.* Through her vivid gestures - throwing her head back as if she had been struck in the face by the wing of another person's costume, and looking over her shoulder to check her own imagined outfit – she seemed to embody or, as it were, to *become* a member of the procession she was describing. Although she introduced the concept of a 'giant wing' unexpectedly into our conversation (some time after she had compared the reverie procession to a carnival), I sensed what she meant immediately, because her evocative words and gestures *nudged* (Grotstein, 2007; 2005) me into an imaginative reverie of my own at that point, in which I was transported into the line with her. 'Standing' next to Grace in the 'reverie-procession', I understood that the giant wing she had mentioned was part of a fancy costume, because I could 'see' it sparkling in my own mind's eye. (I wonder if readers can 'see' it, too, at this point, and if so, what it looks and feels like to them).

And there was something else in my reverie too. When Grace said 'giant wing' there also came into my mind, fleetingly and yet unmistakably, an image of dancing sprites with huge butterfly wings from a picture-book I had as a small child. This image is deeply familiar and delightful to me and it turned Grace's procession not only into another person's experience that I could visualise, but also into something I recognised and remembered fondly (or re-membered; lived again), linked with childhood. Later, Grace told me (before I shared my reverie with her) that for her the idea of a 'procession' evoked family visits during her own childhood, when her tall, dressed-up relatives filled the house. A joint seam of childhood experience seemed to run through our reveries, and our linked (but not identical) experiencing triggered a discussion - a particularly vibrant passage in our own procession - about reverie and childhood, which provided valuable data for the study and informs the theme called 'Imagining the real', outlined in Chapter 6 (pp.105-106).

1.2   Need for the Research

I have considered above some of the ways I use reverie as a counsellor and researcher. In my research reverie with Grace, our subtle awareness of our experiencing – which in Chapter 5 is called 'Being in a zone' (p.93) – gave us access to liminal dimensions of our interaction, which for both of us in different ways connected with the theme of childhood. My clinical reveries often seem to express similar kinds of insight, providing me with an 'information treasure trove' (Bowen, 2012, p.17) that may contain clues to implicit aspects of my relationships with clients. Sometimes these reveries appear to 'clothe' something not yet spoken

or visible to us, giving it an observable form (see Chapter 6, p.117), which I try to work with tentatively, checking its relevance with clients frequently (see Chapter 7, p.152). Connections of this kind may seem to transcend purely personal or even interpersonal experience, reaching into domains that might be regarded as transpersonal (see Chapter 7, pp.149-151), in that they relate not only to ourselves and others, but to wider, more collective senses of being and community (Hartelius, Rothe & Roy, 2015).

I will argue in this thesis that these features and others give reverie wide applicability in contemporary British psychotherapeutic clinical and research practice; fields that, according to some authors, are sorely in need of working practices founded on 'subtlety, discernment and intuitive capacity' (House, 2016, p.158), as is reverie. Although I am not alone in recognising its potential (there is growing interest in the subject: see p.13), reverie remains fairly sparsely investigated, particularly outside the US. I wrote on p.4 that when I first encountered the phenomenon, I doubted that it applied to me. Perhaps the relatively low level of research on reverie reflects a more general concern among UK therapists about the relevance of an approach that is overwhelmingly associated with psychoanalytic case studies written by experienced analysts who see their analysands on the couch over many years. There are few studies of reverie involving non-psychoanalytic therapists, which might point them towards its broader relevance for UK practitioners, many of whom, like me, do not have specific psychoanalytic training[8] and are engaged in face-to-face, short-term work.[9]

Another factor in reverie's lack of research profile in the UK may be that it does not lend itself to investigative methods, such as experimental trials, that meet the expectations of dominant research paradigms in healthcare (BACP, 2017; Lees, 2016a). A phenomenon like reverie, the evidence for which 'is related to subjectivity, with events that we can know or grasp by intuition or feeling only' (Ferro & Civitarese, 2015, p. 52) resists illumination by such approaches. Lees (2016a; 2016b) calls for new forms of reflexive, creative, 'transformational research' (Lees, 2016a, p.3) in counselling and psychotherapy which draw on sources like intuition to balance research cultures, and in this study I aim to answer that call.

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[8] The most popular training modalities for members of the British Association for Counselling and Psychotherapy (BACP), the largest professional body in the field in the UK, are person-centred (26%) and integrative (24%) (BACP, 2015).

[9] The NHS Improving Access to Psychological Therapy (IAPT) service in England, for example, which almost a million patients entered in 2015/16, focuses on short-term provision. In 2015/16 the highest average number of treatments per finished course for patients with depression was 8.9, and for those with anxiety and stress-related disorders was 8.6 appointments (NHS Digital, 2016).

In so doing I intend to address another need, also: the need for reverie research based on a sample of therapists. My literature search (see Appendix 1) revealed that most works on reverie comprise psychoanalytic theoretical papers illustrated with individual clinical cases, and I found only one other study which represented the views of a number of therapists (see Chapter 2, p.13): Bowen (2012). It is not that I believe single-author case studies are inferior to sample-based research like Bowen's (2012): indeed, I have pointed out how important Ogden's vignettes have been in my own development as a counsellor. Case studies are stories, giving them particular importance when learning about reverie, because when we read stories we may experience reverie ourselves as we picture and feel our way into the narrated events (Ogden, 2006), thereby learning directly about the phenomenon from the 'inside' as it were (Flyvbjerg, 2011).   However, reverie research based on a sample can offer in addition the views of several practitioners rather than one. Provided the temptation to develop overly reductive themes is resisted, sample-based research has the potential to contribute towards richly nuanced perspectives, grounded on 'an epistemology of complexity' (Kincheloe *et al.*, 2011, p. 168). Alongside the monologue of a case study, it can offer something akin to a group conversation. There are very few 'group conversations' of this kind in the reverie literature.

1.3   Research Question and Aims

The above context suggested that there was a gap for reverie research based on a sample of non-psychoanalytic therapists[10] working in the UK, which might speak to practitioners who feel reverie is not for them, as I did, and those previously unaware of the phenomenon. In carrying out this study I hoped to go some way towards filling that gap, by asking the following research question:

How do psychological therapists experience, use and make sense of reverie?

My *aims* were to explore how psychological therapists: (1) experience reverie in empathic or intersubjectively-engaged dialogues with others, investigating what the experience is like for them and what forms it takes; (2) how they use or apply reverie in clinical work; and (3) how they make sense of or give meaning to their reveries. In addition, I aimed (4) to explore reverie's potential as a qualitative

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[10] Whilst some of the participants in this study integrated psychoanalytic and/or psychodynamic approaches into their work, none were 'psychoanalysts' *per se*, that is, professionals trained specifically to practice as analysts.

research tool, by reflecting on my own use of reverie during data collection and analysis.

Before I outline the structure of the thesis, in which these aims are addressed, it may be helpful to define 'reverie'. In the *Concise Oxford English Dictionary* (Soanes & Stevenson, 2008, p.1231) reverie is described as a daydream; a piece of music that suggests a dream-like or musing state; and a fanciful idea or theory. The word derives from the Latin *radix/rabere*, meaning mental turmoil, which inspired the Old French *esver* (to wander) and *desver* (to lose meaning) and the associated term *resverie* (delight or delirium), from which contemporary French usage *rêver* – to dream – comes (Speziale-Baggliacca, 2008, p.350; Symington & Symington, 1996, p.64). Thus the word 'reverie' has particular associations with wild wandering, dreaminess and fancy, even to the point of losing one's meaning (or mind). The term was first developed fully as a psychotherapeutic concept by the British psychoanalyst Wilfred Bion (1962), and his usage is explained in some detail in Chapter 2 (pp.14-21). In his earlier work, Bion (1963; 1962) defines reverie as the therapist's receptive state of mind which contains clients' unprocessed mental contents and can transform them into useful representations from which they can learn. Later, he became more interested in how we transform unrepresented and unrepresentable material, which involves letting go of what we have learned (Bion, 1970; 1965). Other psychoanalytic writers describe reverie variously as a kind of 'associative dreaming' (Cwik, 2011, p.14) that conveys otherwise inaccessible information about the therapeutic relationship (Ogden, 1999a; 1994a); and intuitive mental 'pictograms' which the therapist uses to detoxify the client's emotional state (Ferro, 2015a). Non-psychoanalytic writers rarely use the term, but they do discuss related states of mind, such as empathy (Rogers, 1980) and presence (Baldwin, 1987); tacit forms of knowing leading to the core 'felt sense' of an issue (Gendlin, 1996); and mindful therapeutic attitudes (Bennett-Levy & Thwaites, 2007).

1.4 Structure of the Thesis

The above approaches to reverie (and others) are explored in Chapter 2 in a review of the psychotherapeutic literature, from Bion to the contemporary cognitive behavioural interest in mindfulness. In Chapter 3 I describe the 'bricolage' (Denzin & Lincoln, 2011, p.4) of different methodological approaches used in this study; outline my research design and approach to data analysis; and introduce the research participants. I also explore the ethical and quality-related implications of the research and how I have tried to address them. I go on, in Chapter 4, to share

more of my own personal experience of reverie, focusing on two dreams I had before I began interviewing, which had a profound impact on my understanding of the phenomenon when I met the participants. Chapters 5, 6 and 7 form the backbone of the thesis, and focus on the results of my interactions with participants. Each chapter relates to one of the overarching aims of the study: thus, reverie experiencing is investigated in Chapter 5; reverie use in Chapter 6; and sense-making in Chapter 7. Results are categorised within a number of superordinate themes and sub-themes, and consideration is also given throughout to reverie's use as a qualitative research tool.

In Chapter 5, I explore what it was like for the participants to *experience* reverie, examining how that experiencing appeared to share certain felt, natural, relational qualities, and the subtle ways it was brought into awareness, which one of the participants called 'Being in a zone' (M1:14). A 'reverie continuum' (Figure 5-6, p.100) is proposed, which attempts to capture something of the vast range of experiencing within reverie described by the participants, and to highlight the fluidity and constant interpenetration of states it encompasses.

Chapter 6 focuses on participants' *use* of reverie in clinical and supervisory work and how I have used it in the research. This chapter is based on three themes: (i) using reverie to empathise creatively with, 'become' (Bion, 1965, p.163) or 'imagin[e] the real' (Buber, 1965, p.81) of the other's emotional experience; (ii) using reverie intuitively, which I call 'Clothing the invisible'; and (iii) using reverie to contain and transform emotional experiencing. I pay particular attention to the role of language (in this case, the English language) and gesture in reverie use, with specific reference to Grotstein's (2007; 2005) concept of nudging - conscious and preconscious sensorimotor induction of reverie - illustrated with quotations and images from the interviews (of myself, and not of participants, to protect their anonymity).

Chapter 7 considers the ways that participants *make sense* of reverie. Like the previous chapter, it contains three themes, which in this case address how participants: (i) explore or 'sift' the meanings of their reveries; (ii) attribute meanings in reverie at personal, interpersonal or intersubjective and transpersonal levels; and (iii) 'tread softly' in reverie, which involves making meaning in a tentative, responsible way. As in the previous chapter, the impact of language and gesture is highlighted.

In the final chapter I conclude the thesis by attempting to encapsulate those elements at the heart of reverie and of this study, which Romanyshyn (2013) calls

the 'soul' (p.60) of a piece of research, thereby summarising the study's implications for therapeutic and qualitative research practice in the widest sense, as well as acknowledging its limitations. However, reverie is, fundamentally, an intimate phenomenon that plays out in close-up. The work ends, therefore (as does this chapter), by moving away from wide-ranging implications and back to the intimate, with a focus on readers and their own experiencing.

1.5   An Invitation

When discussing on p.8 the importance of Ogden's vignettes to my own development as a therapist, I noted that one of the advantages of case study research into ephemeral mental phenomena like reverie is that it can give readers a lived experience of the phenomenon itself, as they read. Ogden (2006) puts it like this:

> When the writing is good, the author creates in the experience of reading something like the phenomenon that he is discussing. (p.1071).

Bion (1991; 1965; 1962), too, was fascinated by the capacity of language and conversation to foster learning from experience like this, and he encouraged readers to approach the concepts he presented freshly and experience them personally. In the hope that my writing has the capacity to convey at least something of my and participants' experiencing during this research – and knowing too, that I cannot transfer 'the experience as experienced, as lived' (Ricoeur, 1976, p.16) wholesale, but can offer only a hint of it that others must shape into their own meanings - I encourage *you*, reader, to adopt Bion's freshness of attitude as you read this thesis. I am aware of 'piercing' the research frame at this point – 'breaking the fourth wall', to use a theatrical term - reaching through or beyond the conventional frame of an academic thesis to address readers, directly, as 'you'. This form of address, which I use in each of the following chapters, is intended to connect us, so that the work becomes a living dialogue between you and me, mediated by our reveries, as were the dialogues between me and the participants, and between the participants and their clients or supervisees. It is an invitation to reverie.

I invite you, then, to attend sensitively and wonderingly to the liminal flow of your own inner experiencing in reverie as you read, whatever its nature (images, memories, feelings or other less formed expressions and so on), and to ask yourself what it might tell you about your explicit and implicit responses to this

work. In this way you may 'live' your own capacity for reverie. Bion (1970; 1965) suggests such living involves *becoming* the reality that is common to oneself and the other (see also Chapter 2, p.20): maybe you, reader, will experience something of that becoming as you respond to this work, even when the others you encounter here exist for you only on paper. Ferro (2015b) urges therapists to practice regularly with reverie in this way: 'to exercise on the high bar so as not to lose elasticity, immediacy, and creativity' (xviii). Perhaps you will use this thesis as a 'high bar' on which you can practice, by exploring what reverie is like for you as you read, and how you might be able to employ it in your work, or, if you already do so, how your approach might develop.

And finally, a note of caution. To connect deeply with another in reverie is to open oneself to material that, given the nature of therapeutic work, may be painful and disturbing. In the thesis, I point out that the process may trigger pain in us as therapists and researchers, especially when our response draws on our own past and present hurts. I write in Chapter 7 (pp.152-157) about the consequent need to 'tread softly' when working with reverie, to proceed tentatively and gently, moment by moment, taking good care of the other and ourselves and seeking help when we need it. I encourage readers to 'tread softly' also as you experience reverie through this work and in all other contexts.

Chapter 2 Reverie in the Psychotherapeutic Literature

There is growing interest in reverie and the work of its psychoanalytic progenitor, Wilfred Bion, although the volume of publications on the subject is still relatively small, amounting to no more than 274 since 1962 when Bion introduced the concept in his book *Learning from Experience* (see Appendix 1). Only a few texts on reverie were published annually until the 1990s, but since 2000 the annual average has climbed to 13, with most originating in the US. In Europe the UK is behind only Italy in numbers of publications, but even so, only 29 works on reverie have been written in the UK since 1962.[11] The reverie literature is dominated by theoretical texts, largely psychoanalytic in orientation, illustrated by individual case studies or vignettes, and there is little research that explores the clinical reveries of groups of therapists. I found only one such example[12] (Bowen, 2012), in which the author interviewed 18 licensed senior psychologists from various theoretical backgrounds (cognitive behavioural, dynamic, psychoanalytic and integrative), with at least seven years in practice since receiving their doctorates. These therapists experienced reverie routinely with clients, and conceptualised it both positively and negatively. They suggested that it could offer a useful commentary on the therapeutic relationship and function as a form of internalised supervisor, promoting empathic communication between therapist and client. Some participants expressed disquiet about their reveries too, believing they might distance them defensively from clients. Others pointed to an uncanny element within reverie, which enabled them to access clients' unspoken concerns in an almost telepathic way.

In addition to Bowen's (2012) study of clinical reverie, a recent British thesis (Holmes, 2015) examines the use of reverie as a methodological tool in qualitative interviews, an area I and my co-authors John Lees and Greg Nolan have also examined (McVey *et al.*, 2016; 2015; see also p.41 below) and which is explored further in this thesis. Holmes suggests that the reveries that emerge in this context can give voice to implicit narratives and thus can be particularly useful when

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[11] Statistics from *Scopus* search, 13/09/2017, for publications with 'reverie*' in the title, abstract, or as a keyword in all languages in the psychology subject area. See also Appendix 1.

[12] Not included are studies of groups of therapists which explore related experiences such as mental imagery (McGown, 2014; Thomas, 2011), resonant empathy (De Angelo, 2000) or somatic empathic resonance (Lokvist, 2014), and studies of clients' (rather than therapists') reverie (Ervin, 1999).

participants struggle to express themselves. His thesis appears to offer relevant data to support my fourth aim to explore reverie's potential as a qualitative research tool, and although it is not publicly available, a recent paper (Holmes, 2017) outlines usefully some of the author's findings about reverie-informed research interviewing, which, he claims, can 'enhance rapport, and therefore deepen and improve the texture of interview material' (p.725), generating hypotheses that can later be tested more systematically.

We move, now, to a review of key texts about reverie. I begin by considering Bion's concept of reverie (section 2.1), before investigating the work of those psychoanalytic writers he has influenced (section 2.2), including Ogden; a group known as the 'post-Bionian Field Theorists'; and Grotstein. I go on to consider non-Bionian authors who write about reverie-like experiencing, although they give it different names (section 2.3), focusing on Jung and humanistic writers like Rogers and Gendlin, and recognising, too, the increasing interest in in the therapist's inner experiencing in contemporary cognitive behavioural therapy.

2.1   Bion's Concept of Reverie

2.1.1   Alpha-function

Bion's views on reverie emerged from his wider theories about thinking, dreaming and adapting to reality, and particularly his concept of 'alpha-function' (Bion, 1962, p.6). According to Bion (1992; 1967/1984; 1963; 1962), alpha-function is the process by which human beings transform raw experience of reality into unconscious functioning and conscious thought, and implicit and explicit learning. Bion used the rather obscure, mathematical term 'alpha-function' (Bion, 1962, p.6) to refer to this process because it is not weighed down by the associations that cling to more familiar psychological or scientific expressions. In so doing, he hoped to encourage readers to approach the concept afresh.

Bion suggests that alpha-function works on the raw sense impressions, which he calls 'beta-elements' (Bion, 1962, p.6), of momentary, ongoing experiencing. Beta-elements are primitive 'undigested facts' (p.7) which do not feel like mere sensations but 'things-in-themselves' (Bion, 1963, p.8), to be reacted against or acted out, rather than reflected on. These elements, he suggests, though we experience them throughout life, originate in the infant's first response to the environment and to reality. They are not reality itself (which Bion (1970) called 'O' (p.26): see p.20) but rather our unprocessed response to it: 'the mental counterpart

of events of external reality' (Bion, 1992, p.63).   Viewed from another theoretical 'vertex' (Bion, 2005, p.67), beta-elements may be regarded as a kind of 'pre-reflexive experience' (D.N. Stern, 2009): 'phenomenal experience as it is happening – as it is directly lived' (p.308); or 'unformulated experience' (D.B. Stern, 2010) which contains 'the various potential meanings that might expand from the present moment' (p.3).

If these potential meanings are to expand - if we are to think about and learn from experience rather than simply react to it - beta-elements must be transformed into another kind of mental experiencing which Bion (1962) calls 'alpha-elements' (p.6). Alpha-function is the process of transformation. Alpha-elements generate representational and imaginative understanding; they are 'the building blocks of representational mental life' (Levine, 2015, p.453). In Bucci's (2003; 2001; 1997) multiple code theory of emotional information-processing, alpha-function may be regarded as analogous to the 'referential cycle' (Bucci, 1997, p.171), whereby continuous, analogic subsymbolic emotional material (equivalent to beta-elements) is chunked into prototypic nonverbal and verbal symbolic forms (alpha-elements) so that it can be understood. Bion's daughter, Parthenope Bion Talamo (2015), suggests that in this model of the development of thought, the mind is regarded as a kind of 'palimpsest' (p.300) in which the 'continuous flow of unprocessed pre-mental sensory data' (*Ibid.*) or beta-elements is over-written successively by layer upon layer of meaningful alpha-elements. Yet the ghostly beta under-writing is never completely obliterated. It can always be made out faintly and, at times of vulnerability, trauma and so on, can rise overwhelmingly to the surface.

If our minds are functioning more or less adequately, however, we produce alpha-elements constantly in response to the environment. They are included within the liminal, ever-changing, dream-like contents of the stream of experiencing and may take the form of 'visual images, auditory... [and] olfactory patterns' (Bion, 1962, p.26). Recent cognitive and neuroscientific research (Thomson, 2016) paints a similar picture, suggesting that our brains use autonomously-generated 'images' (which can take all the forms Bion noted, and thus are not necessarily strictly visual in nature) to construct reality. To make construction more efficient, we are not normally conscious of every incoming signal from the environment for its duration. Instead, the brain combines raw sensory signals (equivalent to beta-elements) with images of prior experiences to generate predictions about events which guide the way we live. Alpha-elements may be analogous to such predictions. In a way, we dream or hallucinate our response to reality:

> Our reality… is merely a controlled hallucination, reined in by our senses. (Thomson, 2016, online).

If, however, alpha-function is deficient, we may be overwhelmed by beta-elements which we are unable to transform. Bion observed this state in the psychotic patients he treated in the 1950s when he was developing his theory of alpha-function (Symington & Symington, 1996). He suggested that being overwhelmed in this way could generate a form of hallucinosis which is pathological rather than adaptive in the manner Thomson (2016) describes, such that the patient 'cannot dream… cannot go to sleep and cannot wake up' (Bion, 1962, p.7).

For Bion (1992; 1967/1984; 1963; 1962), then, thought emerges from engaging with reality through alpha-function, and, specifically, from three kinds of engagement or links with reality: *loving* or 'L', *hating*/'H' (and all the gradations of emotion these imply) and *knowing*/'K' about reality (Bion, 1963, p.3). The links structure alpha-function, combining with it to create increasingly sophisticated levels of thought. People with psychotic functioning, by contrast, owing to an inability to engage with reality, attack the links and are thus unable to think (Bion, 1967/1984). Bion himself may have experienced a similar, albeit temporary, state in response to the extreme trauma of the First World War, in which he served as a tank commander as a young man, and about which he wrote: 'Everything I did was difficult… my brain would *not* work' (Bion, 2015, p.153).

2.1.2 Sharing Alpha-function in Reverie

I have considered Bion's (1962) concept of alpha-function, and how individuals use it intrasubjectively to generate thinking. But a stage is missing. How do we acquire the ability to attend to reality through alpha-function in the first place? The missing stage - the origin or matrix of thinking and dreaming, where reverie happens - is not *intra*subjective according to Bion, but *inter*subjective, and I turn to it now.

Before a baby is aware of anything other than vague sense-impressions (beta-elements), his mother, if she has sufficient cognitive and emotional capacity, shares her alpha-function - her ability to respond adaptively to reality - with the child. In so doing, she transforms the infant's unprocessed experiencing (hunger, fear, a need for interaction and so on) into meaningful alpha-elements by proxy, responding to wails, kicks and proto-verbalisations, for example, by providing milk, changing a nappy, or engaging in play. Such acts, which transform beta- into alpha-elements, are repeated again and again until the infant introjects and develops alpha-function himself. Reverie is the state of mind that makes the sharing of alpha-function

possible. Bion (1967/1984; 1963; 1962) postulates that this sharing continues throughout life and in therapy, where the therapist's alpha-function can transform clients' beta-elements into tolerable thoughts and dreams from which they can learn. Bucci (2003) regards the process as an intersubjective expression of the referential cycle which involves the therapist using 'his own subsymbolic experience, imagery, and ideas as information concerning the patient's state' (p.553).

For such sharing to take place, the mother/therapist must first come into contact with the infant's/client's beta-elements by *containing* them. Bion uses Klein's (1946/1986) largely intrasubjective theory of projective identification to explain how this might be possible. Klein defined projective identification as the process by which the anxious infant attempts, in fantasy, to eliminate unbearable feelings and parts of the self by projecting them into the (m)other. Bion (1973; 1967/1984; 1963; 1962) develops the concept, stressing its function as an early form of thought. In his formulation, projective identification can form a realistic, *inter*subjective mechanism by which the infant conveys beta-elements to the caregiver in all communicative contexts (whereas it is associated with pathology when used excessively, as in the case of psychotic patients attempting to expel beta-elements to escape rather than communicate painful reality (Bion, 1967/1984)).   The intersubjectivity of this process rests on the mother's participation in it in response to the child, which establishes 'a dynamic relationship between container and contained' (Bion, 1963, p.3). Containing projected material in this way involves taking it into oneself and experiencing one's own response to it. We *become* it in a way (Bion, 1970; 1965), so that we understand it from the inside, as it were, and then process it by 'dreaming up' a response to it, transforming it into something more tolerable. Alvim (2016) compares the process to pregnancy, where the therapist allows:

> his own mental uterus to be germinated by the patient's turbulent and avoided emotions, and patiently nurtur[es] them with his reverie. (p.143).

Reverie is the mother's/therapist's capacity for containment; a state of mind that enables one to act as a 'receptor organ' (Bion, 1967/1984, p.116) for the other's projective identifications. Although not synonymous with alpha-function and alpha-elements, it is closely related to them and Bion (1962) acknowledges that in

practice it is impossible to separate the capacity for reverie from its alphabetised-content,[13] adding:

> The term reverie may be applied to almost any content. I wish to
> reserve it only for such content as is suffused with love or hate. Using it
> in this restricted sense reverie is that state of mind which is open to the
> reception of any 'objects' from the loved object and is therefore capable
> of reception of the infant's projective identifications whether they are felt
> by the infant to be good or bad. (p.36).

Reverie, then, has its origins in and contains strong emotions or 'passions' (Bion, 1963, p.13), and it is especially associated with love, as Bion (1962) makes clear:

> When the mother loves the infant what does she do with it? Leaving
> aside the physical channels of communication my impression is that her
> love is expressed by reverie. (pp.35-36).

Looked at this way, reverie can be understood as a form of empathy or 'other-focussed personal imagining' (Smith, 2011, p.101) which 'puts us 'within each other'' (Iacaboni, 2011, p.57). Bion (1992; 1963) compares this loving, receptive attention with Freud's (1912/1958) notion of free-floating listening, in that in both states one is at the same time relaxed *and* attentively focused on the other and oneself; a combination which can generate an exquisite empathic sensitivity. It is dream-like (Bion (1992, p.139) claims attention and dreaming constitute a single process), similar to the drifting, unfocused condition we enter on the brink of falling asleep or when our minds wander. Grotstein (2009) suggests the dreamy yet attentive state of reverie is like a hypnotic spell, while Altman (2016) links it with meditation and mindfulness, to which he suggests Bion may have been exposed as a child during the British Raj in India.

As with the equanimity of mindfulness, Bion stresses that such attention is open to any outcome. He uses Keats' term 'negative capability' to express this state of mind: 'when a man is capable of being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason' (cited in Bion, 1970, p.125). Accordingly, Bion (1970) advises therapists to eschew 'memory and desire' (p.31), by which he means that they should not cling to them or allow them to obscure psychic reality as it is unfolding. He draws a distinction here between memories that are 'related to conscious attempts at recall' (Bion, 1970, p.70) and those which 'float into the mind unbidden and unsought and float away again as mysteriously' (*Ibid.*), as may be the case in reverie. He calls the latter 'dream-like memory' (*Ibid.*) and

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[13] For this reason, the term is used throughout the Bionian literature as both a state of mind, process or capacity, *and* as the product or content of that state of mind (as when one has 'a' reverie).

believes it to be 'the stuff of analysis' (*Ibid.*), whereas he claims the former limit the therapeutic process.

Reverie is experienced or felt intimately by the therapist. As such, one might view it as a form of countertransference, depending on how one defines that term. Bion does not view reverie in this way, because he takes the classic view of countertransference as the therapist's defensive, unconscious reactions to the client. Given that countertransference, viewed this way, is unconscious, it cannot be 'used' as reverie can; rather, Bion (1973) notes wryly:

> we can only hope that it does not use us too much and that we have had enough analysis to keep the number of unconscious operations to a minimum. (p.122).

Reverie, according to him, includes only those feelings, born out of passion and free of memory and desire, which are receptive to the client and contain the client's emotional experiencing.

If the therapist is *not* receptive to the client and is incapable of, or at least deficient in reverie, the client may be left with his own unprocessed beta-elements, made all the more frightening because the other has been unable to process them, and may experience a state of terror that Bion (1962) calls 'nameless dread' (p.96). Such dread is nameless because the very function that allocates names – alpha-function – has failed and thus 'the uncomprehended has become the incomprehensible' (Britton, 1998, p.56). Viewed from another theoretical vertex, the phenomenon may be understood as a dissociated expression of trauma. Grotstein (2007) notes that Bion himself was 'certified in the experience of 'nameless dread' (p.119), owing to his terrifying experiences in the First World War. He was sent to the Front, aged 19, as an officer in a tank section, and writes (Bion, 2015; 1986) about the deeply traumatic events he experienced there, so that 'it became almost impossible to distinguish dream from reality' (Bion, 2015, p.91). It has been pointed out (Altman, 2016; Brown, 2012; Likierman, 2012; Grotstein, 2007) that Bion's wartime experiences provided a key motivation in his work to define the processes that enable human beings to transcend trauma and the 'bombardment of sensory stimulation' (Altman, 2016, p.172) found in beta-elements.

Bion linked nameless dread with awareness of the pitiless, impersonal, unformulated and ineffable nature of reality, which he called 'O' (Bion, 1970, p.26); a reality with which he became closely acquainted on the battlefield and was able, over time, to transcend, to some extent at least (Brown, 2012; Soffer-Dudek, 2015).

I now focus on 'O', or rather, attempt to move roughly in its direction, as 'O' cannot be focused on or known (it is impermeable to 'K'); one can only *become* it.

2.1.3 Becoming 'O'

Towards the end of his career, Bion moved from exploring how emotions and perceptions are represented psychologically, to an emphasis on that which is unrepresented and unrepresentable, which involves letting go of what we have learned (Vermote, 2011; Ogden, 2004b). His theories about alpha-function and learning from experience (Bion, 1963; 1962) had taken him only as far as the 'K' link (knowing *about*), but he wanted to reach beyond it to the origin of experiencing, which he located in 'ultimate reality' (Bion, 1970, p.26), although it can never, in fact, be reached or even named (for this reason, he gave it the vague, suggestive title 'O' (*Ibid.*)). In exploring this area, Bion entered what might be termed transpersonal domains, in that his views on becoming 'at one' with 'O' (Bion, 1970, p.30) seem to involve states of consciousness beyond what might normally be perceived as 'the limits of personal identity' (Soanes & Stevenson, 2008, p.1533): one definition of the transpersonal.

Bion (1970) states that pure 'O' – 'ultimate reality, absolute truth, the godhead, the infinite, the thing-in-itself' (p.26) - cannot be known, although it can evolve to a point where it can be known *about*. One can, however, *become* or *be* 'O':

> Reality has to be 'been': there should be a transitive verb 'to be'
> expressly for use within the term 'reality'. (Bion, 1965, p.148).

Bion (1991) gives love as an example of such 'being' or 'becoming': efforts to define, deconstruct and know love always fall short of its lived experience, which is wholly and undeniably real, whilst also ineffable: 'Love is the ultimate which is become, not understood' (p.183).

References to reverie *per se* are lacking in Bion's later work, reflecting the progression of his focus from alpha-function and 'K' to 'O'. Accordingly, he proposes that 'K must be replaced by F' (Bion, 1970, p.46): an 'act of faith [which] depends on disciplined denial of memory and desire' (p.41), qualities which obscure 'O':

> Through F one can 'see', 'hear', and 'feel' the mental phenomena of
> whose reality no practising psycho-analyst has any doubt though he
> cannot with any accuracy represent them by existing formulations.
> (Bion, 1970, pp.57-58).

'F' and becoming may, I suggest, be regarded as evolutions of reverie, closer to 'O' on the continuum 'O'→'K' than reverie conceived strictly as a factor within psychological representation, but commensurate, nonetheless, with Bion's (1962) original definition of reverie as a capacity for containment of the loved other's projective identifications.   In a clinical context, the therapist *becomes* the 'O' of the client's reality through an act of faith in a state of empathic, intuitive reverie: he does not only think about or cognitively process that reality but also takes it *in*, contains, embodies, dreams and transforms it, such that 'he becomes the 'O' that is common to himself and [the other]' (Bion, 1970, p.28), which is a process of 'at-one-ment with O' (p.30). Ogden (2015) makes a similar point, when he writes:

> the analyst's work is to intuit… unconscious psychic reality by becoming at one with it.... For me, reverie… waking dreaming, is paradigmatic of the clinical experience of intuiting the psychic reality of a moment of an analysis. (pp.293-294).

Because it involves absorbing the other's suffering and opening oneself to chaotic, unconscious and unrepresented states – not only when working with seriously disturbed or psychotic clients, but also with 'neurotic patients who possess autistic barriers or autistic nuclei' (Civitarese, 2013, p.220) and with 'the borderline moments' (Botella & Botella, 2013, p.119) that, the Botellas suggest, arise in every treatment – becoming can be painful and the border between it and hallucinatory experiencing in the therapist can be blurred (Bion, 1997; Botella & Botella, 2013; Civitarese, 2015; Ferro, 2012).   Indeed, Bion (1970) suggests that the nearer we approach 'O' (which is never very near), a form of hallucinatory experience is not only unavoidable but *required* of the therapist within his 'act of faith' (p.41): 'by which alone he can become at one with his patient's hallucinations and so effect transformations O→K' (p.36); a process that has been called 'transformation in hallucinosis' (Civitarese, 2015, p.1102).   To work safely in this way, therapists must have strong ego boundaries, maintained through their own analysis and self-care (Bion, 1973; and see also section 7.3, p.152, which considers the need to work safely with reverie). Grotstein (2005) suggests that it is these boundaries that prevent becoming from degenerating into fusion, or even psychosis.

2.2   Post-Bionian Psychodynamic Literature on Reverie

As noted on p.13, the number of psychotherapeutic publications on reverie has increased in recent years. In the following section I review the writings of some of the psychoanalytic authors, inspired by Bion, who are responsible for this increase, focusing on those who develop Bion's concept of reverie, rather than simply explain

it. I begin with Ogden – already introduced in Chapter 1 - and go on to consider the work of a group of psychoanalysts known as the post-Bionian Field Theorists, before ending with Grotstein, in recognition of his eminence as a post-Bionian scholar.

2.2.1 Thomas Ogden's Reverie

Thomas Ogden is amongst the most prolific and influential contemporary reverie authors. Whilst acknowledging his debt to Bion's work (for example, Ogden, 2007a; 2004b; 1999a), Ogden has developed his own response to it, which expands Bion's concepts. Foremost among his contributions is his concept of the intersubjective analytic third (Ogden, 2004c; 1994a; 1994b), which contextualises his writings about reverie and provides a further perspective on its relational basis. Ogden (*Ibid.*) likens the analytic third to an additional or third subject generated by the interaction of the client's and therapist's subjectivities in the transference-countertransference. It does not obliterate their individual subjectivities - although these may be subjugated for a time (Ogden, 2004c) - but stands in dialectical tension with them (Ogden, 1999a). Metaphorically-speaking, Ogden conceives of the third as a subject or character with a 'personality' that is the unique sum of its members' intertwined conscious and unconscious ways of being and histories, expressed through reverie. It structures and flavours their responses to each other, and makes possible a sharing of experiencing.

The analytic third acts like a mutual (albeit asymmetrically-experienced) field of influence that its members enter from their first contact (Ogden, 1996; 1992). It is asymmetrical because it is used to understand one party (the client) rather than both parties equally, and because it generates reveries in its members which are not identical (symmetrical) reflections of each other's experience, but are nonetheless related. Ogden explains that in reverie:

> The analyst does not experience the past of the analysand; rather, the analyst experiences his own creation of the past of the analysand as generated in his experience of the analytic third. At the same time, the analysand experiences his own living past as created intersubjectively in the third. (Ogden, 1994b, p.5).

Returning to the example of his work with Mr L., cited on p.3, where Ogden (1994a) ruminated about being unable to collect his car from the garage after it had been repaired, Ogden does not claim that his felt response to the reverie (still less the practical situation which inspired it, concerned with picking up his car) duplicated directly Mr L.'s explicit or even implicit concerns, but rather that the reverie

expressed his own intuitive conception of Mr L's experience from *within the third* and, therefore, from a position in which his own subjectivity was linked dynamically with Mr L.'s.

The reveries that emerge from and express the analytic third can take many forms according to Ogden, including:

> ruminations, daydreams, fantasies, bodily sensations, fleeting perceptions, images emerging from states of half-sleep… tunes… and phrases… that run through our minds, and so on. (Ogden, 1999a, p.158).

He explores this experiencing in more detail than Bion, illustrated with case examples that demonstrate an extraordinary ability to bring liminal mentation into awareness and make use of it. Reverie, as Ogden (1999b) describes it, is the ubiquitous 'background sound of being' (p.981) and as such, it is experienced in every session (Ogden, 1997a). It is not limited to psychoanalysis but is found in other significant interpersonal interactions (Ogden, 2015; Ogden & Ogden, 2012), although Ogden (1996) claims that it is intensified in the psychoanalytic context. Reverie, then, is an inherent part of life and inherently live*ly*; a vivid expression of living. Its liveliness is important in therapy because it is perceptible and can be tracked, thus alerting the therapist to the 'sense of aliveness and deadness of the transference–countertransference' (Ogden, 2002, p.780), which Ogden regards as the single most important means of gauging the work's status.

Reverie makes available the therapist's intersubjective experience of the client within the analytic third in forms that are both deeply personal to the therapist *and* which express the 'unarticulated (and often not yet felt) experience' (Ogden, 2004c, p.184) of the client. Because, according to Ogden, it reveals intersubjective experience in subjective, associative form, working with reverie requires the therapist to pay attention not only to the client's (c)overt expressions but also to the therapist's own responses, no matter how 'riotously anticontextual' (Bollas, 1995, p.12) they seem. Owing to their genesis in the analytic third, the therapist's associations are 'no less important a source of analytic meaning… than are the patient's' (Ogden, 1996, p.893).

Certain characteristics of reverie stand out in Ogden's work; characteristics which are implied by Bion, but extended by Ogden. First, although he regards reverie as an intersubjective product of the analytic third, Ogden (1999a) also stresses its 'exquisitely private' (p.159) nature; the two aspects intertwining in a continuous 'dialectic of oneness and twoness' (Ogden, 1994a, p.3). It requires great effort to

bring ultra-subjective experiencing of this kind into awareness and keep it there long enough to work with it. Indeed, Ogden (1999a) points out that reverie streams unobserved normally, and warns that bringing it into consciousness in this intense way is to tamper with an 'essential inner sanctuary of privacy, and therefore with one of the cornerstones of our sanity' (Ogden, 1994b, p.83).   Because reverie is so private, Ogden (1997a) rarely speaks directly about it to his clients, but instead speaks tentatively *from* the thoughts and feelings it engenders over time.

In Ogden's account, reverie is a means by which the therapist seeks to comprehend the client's unconscious experience generated within the analytic third. Yet unconscious experience is, by definition, unavailable directly to consciousness. Ogden suggests that one can only gain an indirect sense of what it is *like* through reverie (Ogden, 2016; 1997b). This fundamentally metaphoric, symbolic aspect is a further central characteristic of Ogden's reverie, which he defines as:

> a process in which metaphors are created that give shape to the analyst's experience of the unconscious dimensions of the analytic relationship. (Ogden, 1997b, p.727).

For Ogden, therefore, language and metaphor play a critical role in making sense of reverie: not only as a means of expressing meaning clearly, but as a generator of meaning; meaning which is held *in* and *between* the verbal and paraverbal elements of speech (Ogden, 1997c). Such meaning is woven into its sounds, pitch and cadence and the gestures that accompany (and often slightly anticipate) speech and can be glimpsed too in the 'parts left out, in the breaks in the discourse' (Ogden, 2016, p.413), as when words are used incongruously.

The final characteristic of Ogden's reverie I highlight here is its liminal, dream-like quality. Dreaming, like language, provides a way to give personal symbolic meaning to lived experience (Ogden, 2017; 2009) and – also like language – Ogden claims that it is generative: 'we are not dreaming *about* something, we are *dreaming something,* "dreaming up" an aspect of ourselves' (Ogden, 2015, p.294), bringing to life something which did not exist before. Ogden builds on Bion's (1992; 1962) concept of reverie as waking dreaming, focusing on how it enables therapists to dream clients' emotional experiences or 'undreamt dreams' (Ogden, 2004a) until they are able to do so themselves. He describes different approaches to this work, including 'talking-as-dreaming' (Ogden, 2009, p.26), in which he engages with clients who have little or no self-reflective capacity. In talking-as-dreaming discussions about apparently unanalytic topics like books or politics form a kind of dream-work in themselves, ostensibly factual but touching on unspoken, often

unconscious concerns. Later, as the client becomes more self-aware, 'talking-about-dreaming' (*Ibid.*) may begin, in which the client starts to reflect on the analysis. As reflective process builds, 'dream thinking' (Ogden, 2010) becomes increasingly evident in the therapeutic relationship; thinking in which meaning is attributed flexibly to experience from multiple vertices. Clinical supervision fosters yet another kind of reverie-dreaming - 'guided dreaming' (Ogden, 2009, p.26) - where the supervisor provides a frame within which the supervisee may 'dream up' the client (Ogden, 2005).

2.2.2 The Post-Bionian Field Theorists

Wilfred Bion travelled a good deal, and on his travels disseminated his theories among psychoanalytic communities world-wide (Grotstein, 2009). I now focus on one of the groups he influenced, known as the post-Bionian field theorists (BFTs), whose members are based primarily in Italy and include the psychoanalysts Antonino Ferro and Giuseppe Civitarese.   The BFTs draw not only on Bion but also on the notion of the bi-personal analytic field, developed by the South American analysts Madeleine and Willy Baranger. The Barangers emphasised the intersubjectivity of the analytic situation, which creates a field:

> between two persons who remain unavoidably connected and
> complementary as long as the situation obtains, and involved in a single
> dynamic process. (Baranger & Baranger, 2008, p.796).

The bi-personal field is structured by unconscious fantasy which does not belong solely to the client, but is co-created *between* client and therapist and can thus be described as 'phantasy in a couple' (p. 805). As an intersubjective co-construction which generates a shared thirdness in phantasy, the field may be compared to Ogden's analytic third (see Ogden, 2010; 2004c). Ferro (2015a), however, points out that, although related, they are not synonymous and claims the analytic field offers a more universal concept than the third.

For BFT practitioners, the field transcends the individual subjectivities of therapist and client and generates shared alpha-function (Civitarese & Ferro, 2013, p.195) which can transform beta- into alpha-elements. The resultant alpha-elements take the form of 'meaningful pictograms' (Ferro, 2006, p.994) within waking dream thought. Pictograms are subjective, emotive, visual and sensorial images. Embedded within them are characters, environments and situations. It is as if the dreamer 'casts' these characters as actors in the film or play of reverie (Ferro,

2015a; Ferro & Civitarese, 2015), with the analytic field functioning as the stage on which the cast performs its script.

Pictograms are not normally knowable in themselves, so fleeting and subliminal are they, but they can be accessed through reverie. More commonly, they are knowable through their 'narrative derivatives' (Ferro, 2006, p.989); the stories or narratives we tell ourselves in free associations, metaphors,[14] accounts of dreams, reports from childhood and so on (Ferro & Foresti, 2013; Ferro, 2012; 2006). Whilst reverie and narrative derivatives of dream thought can be experienced by both therapist and client, training and experience make them more accessible to the former (Ferro & Foresti, 2013). Thus, a 'typical' session may involve the client expelling beta-elements into the field through projective identification as well as engaging in wakeful dreaming, of which he may be aware only through narrative derivatives. The field (the intersubjectively shared experience of the therapeutic pair) responds to these expressions by processing or 'alphabetising' (Ferro, 2006, p.989) them into further pictograms, making something previously unthinkable available through the therapist's reveries and interpretations. If the therapist's capacity for reverie is deficient, however, unprocessed projective identifications can flood back into the client, whom they may traumatise and overwhelm. This situation is known as negative reverie or '–R' (Ferro & Civitarese, 2015, p.88) and is equivalent to Bion's (1962) 'nameless dread' (p.96).

Ferro (2015a) suggests that reverie can be experienced in several increasingly sophisticated ways, starting with basic reverie within the everyday subliminal stream of consciousness, and moving onto 'reverie flashes' (p.72), which he compares to short films (my reverie of a procession with winged sprites, outlined in Chapter 1, p.6, may be understood as a reverie flash). These flashes may become more like feature-length movies as the dreaming process expands over time. Eventually, a stage may be reached that Ferro (2015a) calls 'transformation in dreaming' (p.72), in which the entire therapeutic session is conceived of as a kind of dream and everything the client expresses (no matter how apparently factual) is prefaced in the therapist's mind with the words: 'I had a dream in which...' (Ferro,

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[14] Like Ogden (1997b) the BFTs reserve a special place for metaphor in their account of reverie-informed work. According to them, both reverie and metaphor translate one term (emotional experience) into another, more recognisable term (representational thought). The BFTs view reveries as intrinsically metaphorical and metaphor as a particularly reverie-infused form of narrative derivative (Ferro & Civitarese, 2015; Civitarese & Ferro, 2013).

2009, p.2010). It is not that the BFTs doubt the truth of their clients' accounts; rather, they bracket everyday veracity to focus on a different – they would say, more fundamental – kind of truth: the emotional reality of the field (Civitarese, 2016).

The BFTs describe themselves as radically relationist (Ferro, 2006) because they perceive the reality of the session as an expression of the therapeutic relationship unfolding in the here-and-now of the field. They argue that a 'completely different kind of listening' (Ferro & Civitarese, 2015, p.113) becomes possible when the therapist responds to the client through the oneiric, reverie-infused vertex of transformation in dreaming. Ferro (2015a) suggests that such listening provides the therapist with a 'magic analytic filter' (p.149) through which more superficial concerns may be sifted, exposing the emotional core of the client's communication. The therapist deconstructs, re-dreams and interprets these communications, working with the client toward psychological transformation.

Ferro (2015a; 2009) claims that the more sophisticated levels of reverie, like transformation in dreaming, require analytic training and apply exclusively to psychoanalysis, although he acknowledges that basic reverie and alpha-function are universal human characteristics. It is interesting, therefore, that one of his most resonant examples of the transformative capacity of reverie does not originate in a psychoanalytic session, but in a conversation between friends (albeit friends who are psychoanalysts); an example which, I suggest, challenges his partial restriction of reverie to psychoanalysis and supports a consideration of its relevance to other therapeutic modalities and other contexts altogether, such as research:

> Some time ago, I was very worked up about a trip to the US because it involved taking the train (everybody knows about airports, they are all the same, I told myself, but how do you take a train in America?). So I called a dear friend of mine… She responded to my worried question and corresponding anxiety by saying: '3.10 to Yuma'.[15] My anxieties suddenly ceased: the happy image that reminded me of Westerns… completely assuaged my fears. (Ferro, 2015a, p.51).

In other words, the reveries generated in the interaction between Ferro and his friend, linked with his boyhood experience of watching Westerns, transformed his feelings of anxiety utterly (I wonder what effect they had on readers). Ferro & Civitarese (2015) note that the capacity of pictogram sequences to soothe, like this,

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[15] *3.10 to Yuma* is the title of a 1957 American film, set in the Wild West, which involves a rancher risking his life to transport a notorious outlaw to gaol by train.

by containing disturbances in the field is intrinsic to the way reverie brings about emotional transformation. Through reverie the frightening 'outside' is brought 'inside'; 'not…'forced' to come in, but…accepted within' (p.103) the dream of the session, where it is contained in the emotional unison of therapist and client (Ferro & Civitarese, 2015; Ferro & Foresti, 2013; Ferro, 2012).

2.2.3 Grotstein's Projective Transidentification

In this section I focus on what James Grotstein – who was himself analysed by Bion - has added to Bion's thought, and in particular, his concept of projective transidentification or PTI (Grotstein, 2008; 2007; 2005), in which he develops the communicative aspect of Bion's theory of intersubjective projective identification and its implications for reverie.

After pointing out that we cannot in reality project psychic material *into* another, Grotstein (2005) asserts that we can only mentally project our feelings into *our inner image* of the other. He goes onto explore the relational mechanisms at work that enable the projector to affect the projectee in real, felt ways, despite their lack of physical connection. Two additional steps are needed, he suggests, to 'account for the actualization of the communication' (p.1052).   First, the projector's intrasubjective fantasying must be accompanied by externalised sensorimotor signalling: 'gesturing, prompting, and/or priming on the part of the projecting subject' (pp.1052-1053). Grotstein calls this process 'nudging' (p.1059) [16] and it includes various communicative embodied actions, such as physical movement, facial expression, 'speaking, hinting or posturing… tone of voice or atmospherics' (p.1061). These acts are observable by others, often at implicit levels owing to their speed and subtlety, and Grotstein (2005) suggests they have a 'hypnotic-like power to induce transformation in the object' (p.1060).

Second, the receptive therapist responds empathically to the client's fantasying and nudging by 'dreaming' his own corresponding internal image, thereby establishing a 'mutually inductive resonance' (p.1055) which provides a fertile breeding ground for further reverie. Grotstein (2007; 2005) cites neuroscientific findings on mirror neurons to explain the process. Neuroscientists (Gallese, 2009; Gallese *et al.*, 2007; Rizzolati *et al.*, 1996) claim that the mirror neuron system triggers automatic simulations of others' observed actions and emotions to achieve relational goals, such as co-operation and care-taking. Simulation takes place when the system

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[16] Grotstein's (2005) concept of nudging has something in common with Thaler and Sunstein's (2008) famous application of the term within behavioural economics, in the sense that both concern the way 'small and apparently insignificant details can have major impacts on people's behaviour' (p.3).

causes an observer's neural circuits to fire in a pattern analogous to that in the observed person, and thus establishes a direct experiential link between observer and observed. Reverie, according to Grotstein, is a product of this mutual inductive resonance or mirroring. Reveries are those memories, mental images and other inner objects 'summoned from within [the therapist's]...own font of experiences' (Grotstein, 2008, p.199) that correspond most nearly in his intuition to the client's signalled state of mind.   In PTI the therapist *becomes* those resonant aspects of himself in order to relate to the other (Grotstein, 2008; 2007; 2005).

2.3   'Reverie' in the Non-Bionian Literature

In this section I review selectively non-Bionian literature that addresses reverie-like phenomena. The review is selective in that it does not attempt to cover systematically *all* non-Bionian psychotherapeutic work on such phenomena. It is beyond the scope of this thesis to review the entire literature in this field, which would cover a vast range of human experiencing involved in thinking, dreaming, imagining and relating empathically and intuitively to others. I focus, rather, on authors who, despite (or perhaps because of) their use of different concepts and terminology to those used by Bion, can add to our understanding of how psychological therapists experience, use and make sense of reverie.

2.3.1   'Reverie' and Jung

Bion acknowledged his debt to his psychoanalytic predecessors Freud and Klein (see, for example, Bion, 1992, p.62), but rarely mentioned Jung. Maier (2016), however, points out that Bion attended Jung's Tavistock Lectures in 1935 and suggests that he was influenced by Jung's views on containment. There are several other points of contact in their thinking too, and I turn to these now.

Jung (1954/1959) postulates that in addition to the individual, personal unconscious, we each possess – or rather share – an inborn *collective* unconscious. Whereas the personal unconscious contains behavioural dispositions and feelings, the collective unconscious is populated by pre-existent, primordial images of the instincts, which operate at a deeper level. These 'universal images' (p.5), known as 'archetypes' (p.3), are identical in all humans, although they are given local colour by the personal unconscious. All ideas are founded on them. They include the *mother* (Jung, 1938/1959) from which both positive and negative images of motherhood, birth and fruitfulness derive, and the *child* (Jung, 1951/1959), linked to potentiality, beginnings and endings. The archetypes are

images in the broadest sense: whilst they often take figurative form, they may be expressed in less directly representational ways too, for example as 'complexes of experience' (Jung, 1954/1959, p.30). Parallels can be drawn with reverie, which, like the archetypes, may be, but is not always, expressed pictographically and constitutes a form of experiencing and meaning-making.   One wonders whether, under their infinitely variable subjective make-up, members of a reverie 'cast' (Ferro & Civitarese, 2015, p.66) may have archetypal ancestors.

We are not conscious of the archetypes normally, but they can be perceived in a state of mind analogous to Bion's (1970) reverie-inducing negative capability, which Jung calls the *abaissement du niveau mental* (Jung, 1946a/1954, p.266):

> A state of reduced intensity of consciousness (in dreams, delirium, reveries, visions, etc.)… [in which] hitherto unconscious material streams, as though from open side-sluices, into the field of consciousness. (Jung, 1951/1959, p.155).

Like Bion (1962), Jung (1929/1954, p.56) claims that we produce such oneiric material whilst asleep *and* awake and both authors connect the open state of mind in which we become aware of this material with intuition and imagination (Bion, 1997; 1977; Jung, 1954/1959; 1916/1969). Jung suggests that both collective archetypal and personal imagery may be accessed not only through unbidden states of consciousness (as in night- and day-dreaming), but also through a more intentional process that he calls 'active imagination' (Jung, 1951/1959; 1916/1969), which has been linked with reverie (Cwik, 2011; 2006). Active imagination is a focused, introspective practice for observing the imagery stream and elaborating it creatively. It can produce images and fantasies rich in archetypal associations, which may be developed through successive rounds of imaginative activity, for example through painting or sculpting.

Jung practised such creative amplification himself in an attempt to access the collective unconscious through his own inner world, and the exquisite results can be seen in his *Red Book* (Jung, 2009). Speaking from personal experience, he counsels the user to take a cautious approach to such work, however, since active imagination can degrade into personal invention or become a purely aesthetic concern in which the dreamer becomes embroiled in an 'all-enveloping phantasmagoria' (Jung, 1916/1969, p.68). More dangerously, in some cases the 'side-sluices' (Jung, 1951/1959, p.155) can open too far and the mind can be overpowered by unconscious contents, as Jung's own mind almost was in 1913-14, when he experienced a state of semi-psychosis as he worked out his approach to analytical psychology; a state from which he was saved only because he regulated

the stream of images that threatened to overwhelm him by reflecting on and recording them (Jung, 1961/1995). The same caveats apply equally to reverie which, as we saw on p.16, may in some circumstances be linked with pathological hallucination.

Active imagination involves a back-and-forth movement between conscious and unconscious states of mind, as does reverie, which navigates the 'contact barrier' (Bion, 1962, p.17) between these domains. Jung calls this dynamic the 'transcendent function of opposites' (Jung, 1916/1969, p.90), in which the tension generated by conscious and unconscious contents pulling in opposite directions creates 'a living, third thing' (p.90) that transcends and links them. The transcendent 'third' may be expressed in any number of symbolic and archetypal forms and leads to 'a new level of being, a new situation' (Jung, 1916/1969, p.90). Synchronicity (Jung, 1973) is one way in which the archetypes can constellate such transcendent meanings. Jung defines it as 'the simultaneous occurrence of two meaningfully but not causally connected events' (p.25) and describes two steps within it which bear close resemblance to the inner processes from which reverie arises:

> a) an unconscious image comes into consciousness either directly (i.e., literally) or indirectly (symbolized or suggested) in the form of a dream, idea, or premonition. b) An objective situation coincides with this content. (Jung, 1973, p.31).

Jung explains synchronicity by reference to shared participation in the collective unconscious, and explores the therapeutic implications of this approach in his work on the transference-countertransference relationship (Jung, 1946a/1954) in which, like Bion (1962), he highlights the role of containment. He expresses the containing relationship through the metaphor of alchemy, in which two individuals' unconscious contents mix, creating a conjoined, dual-headed figure. The merging of the two figures represents Jung's notion of unison (or sympathy/empathy) in analysis, known as the *participation mystique*:

> an unconscious identity in which two individual psychic spheres interpenetrate to such a degree that it is impossible to say what belongs to whom. (Jung 1958/1970, p.452).

According to Jung (1946a/1954), the pair are bound together not only by projection but also by love and the instinctive operation of the kinship libido, which echoes Bion's (1962) notion of reverie generated by intersubjective projective identification and the mother's love. In their unison, the therapist takes on the client's sufferings

and shares them (Jung, 1946a/1954); in Bion's (1970; 1965) terms, she *becomes* the patient's 'O'.

2.3.2 'Reverie' in the Humanistic Literature

Although the reverie literature is dominated by psychoanalytic accounts, experiences analogous to reverie have also been studied by humanistic authors, using different terminology. I believe their work can extend understanding of reverie in two principal respects: first, in terms of the humanistic approach to empathy; and second, in its emphasis on attending to the experiential flow.

Several humanistic authors describe experiences that resemble psychoanalytic accounts of reverie. Rogers (1980), for instance, the founder of person-centred psychotherapy, writes about states which appear similar to reverie:

> Sometimes a feeling 'rises up in me' which seems to have no particular relationship to what is going on. Yet I have learned to accept and trust this feeling in my awareness and to try to communicate it to my client. (p.15).

He gives an example of becoming aware, suddenly, of an image of a client as a pleading little boy, hands folded in supplication, saying, '"Please let me have this, please let me have this"' (*Ibid.*) and notes that such feelings may resonate deeply with clients. The transience and vividness of his experiencing in this example, and the way its apparent incongruity revealed something at the heart of the client's process, echoes the psychoanalytic descriptions of reverie reviewed above. In a similar vein, Thorne (2002), a contemporary person-centred practitioner, writes about his first meeting with a client in which he was aware of a 'kaleidoscope of thoughts, feelings and impressions' (p.70), including a metaphorical image of the client as a stained glass window. He concludes:

> To encourage and to attend to such awareness is an essential part of my professional responsibility as a person-centred therapist, as is the equally demanding task of deciding if and how to deploy such awareness in the interests of the client and of our relationship. (Thorne, 2002, p.70).

These sentiments, I suggest, would be echoed by the psychoanalytic reverie authors reviewed above.

In psychoanalytic accounts of reverie, its role in enabling the therapist to empathise with the other's feelings is highlighted. Empathy is also at the heart of the person-centred approach, where it is regarded as one of the core conditions for therapeutic personality change (Rogers, 1957); indeed, towards the end of his life, Rogers

(1980) ranked it as *the* most mutative of those conditions. Rogers (1957) initially defined empathy as a capacity 'to sense the client's private world as if it were your own, but without ever losing the 'as if' quality' (p.226), thus emphasising both the way in which the therapist personalises what he perceives to be the client's experience (he senses the client's private world as if it were his *own*) and the other-focused nature of the therapist's sensing (he does not sense the other's inner world *as* his own – but as *if* it were his own). The tension between connection and differentiation highlighted here is central not only to person-centred accounts of empathy but also to contemporary philosophical and scientific understandings of the state, such as Coplan's (2011a), in which empathy is conceptualised as:

> a complex, imaginative process through which an observer simulates another person's situated psychological states *while maintaining clear self–other differentiation*. (p.40, italics added).

Clear self-other differentiation, Coplan (2011b) suggests, distinguishes true empathy from 'pseudo-empathy' (p.12), in which we confuse our own experience with the other's. Schmid (2001) makes a similar point, noting that Rogers' (1957) 'as if' axiom separates empathy from identification: 'Empathy means to resonate to the melody the other plays…*without playing one's own melody'* (Schmidt, 2001, p.54, italics added).

On one level, such accounts appear to contrast with psychoanalytic approaches to reverie, which give more emphasis to sharing the client's experience rather than differentiating it. Ogden's (1994a) concept of the analytic third, for example, rests on overlapping rather than clearly differentiated notions of self and other. However, the distinction may not be as clear-cut. Rogers himself appears to have moved further towards the mutually-experienced end of the empathy continuum in the latter part of his career (Schlien, 2001) and his late account (Rogers, 1980) of an empathic way of being emphasises being *with* others rather than sensing the other's experience *as if* one were them. Several other humanistic writers stress that the therapist's own inner experiencing provides a key to this kind of empathic sensing. Gendlin's account is reviewed below (pp.34-35), and other examples include Gunzberg's (1997) tale of working with a harshly self-critical client, during which he 'quietly drifted off into a trance state for a few minutes' (p.87) and fantasised about feeling frustrated when not achieving high scores in a video game. Speaking from his experiencing in a way akin to Ogden (1997a), Gunzberg (1997) commented to the client: 'You really have very high expectations of yourself, don't you?' (p.87). The client felt recognised: Gunzberg's 'reverie' connected directly with her perfectionism and brought it into their dialogue. Bozarth (2001), too, questions

strictly *other*-centred approaches to empathy, and suggests that it may also be communicated through 'the intuitive, idiosyncratic attending of the therapist' (p.139). Indeed, he claims that idiosyncratic attending (which could be a definition of reverie) is more likely to enable therapists to 'walk in the world of the other' (*Ibid.*), as Rogers (1980) advocated.

At the very end of his career, Rogers focused on a healing capacity 'around the edges' (Baldwin, 1987, p.45) of empathy and the other core conditions, which sprang from within him and connected with the other. He called this liminal quality 'presence' (p.50):

> When I am the closest to my inner, intuitive self… when perhaps I am in a slightly altered state of consciousness in the relationship, then, whatever I do seems to be full of healing… At those moments, it seems that my inner spirit has reached out and touched the inner spirit of the other. Our relationship transcends itself, and has become part of something larger. Profound growth and healing and energy are present. (*Ibid.*).

There are several points of contact between psychoanalytic accounts of reverie and Rogers' description of presence. For example, the 'slightly altered state of consciousness' (*Ibid.*) from which he suggests it arises brings to mind the negative capability (Bion, 1970) that gives rise to reverie, and Rogers' sense that his inner spirit and that of other seem to touch and to connect with 'something larger' (Baldwin, 1987, p.50) recalls the BFTs' notion of a universal analytic field that connects individuals (for example, Ferro, 2015a).

Tracking one's experiential flow is central to empathy and therapeutic presence, as it is to reverie. Perhaps the most extensive humanistic account of such tracking is provided by Gendlin (2003), who calls it 'focusing' (p.4) on the 'felt sense' (p.10), which he defines as 'a bodily sense of some situation, problem or aspect of one's life' (Gendlin, 1996, p.20); a liminal form of experiencing that expresses one's overall bodily apprehension of the present, lived situation:

> The felt sense is an experiential mesh that is not divided. At the conscious-unconscious border zone one senses the ongoing experiential process and it is always implicitly intricate. (Gendlin, 1996, p.174).

The felt sense is implicit because it is emergent and on the edge of awareness, and intricate because it is complex and shifting, containing many criss-crossing factors, such as 'past experiences 'crossing' with each other to form relevant perceptions of a present' (Gendlin, 1986, p.152). The same could be said of reverie, in which we may become aware of ephemeral memories that seem to throw light on the current

therapeutic relationship. The felt sense is located ''around' or 'under'…or 'along with'' (Gendlin, 1996, p.20) 'what one has just said, felt or done… a dream, an image, a memory, or a pressure in some part of the body' (p.174): all forms of experiencing associated with reverie. These expressions can contain or lead to the felt sense, but they do not themselves comprise the felt sense. Rather, they are 'therapeutic avenues' (p.170) to it, and can carry it forward.   Viewing these avenues, and the felt sense to which they lead, through the theoretical lenses provided by the psychodynamic authors cited above, we may view them as expressions of alpha-function (Bion, 1962) and forms of reverie.

Contrary to those person-centred practitioners who advocate purely other-focused listening and empathising (see p.33 above), Gendlin (2009; 1992; 1984) claims we cannot attend to the other without also attending to ourselves, because we can attend only from within our own 'symbolic inner space' (Gendlin *et al.*, 1984, p.262) to the space outside ourselves where others and the environment exist; 'imaging one while in the other' (*Ibid.*). It follows that attending to our inner, implicit experiencing is the best (indeed, only) route to understand others and our relationships, as well as ourselves. Although Gendlin concentrates on clients' use of the felt sense and its avenues, he conceives of himself and other therapists as instruments which resonate to the client (Gendlin, 1996, p.296) and thus does not rule out a more intersubjective approach, in which therapists use their felt sense as they work, as do those who work with reverie. Some of his followers have developed in even more explicitly intersubjective directions. Glanzer (2014), for instance, writes about 'mutual embodying' (p.55), which:

> meets at an interpersonal edge where both implicit and explicit
> processes from one person are available to both implicit and explicit
> knowing in the other. (p.56).

Like Ogden (1999a) in relation to reverie, Glanzer (2014) notes that the meanings that arise from this 'mutual edge' (p.57) are not identical in therapist and client, but nevertheless can provide insight into their relationship.

2.3.3 'Reverie' in the Cognitive Behavioural Literature

I end with a brief note about the emerging interest within the cognitive behavioural therapies (CBT) in the therapist's inner experiencing and thus, potentially, in reverie. Traditionally, CBT has involved identifying the contents of the stream of thought, but the emphasis has tended to be on *clients'* thought processes, with little interest in the therapeutic relationship or the therapist's experience of that stream, where reverie may be located. There is evidence that this is changing in

contemporary 'third wave' CBT, however (Gale & Schröder, 2014; Bennett-Levy, 2006).

In 'Acceptance and Commitment Therapy' (Hayes & Lillis, 2012), for instance, therapists are encouraged to track and, when appropriate, disclose their own inner experiencing to connect with clients' feelings. This approach uses mindfulness, which has been defined as deep, accepting awareness of present inner experiencing (Germer, 2005, p.7): a state that has much in common with Bion's (1970) notions of negative capability and attention without memory and desire. Mindfulness informs a number of other CBT approaches, including Mindfulness-Based Cognitive Therapy (Segal *et al.*, 2002), which treats depression by encouraging clients to observe their experiential flow minutely and freely, rather than be overwhelmed by negative thoughts. Although the use of mindfulness in CBT focuses on clients rather than therapists, Hayes & Lillis (2012) point to the increasing emphasis in third wave CBT on therapists using the same techniques on themselves that they advocate for clients. Bennett-Levy & Thwaites (2007), too, recommend that CBT therapists develop interpersonal perceptual skills through their own practice of mindfulness, which 'enables us to engage in a form of double consciousness… where we can attend to both the client's experience and our own' (p.260), as one does when working with reverie.

2.4   Summary

In this chapter, I have examined reverie from several theoretical vertices. In his earlier work, Bion (1962) defines reverie as an intersubjective factor of alpha-function: a capacity to contain and transform the other's projective identifications. According to this account, to experience reverie is to enter lovingly and empathically into a state of free-floating attention which is dream-like, open to any outcome, and cognitively and emotionally flexible. Later, Bion (1965) focused more strongly on a dimension of being that he called 'becoming' (p.163)*,* by which the therapist may, through an 'act of faith' (Bion, 1970, p.41), be-at-one with the reality or 'O' (p.26) that he shares with the patient, helping to make that reality tolerable so that the client can come to terms with it.

Bion has influenced many contemporary psychodynamic writers, who have extended his concept of reverie. Ogden (1999a; 1994a), for example, views it as a metaphorical, associative expression of the intersubjective analytic third, co-created by therapist and client. Like Ogden, the post-Bionian Field Theorists regard reverie as the product of a matrix of mutual influence, which they call the 'bi-personal field

of the analytic situation' (Baranger & Baranger, 2008, p.805). Reveries are 'meaningful pictograms' (Ferro, 2006, p.994) generated by the field, which express truths about it. In his concept of projective transidentification, Grotstein (2005) unpacks the mechanisms by which psychic material can be shared with another in this way, and explains reverie as the mind's - and particularly the mirror neuron system's – response to complex affective cues or nudges (Grotstein, 2007; 2005); a form of simulative empathy (Iacaboni, 2011).

The accounts of authors from the non-Bionian traditions provide different perspectives. Jung (1954/1959), for instance, emphasises the primordial, collective foundations of human inner experiencing (including reverie and dreaming), and suggests that they can be explored through a process of active imagination (Jung, 1951/1959; 1916/1969). To accounts of reverie as intersubjective pictograms (Ferro, 2006), Jung's writings add the more collective notion of the 'mythologem' (Jung, 1946b/1954, p.119), in which reverie may express archetypal myths and attitudes which all humans share. From a person-centred perspective, Rogers (1980) shows how to use one's own inner experiencing as a sensitive empathic referent to clients' meanings, but lightly, always aware of clients' otherness. Gendlin's work on the 'implicitly intricate' (Gendlin, 1996, p.174) felt sense examines that referent, and its pre-reflexive, bodily-sensed basis, and gives more information on how to attend to and access it. Finally, while third wave CBT approaches which take into account the therapist's inner experiencing may not add significantly to psychodynamic and humanistic theories of reverie and related phenomena, they are evidence of common ground between the different modalities at therapeutically in-depth levels; ground which might be extended and enriched through reverie-informed practice.

I end by reminding readers of my invitation on p.11 to consider your own inner responses to this work. What went on for you as you encountered some of the accounts shared here, such as Ferro's (2015a) *3:10 to Yuma* reverie, or Rogers' (1980) mental picture of a pleading little boy? Were you aware of any feelings, images or memories? No matter how fleeting or irrelevant such experiencing may seem, it can provide a living snapshot of reverie and is therefore worthy of attention; indeed, the psychotherapeutic profession was founded on this kind of information and it has been central to its development ever since, as we have seen in this chapter.

Chapter 3 Methodology and Research Design

In the previous chapter I considered reverie from several different perspectives in the writings of diverse psychotherapeutic authors. I have taken a similarly multi-perspectival approach to the methodologies and methods that underpin this research, selecting those I considered best placed to elucidate each research aim. Accordingly, in section 3.1 of this chapter I explain how I used phenomenology (Husserl, 1931/2012) to meet the first aim of the study, which explores how therapists experience reverie, whilst section 3.2 examines the application of psychotherapeutic-based research methods, founded 'on the skills of the practitioner' (Lees & Freshwater, 2008, p.1) including reverie itself, to fulfil the study's second and fourth aims, concerning therapists' use of reverie in clinical work and my own use of it during the research. A hermeneutic perspective (Gadamer, 1960/2004) illuminates my third aim, which investigates how therapists make sense of reverie (outlined in section 3.3 below). I go onto discuss how I have combined these methodologies in a 'bricolage' of distinct yet complementary approaches (Denzin & Lincoln, 2011) in section 3.4, before describing, in section 3.5, the study design; introducing the research participants; and explaining how I have collected and analysed the data; assured rigour; and addressed the ethical implications of the research.

3.1 Using Phenomenology to Explore Reverie Experiencing

Phenomenology, which aims to describe 'that which appears as such' (Husserl, 1931/2012, p.194) to consciousness, exactly as it appears, has informed my investigation of reverie *experiencing*, the exploration of which constitutes the first aim of this study. To arrive at such a description of consciousness, phenomenologists are advised to set aside their preconceptions, even those that tell them they are self-evidently creatures located in a 'fact-world' (p.56), perceiving it objectively. Husserl claims that we do not, in fact, perceive the world and its contents objectively in this way: rather, we are aware only of subjectively-filtered versions of those contents, which he calls 'noema' (p.185), through an intentional process that conveys meaning on them:

> We are aware of things not only in perception, but also consciously in recollections, in representations similar to recollections, and also in the free play of fancy; and this in 'clear intuition' it may be, or without noticeable perceptibility after the manner of 'dim' presentations; they

float past us in different 'characterizations' as real, possible, fancied and
so forth. (p.66).

From this perspective, the 'dim presentations' (*Ibid.*) of reverie may be regarded as
a 'noetic' (p.184) expression of consciousness, through which we fancy, remember
or feel our response to the world and everything in it, including other people.
Husserl calls the preconceptions that obscure the noetic process and prevent us
from apprehending consciousness and its contents, the 'natural standpoint' (p.51),
and the process of setting that standpoint and our preconceptions aside he names
'bracketing' (p.57) or the reduction (p.111).

Whilst several of Husserl's followers, including Heidegger (1953/2010) and
Gadamer (1960/2004), deny that a complete reduction is possible,[17]
phenomenology's call to *strive*, at least, to perceive naively and intently the stream
of consciousness provides an appropriate methodological tool to explore reverie
experiencing. Inspired by the phenomenological method, I tried during the research
to perceive the detail of that which appeared to my consciousness 'as such'
(Husserl, 1931/2012, p.194), and to be as aware as possible of my own bias.
There are many examples of my striving in Chapters 5, 6 and 7. Although my
efforts have been partial and imperfect, the attempt itself has, I think, sharpened my
awareness of my own and others' experiencing, and has made me less likely to
dismiss elements that seem ordinary and unremarkable; the 'average
everydayness' (Heidegger, 1953/2010, p.16) which, Heidegger notes, is 'constantly
overlooked in its ontological significance' (p.43).

I was influenced in particular by Finlay's (2011) reflexive-relational approach to
phenomenology, in which:

> data is seen as emerging out of the researcher and co-researcher
> relationship, and as being co-created (at least in part) in the embodied
> dialogical encounter. (p.160).

Finlay (2011) encourages the researcher to enter the 'evocative and potentially
transformative realm of the *between'* (p.175, italics in original) to explore such data,
and it is here – between people and everything in which they are embedded,
material and immaterial, conscious and unconscious – that I focussed my

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[17] For these authors our historicised prejudices are fundamental to our pre-reflexive
sense of being-in-the-world (Heidegger, 1953/2010, p.39) and being-with-
others (p.118) and cannot be set aside fully or 'bracketed'. Finlay (2011)
proposes the alternate term 'openness' (p.208) in place of bracketing, to
highlight its receptive intention and avoid the implication that it is possible to
bracket knowing and subjectivity fully and reach complete objectivity.
Openness is, as we have seen, a key feature of reverie.

exploration of reverie experiencing. Finlay (2014; 2011) highlights the role of the body in investigating this zone; an emphasis that is reflected too in Merleau-Ponty's (1974; 1962) phenomenology, in which 'being-in-the-world (Heidegger, 1953/2010, p.39) involves, crucially, being a *body* in the world. Accordingly, a key strand of the research involved attending to my own and participants' embodied responses, such as gesture, and the results are reported throughout the thesis (see, for example, p.107). And yet, this 'between' realm is not only a fleshly, embodied phenomenon. Yusef (2015) suggests that it is 'of the mind, the body and the conscious and unconscious states of being some would call soul, spirit' (p.129), and I have attempted to explore these more numinous states phenomenologically, too, in this work (see, for example, pp.130-134).

Another aspect of the phenomenological area of the 'between' relevant to the study relates to the ephemeral space where my own and participants' intuitive ways of knowing (like reverie) overlapped. Moustakas' (1990; 1994) heuristic phenomenology foregrounds this area, and encourages the researcher to investigate explicit *and* implicit or tacit experiencing and 'the realm of the between' (Moustakas, 1990, p.23) that bridges them. Romanyshyn's (2013; 2002) imaginal phenomenological method draws from the same liminal site, in a manner predicated on reverie itself:

> Dreaming the world while awake, an appropriate if brief description of reverie, seeing the world through a veil of dreams… the daydreamer and phenomenologist are kin. For what is phenomenology if not the capacity to dream with the world? (Romanyshyn, 2002, p.109).

Romanyshyn (2013; 2002) recommends using reverie and dreams as research tools to deepen one's appreciation of the phenomenon under investigation, letting go of more explicit perspectives and attuning oneself to 'what lingers and haunts the present… the invisible in the visible' (Romanyshyn, 2002, p.85). Entering the border realm of the 'between' in reverie, Romanyshyn (2013) claims, enables one to differentiate the research question from one's own complexes, and amounts to a form of bracketing in which we 're-learn to look at the world again' (p.88). This phenomenological approach engages the researcher's emotions - her heart and soul – and may involve heart-wrenching or 'dismemberment' (p.52), so that what has been neglected or forgotten can be re-searched and re-membered, and emerge as the work's 'soul' (p.60). In the following chapters (particularly Chapters 4 and 8) I write more about how I used Romanyshyn's (2013) phenomenological method in my own research 'heart-work' (p.340), and the transformational effect it had on my understanding of reverie.

3.2 Using Practitioner-Based Research to Explore Reverie Use

Selecting a methodological approach that would help me explore the process of *using* reverie (in furtherance of the study's second and fourth aims to explore reverie's clinical and research uses) was complicated by its fleeting, liminal nature. Reverie cannot simply be observed by a third party, although it does have observable elements (see, for example, p.107), and, as Ogden (1994b) points out, it is not easy to observe even in oneself, so I did not consider it appropriate simply to record and analyse clinical sessions, for example. A method was required that enabled participants and me to explore our own experiences of reverie use from the 'inside' as it were, and from the 'between' zone that connected us; an approach that would help us bring our reverie into awareness and keep it there long enough to discuss in detail. Such operations are elements of psychotherapeutic skill, applied, for example, when therapists empathise with clients and reflect on their work with clinical supervisors. As we saw in Chapter 2, they are also essential aspects of the skills needed to use reverie. Therefore I chose a methodology known as 'practitioner-based research'/PBR (Lees & Freshwater, 2008; McVey *et al.,* 2015) or 'transformational research' (Lees, 2016b, p.126), that encourages 'researcher-practitioners' (Gabriel, 2005, p.19) to apply:

> relational and empathetic therapeutic skills in their interactions with participants… these experiences can give researchers insight into the relational processes taking place during data collection and analysis. (McVey *et al.*, 2015, p.148).

I took a practitioner-based approach in an earlier research project (McVey *et al.*, 2016; 2015), in which I explored clients' experiences of emotionally-evocative language in therapy. In that study I applied my therapeutic skills in qualitative interviews, including my ability to use reverie to seek an understanding of and relate to my participants. Holmes (2017; 2013a; 2013b) reports using reverie in a similar way in interviews, and his conclusion that 'researcher reflexivity… provided a rich alternative source of data' (Holmes, 2013a, p.163) reflects my own experience. In the current study I aimed to use my therapeutic skills to provide a supportive, intersubjectively-engaged interview environment which fostered reverie. I wanted to give participants and myself an opportunity to explore any reveries that developed as we interacted, and to this end drew our attention frequently to our experiencing in the moment, asking questions such as: 'If you think about your experiencing *now* as we talk, what is happening inside you now?' (See Appendix 4).

The participants – all qualified therapists – also used their own therapeutic skills to bring their reveries into awareness and reflect on them. In this way the interviews functioned as a 'live stage' for reverie use and generated a wealth of fresh data, which inform Chapters 5, 6 and 7.

As well as exploring reverie use as it unfolded 'live' in the interviews, I needed information about participants' use of reverie in clinical and supervisory work, but, owing to its ephemerality, I worried they might not be able to remember it in sufficient detail. To address this concern, I asked participants to pay close attention to their inner experiencing at work for about a month before their first interviews (see also p.50), and chose a method known as Interpersonal Process Recall or IPR (Clarke, 1997; Kagan *et al.*, 1969; Larsen *et al.*, 2008) to explore it with them. Developed to help train counsellors, IPR claims to help people remember fleeting intra- and interpersonal processes by video-recording them as they experience these processes, and discussing the experience as soon as possible afterwards, playing extracts from the video-recordings to jog their memories. I was particularly drawn to an innovative modification of IPR (Mackaskie *et al.*, 2015; Mackaskie, 2014) which offers a way to recall and study transient, implicit relational processes, like reverie.   Macaskie (2014) developed the method in a study of therapists' experiences of transformation, in which she video-recorded interviews with therapist-participants, and then met with them again to review the recordings of their first conversations. Whilst not studying reverie itself, Macaskie capitalised on the depth of data offered by her method to reflect on aspects that link with reverie use, such as 'non-verbal messages and how they meshed or otherwise with spoken material' (p.14) and the way her own inner voice shaped her conversations with participants.

I took a similar approach, video-recording initial interviews with participants about how they use reverie, and reviewing clips with them from the recordings of those interviews during a second meeting. The second interview enabled us, as it were, to pause the complex stream of our research interaction and study it in slow-motion. I echo Macaskie's (2014) conclusion that the method:

> provided unexpected opportunities for deepening self-understanding…
> [and] the opportunity to question… assumptions of having understood.
> (p.14).

3.3   Using Hermeneutics to Explore Reverie Sense-Making

The third aim of the research is to explore how participants *make sense* of their reveries, and the study is informed, too, by a further sense-making process: the sense I, as researcher, have made of participants' accounts. In elucidating these processes, hermeneutics - the study of interpretation – has provided a useful methodological basis. In particular, it offers insights on the process of attributing meaning in relational encounters, addressed in Chapter 7 (see p.147).

Gadamer (1960/2004), for example, regards understanding another as a situated, linguistic undertaking, in which what is understood is not the 'inner life of the speaker' (p.483), but 'a totality of meaning… [which] pertains not to the speaker but to what is spoken' (*Ibid.*). Thus, the understanding that emerges through dialogue with another transcends the separate intentions of each interlocutor to co-create a 'fusion of horizons' (p.306). Hermeneutic scholars (Gadamer, 1976; 1960/2004; Heidegger, 1953/2010; Ricoeur 1981; 1976) propose that horizons comprise interlocutors' personal, social and cultural backgrounds or 'historicity' (Heidegger, 1953/2010, p.19), including the 'fore-meanings and prejudices' (Gadamer, 1960/2004, p.271) which we construct from infancy on and which construct us in turn, often as a result of relational interactions. In hermeneutics, 'prejudice' does not have the negative connotation associated with more positivist paradigms, and nor can it be 'bracketed' (Husserl, 1931/2012, p.57) as Husserl suggests, but instead it is revealed as an ontological condition 'whereby what we encounter says something to us' (Gadamer, 1976, p.9). Prejudice is, from this perspective, fundamental to mutual understanding or the fusion of horizons, because against its familiar ground the other's alterity is highlighted.

In the dialogical to-and-fro of the meaning-making process, we recognise the other's truth because it stands out against or contrasts with our own. Thus we experience the other as different through a process of negation (Gadamer, 1960/2004, p.349) or distanciation (Ricoeur, 1976, p.43), which, in turn, gives way over time to its counterpart, appropriation (Ricoeur, 1981). Appropriation takes place because in the act of apprehending the otherness of the other we transpose (Gadamer, 1960/2004, p.304) something of that otherness into ourselves, 'assimilating what is said to the point that it becomes one's own' (p.400). From a hermeneutic perspective, reverie may be conceived both as a manifestation of an individual's fore-meanings *and* a representation of the present state of intersubjectively-fused horizons within sense-making; a product of the horizonal interplay of distanciation and appropriation.

Hermeneutics highlights the primacy of conversation in this sense-making process; a conversation which has a 'spirit of its own' (Gadamer, 1960/2004, p.385) and is made up of language which 'bears its own truth within it [and]… allows something to 'emerge' which henceforth exists' (*Ibid.*). Developing this concept, Orange (2002) suggests that the psychotherapeutic conversation enfolds therapist and client entirely, such that neither party is ever fully outside it. Therapists cannot, then, stand outside the conversation to assess the client or even the accuracy or usefulness of their own interventions (like reverie): all they can do is participate, whole-heartedly, in the intersubjective conversation, examining their own prejudices and welcoming other points of view. I have tried to adopt a similar tentative and inclusive approach to sense-making in this research, both by acknowledging and challenging my bias and exploring the conversational and embodied roots of reverie meaning-making (see Chapter 7).

3.4   Combining Methodologies in a Bricolage

The above methodologies elucidate my research aims in different ways, each offering a distinct vertex from which to understand reverie. Because they are all relevant, I combined them in this study, adopting the pragmatic approach of the *bricoleur* (Denzin & Lincoln, 2011; Kincheloe *et al.*, 2011), who patches together different methods, data sources and analytic systems not, as in more positivist approaches, to confirm the validity of data, but to generate complexity and depth. Indeed, complexity is recognised as unavoidable in bricolage and is welcomed by the researcher, because it reflects something of the intricacy of lived experience. Kincheloe *et al.* (2011) warn that:

> the more unaware observers are of this type of complexity, the more reductionist the knowledge they produce about it. Bricoleurs attempt to understand this fabric and the processes that shape it in as thick a way as possible. (p.170).

In the same way, I have applied a number of methodologies and methods to thicken the conceptions of reverie experiencing, use and sense-making offered here.

The heterogeneity and complexity of bricolage is consistent with the relativist, interpretivist paradigm (Burr, 2015; Denzin & Lincoln, 2011; Ellingson, 2011) which underpins my understanding of reverie and other intra- and intersubjective mental phenomena. I share Denzin & Lincoln's (2011) view, influenced by social constructionism (Burr, 2015), that there is no single, universal 'truth' about such phenomena awaiting discovery;

> no clear window into the inner life of an individual…no objective
> observations, only observations socially situated in the worlds of – and
> between – the observer and observed. (Denzin & Lincoln, 2011, p.12).

The liminal realm of the 'between', highlighted here by Denzin & Lincoln (2011), has already been identified as a site of investigation in phenomenologically-inspired research methods (see pp.39-40), and it is also the matrix of reverie (Bion, 1962; Ogden, 1994a). In this study, that zone has existed *between* the participants and the clients and supervisees with whom they experienced reverie; *between* the participants and me in the interviews; and *between* me and my doctoral supervisors, who influenced profoundly my approach to the research. It follows, therefore, that the tools I used to investigate reverie and the zone in which it operates should support an exploration of our experiencing and the interactions that have taken place between us.

In this, I have been influenced by reflexive (Etherington, 2004), autoethnographic (Ellis, 2004; Muncey, 2010) and feminist (Letherby, 2003; St Pierre, 2011) approaches, which encourage exploration of the researcher's as well as participants' experiences, insisting that 'a reflexive connection exists between the lives of participants and researchers that must be explored' (Ellis, 2004, p.30), and which comprise the final layer of my methodological bricolage. By including the researcher's voice, these approaches aim to make more transparent the beliefs, assumptions and biases that researchers bring to their studies, both to add rigour and as an ethical and political endeavour, in which researchers 'own' their work, reflecting as honestly as they can its messy and sometimes uncomfortable nature, rather than giving the impression that qualitative research (or any complex relational engagement) is a clean, linear process. Honest accounts about research are also more likely to inspire fellow researchers (just as honest accounts about practice can inspire practitioners) because readers can see connections with their own real-life professional practices (Lees, 2016b). I reflect on my own experience in this thesis for these reasons, but I have realised, too, that such reflection has enriched the work in another way. Because taking a reflexive methodological stance involves the same acute inner attentiveness that is involved in revealing and making sense of reverie, that stance has enabled me to access my reverie experiencing more fully, generating additional reverie stories (my own) during the research process, and thus supporting my fourth research aim to explore reverie's potential as a qualitative research tool.

3.5   Study Design

3.5.1   Sampling and Recruitment

My aim in identifying and recruiting a sample of participants with whom to explore reverie was not to select a representative group from whom I could obtain generalisable data, because a fragile, intimate phenomenon like reverie cannot, in my view, be 'generalised' as such. Flyvbjerg (2011) points out that generalisation is only one way to gain knowledge in any case: another equally important route is provided by research that presents detailed stories about practitioner experiences, where the intention is not to *prove* but to *learn* something, and help others learn. Rather than a representative sample, then, I aimed to recruit an 'illustrative sample' (Finlay & Evans, 2009, p.81), which would enable me to illuminate and evoke the phenomenon of reverie by sharing a range of practitioners' stories about it. I used a purposive, homogeneous sampling strategy to achieve this end. Purposive samples are structured around participants' common experiences of a feature or process (Silverman, 2010) – in this case, reverie – whereas homogeneous samples are selected on the basis of participants' shared characteristics rather than their differences. The key homogeneous factors in this study were participants' common profession as therapists and their shared interest in reverie. Such samples are usually small, so that data can be analysed in exhaustive detail (McLeod, 2011). I followed Holloway and Wheeler's (2010) recommended sample size of 6-8 participants for homogeneous groups in qualitative research, and in the event recruited seven participants.

As well as looking for a level of homogeneity to structure the sample, I also wanted to keep the research field open for unexpected discoveries, consistent with the exploratory nature of this study (Moustakas, 1990). Therefore, rather than prescribing homogeneous factors tightly, I focused on recruiting qualified therapists who were interested in exploring *any* inner experiencing they believed relevant, and kept the number of stipulations to a minimum. I was keen to recruit participants trained in different therapeutic modalities, hoping to find out if the concept had resonance for therapists from backgrounds other than the psychoanalytic approaches that dominate the literature. As a result, I thought carefully about the language of my recruitment materials and especially the term 'reverie' itself, which is of psychoanalytic origin. I wondered whether to use it at all, in case it confused or alienated practitioners from other modalities, but in the end I did, because I felt it might be even more confusing not to do so. However, I explained the term in non-modality specific ways in the information sheet

(Appendix 3), which I checked for comprehensibility with therapists from a range of backgrounds, including person-centred, cognitive behavioural and integrative.

I aimed to take an inclusive approach towards the sample, including practitioners of different sexes and ethnicities. In the final sample two of the seven participants (28%) were male and two (28%) did not define their ethnicity as White or White British, which exceeds the prevalence of male and non-White therapists in the profession (19% of BACP members in January 2015 were male, and 9% had a non-White ethnicity: BACP, 2015). Because I could not afford to employ a translator, participants with little or no understanding of English were excluded, but I believe this had little effect on recruitment, given participants' status as qualified practitioners working in the UK, and therefore almost certainly with sufficient English to take part. In the event, one participant's first language was not English, although she spoke English fluently.   Inclusion and exclusion criteria are summarised in Table 3-1.

Table 3-1 Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
Qualified psychological therapists with any level of experience and theoretical background, interested in exploring their inner reverie experiencing.	Trainee/unqualified psychological therapists (an explanation of why this group was excluded is given on p.61).
Male and female psychological therapists of any ethnicity.	Psychological therapists whose command of the English language is insufficient to give informed consent or participate in up to two fairly intensive interviews, lasting around 1 hour each.

I used my own professional networks to recruit three participants opportunistically and recruited the remaining four *via* gatekeeper organisations (two universities which provide therapy training and an NHS Trust offering therapy to patients in primary care *via* the IAPT scheme). The universities sent a flyer (Appendix 2) about the study to the clinical supervisors approved to work with their therapy trainees and one also sent it to organisations which provided counselling placements. The NHS Trust sent the flyer to the psychological therapists it employed. All but four of the individuals who contacted me to express an interest in

the study participated in it, having received the flyer: one of the three could not take part owing to a conflict of interest; one withdrew before the first interview for reasons of ill health; and two did not contact me again after requesting the full information sheet (Appendix 3), and did not explain why.

I now introduce the participants themselves: Candace, Grace, June, Martha, Rose, Sam and Seth (all pseudonyms). I knew June, Rose and Sam before commencing the research, but had not met the others previously (I discuss the possible effects of knowing some of the participants on pp.60-61).   Table 3.2 summarises some basic demographic information about them. Four of the seven participants worked in more than one context, with all but one engaging in some form of private practice, as therapists or supervisors or both, often alongside other therapeutic work. Two were psychological therapists in the NHS IAPT service. Some worked with short-term/time-limited contracts, some long-term, and some both. All participants integrated different therapeutic modalities, such as relational, person-centred and psychodynamic approaches, except for Sam, who described his practice simply as 'relational' (although this modality is, arguably, integrative in itself). Whilst participants integrated many of the major modalities in this way, there was one notable exception: cognitive behavioural therapy. I do not know why this was the case, given that that there were some CBT practitioners in the groups that received the recruitment materials. The subject may not have seemed relevant to them, but I cannot say for sure.   Whatever the reasons, given the recent interest in therapists' inner experiencing in 'third wave' CBT (see pp.35-36), exploring its practitioners' use of such experiencing in their work, and/or comparing it with that of practitioners from other modalities, may be a fruitful avenue for future research.

A final point about the sample relates to participants' levels of experience. Roughly half the sample (Grace, Martha, Sam and Seth) were very experienced practitioners with more than 20 years' experience since qualification, and half (Candace, June and Rose) had qualified more recently (like me), three to 5 ½ years ago. There were no practitioners in the middle group, with, say, 10-20 years of experience. Practitioners in that group may have been too busy to participate, or perhaps reverie was of little interest to the mid-career therapists I approached. I am unable to tell, and can only admit that in this respect the sample is limited and recommend that the mid-career group be targeted specifically in future reverie research.

Given this study's reflexive methodological approach, in which I have tried to acknowledge openly my presence and effect on the research, I end this section by providing about myself the same demographic information given above for

participants. I am a White British female therapist (not a supervisor) in my forties, and had been qualified for just over three years when I began interviewing the participants. My theoretical approach combines relational psychodynamic and humanistic theories and I work in private practice and for a cancer support charity.

Table 3-2 Summary of participant demographic information

No. of participants	7 (all interviewed twice)
Age range	30s – 60s
Years since qualified	4 participants had been qualified for between 22-33 years 3 participants had been qualified for between 3 – 5 ½ years
Sex	5 female 2 male
Self-defined ethnicity	5 participants described themselves as White British or White. 1 participant described self as Jewish. 1 participant described self as of European-Jewish and African descent.
Therapeutic modality	6 of the 7 participants integrated different approaches – often combining more than two modalities - including relational (4 participants), person-centred and humanistic (3 participants), psychoanalytic or psychodynamic (2), transactional analysis (1), mindfulness (1), body-oriented psychotherapy (1), existential (1) and child developmental (1) approaches.
Work context(s)	6 of the 7 participants carried out private work, either as therapists or supervisors, or both. 5 of the 7 worked as clinical supervisors and therapists. 4 of the 7 worked in more than one context. 2 of the 7 worked as NHS IAPT psychological therapists. The remaining 5 worked in educational institutions, charities, and private practice.

3.5.2 Data Collection

Data were collected primarily through two semi-structured one-to-one interviews with each participant. Interviews lasted approximately one hour and took place at participants' workplaces or Leeds University. To promote recall, during an initial conversation[18] with participants about a month before their first interviews I encouraged them to pay close attention to their inner experiencing in clinical and/or supervisory sessions in the time before their interviews. In the event, some participants described reveries they had experienced with clients they had seen in that timeframe (and sometimes were able to update me, in the second interview, on their work with those same clients), but some told me as well about reveries they had experienced further in the past, which had remained fresh in their memories. All appeared to remember reveries quite easily, whether they were recent or not, although – unsurprisingly - they seemed to remember more recent reveries in greater detail.

The first interviews focused on participants' accounts of reverie experiencing with clients and/or supervisees, and we also discussed reveries we experienced 'live' in the interviews themselves. Interviews were video-recorded (with participants' consent) and guided by an indicative topic guide (see Appendix 4), but I varied questions depending on issues raised by participants. In developing the topic guide, I was informed by the phenomenological micro-analytic interviewing technique (Bennett *et al.*, 1994; Nachman, 1998; D.N. Stern, 2004), which is designed to elicit accurate recollections of lived experience. This technique involves focusing in interviews on few examples rather than many; 'parsing' examples into separate moments; and going over each moment in detail. I prepared field notes before and after each interview to provide data about my impressions of participants' and my own experiencing for later analysis.

Drawing on the IPR method (Kagan *et al.*, 1969), after the first interview participants were invited to a second interview to review extracts from the video of the first meeting, share understandings and explore any further reveries that occurred as we talked. Given pressures on their time, I anticipated that only a sub-set of participants would agree to be re-interviewed but in the event they all did. I attribute this fact to their generosity and commitment to the research (several said things like 'if I'm going to take part, I want to do it fully') and their desire to learn more about reverie to inform their practice.

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[18] If this initial conversation was in person, I took participants' written consent at that point. If it was over the telephone, I took consent at the beginning of the first interview.

The second interview, which was also video-recorded (again, with participant consent), took place not long after the first to promote recollection. Larsen *et al.* (2008) recommend holding IPR interviews within 48 hours of the original session, but for practical reasons (participants' and my own availability), and my decision to prepare a rough transcript of the first interview to assist our investigation in the second, we met later, on average 2-3 weeks after the first interview, the longest interval being 6 weeks. Like Macaskie (2014), who also had longer gaps between first and second interviews than is recommended for IPR, I found that participants were able to recall their experiencing in detail in the second interviews despite the time lag. Again I used a brief, indicative topic guide (Appendix 5), and prepared field notes before and after the interviews.

Larsen *et al.* (2008) suggest that reviewing a 50 minute video-recording in the second IPR interview takes at least 2-3 hours. I considered that too much to ask of busy practitioners, and took measures to ensure that the second interviews lasted around an hour, like the first. These measures included preparing a transcript of the initial interview which indicated the timings of different parts of our interaction to help us navigate the recording, and focusing on two or three clips from the first interviews, rather than trying to review the entire recording. I gave participants the option to select the clips or to ask me to do so. Only one participant (Seth) selected clips and the others asked me to, often explaining that they did not have time themselves. I selected clips in which participants had described their reveries comprehensively and vividly; where they appeared moved by their reveries; and where I had responded to their accounts with reveries of my own. I also chose some clips hoping to clarify issues I had not understood in the first meeting. Participants were able to discuss the clips selected in this way in detail and several said they would have chosen the same clips that I did. Given their lack of time to select clips, I think this was a reasonable approach, but I acknowledge that it meant my own selection often dominated the second interviews.

I generated detailed transcripts for each interview from the video-recordings, carrying out the transcription myself as a form of immersion in the data. I transcribed nonverbal as well as verbal behaviour so that I could study our conversations in as much detail as possible. Nonverbal expressions were recorded in double brackets within contextual talk, applying a simplified version of the Jefferson (2004) transcription system used in conversation analysis (see Appendix 6 for a list of transcription symbols).

Heath *et al.* (2010) note that 'the use of video as an 'investigative tool' to inform the analysis of human activity, remains neglected within qualitative research' (p.2) and this is true, too, in reverie- and psychotherapeutic-research more generally.   I have tried to address such neglect in the present study, in which video-recording the interviews was a key element of the design. I filmed the interviews not only so that I could use IPR, but also because I wanted to explore the para- and non-verbal aspects of reverie that several authors (e.g. Gallese *et al.,* 2007; Grotstein, 2008; 2007; 2005) suggest are essential to it, including gesture and facial expression. I have illustrated these aspects in this thesis with images taken from the video-recordings of myself (and not of participants, to protect their anonymity; an arrangement that was included within the informed consent process). Whilst I recognise that images of both participants and myself interacting would better illustrate the 'nudging' (Grotstein, 2005, p.1059) process in reverie, there is value in images of me alone, given the relevance of the researcher's perspective to a reflexive study and the apparent absence of such imagery in existing reverie research.[19] I planned also to present video-clips (again, of myself only) from the interviews with the thesis, but the technical challenge and time constraints have defeated me, and I have been unable to meet this aim. With further time and funding to prepare such clips (with appropriate anonymisation), I believe they would provide valuable data for teaching and research presentations. However, the video-stills alone, several of which are included in Chapters 5, 6 and 7, provide a rich source of data and I believe they elucidate and enliven the text.

3.5.3 Data Analysis

I analysed the data using several methodological approaches, primarily phenomenology and hermeneutics, combined within Interpretative Phenomenological Analysis or IPA (Smith *et al.*, 2009). I was drawn to IPA's clear structure, whereby overarching themes emerge from, and are clearly linked with, case-by-case thematic analyses. The process involves detailed textual analysis of transcripts, focusing on descriptive, linguistic and conceptual issues; developing emergent themes for each case;[20] and linking case-specific emergent themes to construct cross-case superordinate themes. Consistent with the practitioner-based,

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[19] I have been unable to identify any other reverie research illustrated with images of in this kind, although examples exist in other psychotherapeutic fields, such as Heard, Lake & McCluskey's (2009) use of photographs to illustrate attachment behaviour.

[20] In IPA themes, transcripts and analysis are recorded together in a single matrix with three columns: the text of the transcript in the middle column; exploratory comments to the right; and emergent themes on the left: see Table 3-3.

reflexive foundations of the study, I adapted this approach as I had done in previous work (McVey *et al.*, 2016; 2015), by analysing not only the issues recommended by Smith *et al.* (2009), but also my own reverie-experiencing during the interviews and, indeed, during the analysis itself.

3.5.3.1   Initial Case-Level Data Analysis

I analysed the transcripts for each participant in turn, producing exploratory notes and emergent themes for each one. Smith *et al.* (2009) note that the researcher is inevitably affected by previous analyses as she progresses through cases, but warn that 'it is important to treat the next case on its own terms, to do justice to its own individuality' (p.100). Although I was indeed influenced by the 'fore-meanings' (Gadamer, 1960/2004, p.271) established through previous cases, I tried to take as fresh a perspective as I could each time, based on participants' accounts of their distinctive experiences and my own responses to them. I was helped in this endeavour (1) by keeping a log of emergent themes, so that I was aware of changes and additions as I progressed through each transcript, and, consequently, more able to recognise when I was trying – usually unintentionally, but sometimes in a misguided attempt to make things easier for myself – to 'force' data into themes defined previously for another case; and (2) by not framing themes narrowly, thereby allowing space within broadly defined categories for unique aspects of participants' experiencing.

Table 3-3 illustrates my approach. It relates to the first interview with Grace, when she was talking about her concept of reverie as a procession with people in carnival costumes (the same excerpt was introduced on p.5). The example shows how I transcribed and analysed non-verbal behaviour such as intonation, pauses and gesture, including the way Grace threw her head back as if struck in the face by a 'giant wing' costume in the imaginary procession. The analysis informed my conceptualisation of case-specific emergent themes and subsequent development of cross-case superordinate themes. Thus, for example, in the right-hand column of the table I noted that Grace's gestures seemed to bring the carnival procession into the room with us, as if it had materialised in the space between us. This observation contributed to the emergent theme 'Building images with words & body language' (in the left-hand column of the table), which developed ultimately into the cross-case sub-theme *'Imagining the real' in the gestural field* (see p.107). Embedding non- and para-verbal behaviour within data transcription and analysis in this way provides a practical means to recognise 'the importance of embodiment' (Smith *et al.*, 2009, p.198) and identify how our bodies and emotions shape our

Table 3-3 Example of data analysis from Grace's first interview

Emergent Themes	Transcript (G1:288-290)	Exploratory comments (descriptive, linguistic, conceptual, inner experiencing)
Building images with words & body language Vivid experiencing Intriguing experiencing Imagining the real Accessing inner experience	So that person's giant wing ((laughs)) smacks you in the face↑ ((head goes back, smiling, turns in chair to look over right shoulder)). Is my bum showing in my skimpy costume? ((Laughs)). <u>Y'know, whatever the thing is (.) in this procession</u>↑ ((both hands move back and forwards in front of chest)) that's happening, [it's all going on!]	Grace suddenly refers to a giant wing smacking you in the face. She has not mentioned anything to do with wings or costumes before. Her gesture of throwing her head back looks as though she has just been smacked in the face by a wing. Although Grace turns suddenly to this direct evocation of a carnival I understand what she's saying instantly because I am standing in the procession with her! I know the giant wing is part of a fancy, sparkly costume. I think too of the picture in one of my childhood picture books, with two butterfly ladies with giant wings. This image is deeply familiar and delightful to me: it's a procession that is not alien to me: takes me home? Grace makes another C-VPT gesture, turning in her chair to look over her right shoulder and then asking 'is my bum showing in my skimpy costume?' Again, very direct language and gestures bring her description alive and allow me to share it vividly. I have a sense of something childlike about Grace at this moment.

experiencing, which are key concerns for IPA researchers (see for example Amos, 2016; Larkin *et al.*, 2011; Murray & Holmes, 2014).

My analysis took into account my own reveries and inner experiencing during the interviews and the analysis itself. For example, in Table 3-3 I wrote in the right-hand, analytic column about the image of the 'butterfly ladies' that came to me as Grace talked, and its associations with a picture book I had as a child. Several other reflexive researchers, including Rennie & Fergus (2006), have used reverie-like experiencing including mental imagery and bodily feelings as an analytic tool, in the above authors' case to develop categories in grounded theory studies. I took a similar approach, letting images, memories, sensations and other expressions of reverie come to me as I mused on the transcripts. The example shows that this process involved analysing minute aspects of my interactions with participants; aspects that may appear mundane and even irrelevant (especially when they are taken out of context, as in this example). And yet, as we will see, those very aspects can illuminate conversants' meanings in precise, yet subtle ways, as I believe they did here, in their evocation of the vividness of reverie and its connection with childhood play and imagining; aspects that are considered in more detail in Chapter 6 (pp.105-106).

3.5.3.2   Cross-Case Analysis: Developing Superordinate Themes and Sub-Themes

After developing emergent themes for each participant, I sought to identify shared themes by looking for patterns across cases, as well as noting where experiences diverged. This process involved a good deal of to-and-fro interpretive work, subsuming some previously separate emergent themes to create new, single superordinate themes and abstracting others. Thus, for example, the emergent themes 'Vivid experiencing' and 'Intriguing experiencing' in Table 3-3 became part of the superordinate theme 'Shared qualities of reverie experiencing', which is outlined in section 5.1.1 (p.75). The result was a set of eight superordinate themes and four sub-themes, summarised in Table 3-4 and Figure 3-1 and explored in detail in Chapters 5, 6 and 7. A master table of themes, cross-referenced with each participant's data, is also provided in Appendix 7. After analysis, I sent the participants descriptions of these shared themes illustrated with examples of data from their own interviews, and invited their comments. They expressed support and did not suggest any changes.

Table 3-4 Summary of themes

Experiencing reverie (Chapter 5)

- Shared qualities of reverie as felt, natural and relational forms of experiencing (sections 5.1.1, 5.2.1-5.2.7 of the thesis)
- 'Being in a zone': Bringing reverie experiencing into awareness (section 5.3)

Using reverie (Chapter 6)

- 'Imagining the real': 'Becoming' emotional experience (section 6.1)
  - 'Imagining the real' in the gestural field (section 6.1.1)
  - 'Imagining the real' in the linguistic field (section 6.1.2)
- 'Clothing the invisible': Intuiting emotional experience (section 6.2)
- 'Dark and ok': Containing and transforming emotional experience (section 6.3)

Making sense of reverie (Chapter 7)

- 'Sifting' meanings: Exploring meanings in reverie (section 7.1)
  - 'Sifting' meanings in the moment (section 7.1.1)
  - 'Sifting' meanings after sessions (section 7.1.2)
- Attributing meanings in reverie (section 7.2)
- 'Treading softly': Making sense of reverie tentatively & responsibly (section 7.3)

I tried to categorise data for this study sensitively and tentatively, focusing on participants' own accounts and on diversity as well as on shared qualities within their experiencing. However, analysis takes place in the tremendously complex, unstable research field, and, given the 'ambiguity, ambivalences and paradoxes of human experience' (Finlay, 2011, p.232) can only ever generate partial and imperfect accounts. In such a context, any attempt to code or develop themes from data, no matter how careful the intention, may be regarded as a reductive endeavour; a manifestation of what St Pierre (2011) calls 'the pathology of quantification' (p.622), which presents a false picture of coherence by forcing complex human behaviour into convenient packages. Whilst I agree with St Pierre's (2011) assessment when themes are simplistic or too tightly-defined, I also take Macaskie's (2014) point that they have their uses as 'mental 'sticky notes'' (p.79) which give an element of structure to discussions which might otherwise confuse the reader. In my analysis of the data, reported in Chapter 5, 6 and 7, I share something of my conversations with participants, suggesting, with the use of broad 'sticky note' (Macaskie, 2014, p.79) themes, some ways in which their experiences of reverie appeared to me to be linked, as well as how they diverge, which, I hope, evokes and elucidates those experiences for the reader. I have not avoided reductive simplification altogether, however. With over a thousand pages of

Figure 3-1 Diagrammatic summary of themes
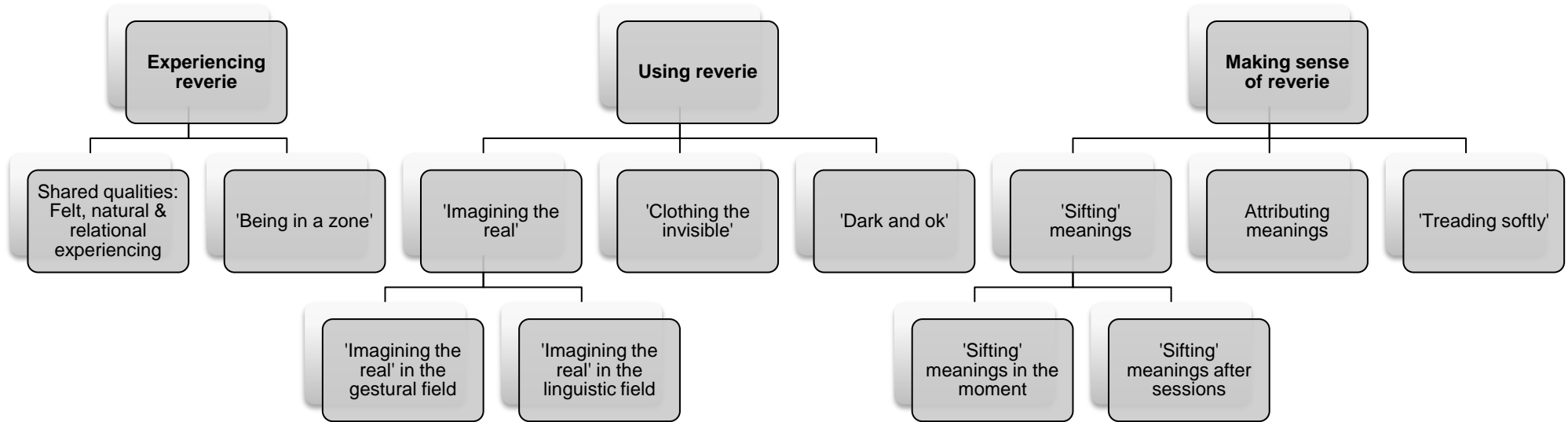
transcript I have, of necessity, been selective in my choice of illustrative examples, and the following chapters include some aspects of my conversations with participants, and not others. Inevitably, my own interests, anxieties and prejudices have guided that selection, although I have tried to balance such bias by reporting examples that diverge from my own experiences of and initial views about reverie (see, for example, the account on p.91 of my first meeting with Seth); by seeking participant feedback both during and after the interviews; and by engaging in a reflexive process which has involved challenging my own assumptions and trying, at least, to reduce my 'blind-spots' (see, for example, pp.156-157). All the same, I am the analyst and author and I acknowledge that my views colour the work deeply.

3.5.4 Assuring Rigour

Richardson (2005) notes that with qualitative texts, particularly those in which diverse methodological approaches have been used, as in this case, 'there is no such thing as 'getting it right', only 'getting it' differently contoured and nuanced' (p.962). This does not imply a lack of rigour: rather, it requires that the measures taken to assure rigour are 'contoured and nuanced' in ways appropriate to the study and the needs of its audience. Fitting such approaches to *this* study and its intended audience of therapists and qualitative researchers, my priority has been to provide readers with sufficient evidence to enable them to gauge the credibility of my arguments for themselves and to work out whether and how they might apply reverie in their own practice. Given that the research is not designed to present generalisable findings, I cannot assist readers with the 'working out' process by explaining how I have assured validity and reliability, as one might in a quantitative study. I must take a different approach to help readers recognise the relevance of the research to themselves personally and professionally.

At the level of *personal* relevance, I aim to offer readers an experience of reverie in the reading itself, so they can appreciate what this most idiosyncratic of phenomena feels like for them, as recommended by Ogden (2006). I do not believe it is enough to share with readers accounts of other people's experiences of reverie: they must 'become' (Bion, 1965, p.163) it themselves to understand it, through immersion in stories that do not merely re-present happenings, but create 'something that happens for the first time in the experience of... reading' (Ogden, 2006, p.1079). It has been suggested (Ellis, 2004; Muncey, 2010) that the quality of work that seeks, like this, to evoke experience and emotion, is best assured through literary and aesthetic standards, such as verisimilitude and resonance. Stories must be told in sufficient detail and with enough skill to spark readers' imagination, bringing them

into the action with 'hints and descriptions' (Muncey, 2010, p. 81) and 'depth, detail, emotionality and coherence' (Denzin, 1997, p.283), so that they can construct their own version of the subject under scrutiny. To this end I have tried to write evocatively, and have used imagery also, which can offer as direct a route into reverie as words. Readers will judge the extent to which I have succeeded, based on their own experience of reading.

Helping readers appreciate the relevance of reverie at the *professional* level requires me to tell participants' stories accurately and in detail. Whilst, as noted above, aesthetic elements make a significant contribution to the quality of evocative research texts, such texts are not fiction and readers must be able to trust the writing before applying what they learn from it to their practice. Researchers are advised (Etherington, 2004; Romanyshyn, 2013) to show their workings transparently, sharing with the reader their judgements, selections and biases, and challenging their own bias too. Member checking is one way to do this, although Lees (2001) points to its limited efficacy, given that participants' perception of the unstable research field will have changed by the time they revisit it to check it. Limitations may also relate to inadequate memory or our tendency to edit unconsciously what we remember. Nevertheless, I incorporated member checking at various points in the study, most comprehensively in the second interviews, and also by inviting participants to comment on the draft themes and thesis. The second interviews, when participants' and my own memories were jogged by the video-recordings and we paid specific attention to the dynamics of the research field in the ongoing reverie stream, provided particularly rich feedback and enabled me to develop my understandings significantly.

I also took measures recommended by Silverman (2010; 2006) to report participants' accounts dependably, confirmably and without making unsubstantiated inferences, constantly comparing data within and across cases to check the appropriateness of judgements, and presenting analyses across the full range of data, not only 'preferred' examples. Such measures are incorporated within IPA, where themes for each participant are based on repeated occurrence of a particular behaviour or concept, which is then linked with commensurate data from the entire group of participants to form superordinate themes (see also Appendix 7). In the end, however, the measures I have taken to assure the rigour and quality of this research are inevitably limited. I have aspired, as Finlay (2011) recommends, 'to make a resonant and reasonably satisfying description of the phenomenon – one that has integrity' (p.175), but nevertheless the claims I make in this work are both tentative and provisional.

3.5.5 Addressing Ethical Implications

Ethical approval for the project was granted by the University of Leeds' School of Healthcare Research Ethics Committee (ref: SHREC/RP/533, 17 September 2015) and the relevant NHS research and development office (17 February 2016, reference, which identifies the Trust involved, is withheld, in case it might enable participants to be identified). Throughout the study I tried to work in a way that is consistent with a feminist ethics of care (Letherby, 2003; St Pierre, 1999), in which compassion, empathy and collaboration are highlighted, whilst positivist conventions of impartiality, objectivity and formality in research are challenged.   My ethical approach is also underpinned by my personal and professional values as a therapist, which include being trustworthy and respecting the other's autonomy (BACP, 2016; Bond, 2004). These values informed my selection of participatory methods, including IPR, which highlights participants' agency and engagement (Macaskie, 2014), and the inclusive approach I took towards participants in and after interviews by, for example, inviting their comments on the draft themes and thesis. These processes were valuable not because they validated the findings as 'true' – an unachievable goal in the ever-shifting, co-constructed research field – but because they contributed to an involved approach in which meaning-making was shared between participants and me (Finlay & Evans, 2009).

Issues of power and 'the ethical 'authorship' of insight' (Nolan, 2015, p.151) required careful consideration. Nolan (2015) suggests that during analysis the researcher holds the balance of power and should acknowledge that intellectual privilege honestly, as I have tried to do. In other stages of research, however, power dynamics may be more complex, especially when participants are more experienced than the researcher, as was the case in this study. Finlay (2003) describes such complexity in her own research, when she felt herself moving in interviews between researcher, therapist and client roles from her 'base' as a researcher. I experienced the dynamic in a similar way, although perhaps because all the participants were more experienced therapists than me, I felt myself move more readily into a client than a therapist role. My relationships with participants were also complicated by the fact that I knew three of them.   Letherby (2003) suggests that previous acquaintance may cause participants to feel unduly obligated or exposed and such situations can generate insularity, when researchers, seeking to perpetuate their own assumptions, exert subtle pressure on known participants to demonstrate their loyalty through compliance. I acknowledge that there were times when I attempted to perpetuate my own pre-existing assumptions during the study (see, for example, p.91), but my capacity to do so

was limited significantly by the fact that I did not know more than half of the participants (thereby disrupting any unconscious attempts to construct a 'cosy' environment, populated by friends); and by the self-awareness and congruence of all those who took part, including those I knew already, developed through their work as practising therapists and evidenced in the way they challenged my thinking and interpretations. Rose, for example, whom I already knew, responded in our second interview to a question about whether reverie provided information about her relationship with a client (which reflected my own view) *not* by agreeing with me but by clarifying her own perspective, saying:

> I don't know if it's telling you something about your relationship, it's, it's giving you a handle, I suppose, a way to, to latch onto that bit of the story and develop *meaning* from that bit of the story. (R2:410).

Rose's congruent response enabled me, in turn, to adjust my view and provided valuable data to inform the themes 'Treading Softly' (see p.152) and 'Sifting meanings in the moment' (p.138).

The interviews themselves raised potent ethical implications, given the potentially emotionally-evocative nature of their subject matter and my and participants' use of therapeutic skill to explore it. For this reason, I excluded trainee and unqualified therapists from the study, because I believed they might find such material difficult to process. The potential risks of using therapeutic skills in research interviews have been noted by a number of authors (for example, Etherington, 2009; 2004; 1996; Gabriel, 2009; 2005), and include the risk of exploiting participants by encouraging them to disclose more than they realise, or arousing emotions that the researcher has neither the capacity nor the time to address. I believe participants' professional experience and skills in reflecting on their own and others' strong emotions reduced such risks in this study, but they were present nonetheless, and in response I sought to be respectful, non-exploitative and congruent. In this respect, my approach was similar to that I take with clients, although I had a clear sense that it was not my role to counsel the participants.

I tried to respond in this way to June in our second interview, for example. June had asked me to select the video-clips to review from the first interview, and I chose one clip where she talked about a difficult time in her life, connected to a reverie she had experienced with a despairing, bereaved client (J1:216-238). In the first interview, she had appeared moved but not distressed when exploring that reverie, but in the second she looked shaken as she watched the clip (J2:401-414). I was concerned and asked how she was feeling. She explained that watching herself

talking about that time in her own life had made it feel real again, but she was able to deal with it and had no concerns about it being included in the research. I gave her some time to explore and process her emotions and checked with her again at the end of the interview (J2:765; 781). All the same, I worried that, unintentionally, I acted insensitively when I played that clip. I acknowledge that worry and share it with the reader, as I shared it with June, while, at the same time, aiming to respect her autonomy and resilience.

Protecting participant anonymity and the anonymity of the clients and supervisees they talked about in the interviews was another ethical imperative. To this end, I have omitted identifiable data about participants in this thesis, referring to them under pseudonyms and reporting only general information about their demographics. Similarly, I have omitted or disguised personal details about the people they discussed (and I do not refer to my own work with specific clients). To ensure that participants cannot be identified in the imagery from interviews included in the thesis, only images of me are used and I have removed backgrounds so that participants' workplaces cannot be made out. I gave participants opportunities to check they were satisfied with these measures when I sent them the transcripts and draft themes and thesis, and took into account the feedback I received.

3.6   Summary

In summary, the research was informed by a bricolage of hermeneutic, phenomenological and practitioner-based methodologies and I took measures to ensure that my approach to the study and its results was as credible, reliable, transferable and confirmable (Lincoln & Guba, 1985) as I could make it, as well as ethically-sound. I employed reflexive, interactive methods to elicit, explore and analyse detailed first-person accounts of reverie in two interviews with a sample of seven participants, using the reveries they and I experienced during our conversations to study the phenomenon 'live', as it were, as well as exploring participants' past clinical and supervisory experiences of reverie. The process was enhanced by the use of IPR (Kagan *et al.*, 1969) in the second interviews. Data analysis drew on IPA (Smith *et al.,* 2009), to which I added analysis of my own reveries and post-reverie reflections.

I end with a final point about methodology. One of the participants, Candace, pointed out that evidence for this research need not be limited to participants' and my own experiences of reverie, but might also include readers' responses to the text:

> I like the idea of… your… *write-up*.. and then I suppose somebody
> reading the paper… replicating the same experience… In essence
> that's almost your evidence. (C2:622-626).

Candace's point inspired my invitation, at the end of Chapter 1 (p.11) to readers to be aware of your own experiencing as you take in this thesis, so that you can learn about your own reverie. Given that the ultimate aim of any research is to share knowledge and understanding, I view your involvement as fundamental to this study (although I am unlikely to be aware of your response). Therefore I regard that invitation, which is reiterated throughout the text, as a significant aspect of my methodological approach. To conclude, then: reverie is not simply the subject of this study, it also underpins its methodology and, potentially, the way it is received and understood by readers.

Chapter 4 Reflections on Reverie's 'Pied Beauty'

In Chapter 1 I explained that reverie is a fundamental part of my being which shapes my waking (and sleeping) life, including my research and clinical practice. Reverie offers me an intense way of seeing, like focusing in extreme close-up or beaming a light onto the other and me to reveal what is there, but might otherwise be invisible. Bion (1973) suggests that a special light is needed for this kind of seeing: 'a penetrating beam of darkness: a reciprocal of the search light' (p.20), which can pick out the most obscure objects within the 'luminous, absolute vacuum' (*Ibid.*) deep within our unconscious selves. Romanyshyn (2013) adds that such 'dark-light' (p.30) is necessary when we seek to explore and record ineffable emotional experiencing that touches the soul as well as the body; a 'dark-light' (*Ibid.*) that exists in:

> the gap between the daylight view of consciousness and the night-time view of the unconscious… where light fades into darkness and darkness begins to shimmer with light. (*Ibid.*).

For Bion (1973) and Romanyshyn (2013), then, reverie contains – indeed *requires* - both darkness and light. But when I consider my own attitude as I embarked on this research, I am aware that it focused almost entirely on the light side of reverie, whilst neglecting and minimising its dark side. Until I undertook this study, I understood reverie as a way into the peaceful sense-making of the light when one is drowning in the darkness of unprocessed emotional experiencing, which has been called 'nameless dread' (Bion, 1962, p.96) or '–R' (Ferro, 2015a, p.98). In writing this, I do not imply that I considered only pleasant, peaceful imagery, feelings and so on to be reverie. Working with people experiencing intense pain, my reverie generated 'dark' visions, shot through with anguish, loss or anger. But when my response to the other went beyond compassion for the other's pain '*as if* it were [my] own' (Rogers, 1957, p.226) to hurts *of* my own – when my own peace was shattered and I felt the sharp plunge into real pain within myself as well as for the other - I told myself that my experience was not reverie but '–R' (Ferro, 2015a, p.98), and I needed to move away from it.

I believed such dark experiencing *always belonged wholly to me*, part of the unprocessed countertransferential dross that Bion (1973) warns us to deal with in our own therapy and development before it deals with us. But this belief did not permit me to consider fully the grey area *between* my capacity to use my pain to

empathise with the other – to *contain* and *become* it, in Bion's (1970; 1965; 1962) terms - and the point at which it overwhelmed me so that I could no longer relate to the other. Bollas (1999) writes about this 'between' state or 'intermediate area of experiencing' (p.148), in which the therapist may tilt into an 'occasional madness' (p.140) in the presence of the client's projections, whilst Nolan (2008) draws attention to a comparable intermediate area between researchers and participants, populated by 'mirrors and echoes' (p.209) and 'complex multiple projections, transferences, counter-transferences and parallel processes' (*Ibid.*). At the beginning of this study, I was unable to appreciate fully the dark, painful side of reverie that feeds this 'becoming' (Bion, 1965, p.163) area, focusing, instead, on lightness within reverie's spectrum of 'dark-light' (Romanyshyn, 2013, p.30). In choosing to study a subject that I perceived as entirely light, I was seeking to keep myself safe by avoiding the dark.

As the research progressed, however, my ability to sustain a split between light and dark was challenged during a time just before I interviewed the participants, when I was plunged into darkness; a challenge that was expressed in two dreams. Romanyshyn (2013) claims that research that uses feelings and imagination to understand deep, soulful human relating, as I have attempted to do, may require the researcher to descend into a personal abyss, full of darkness, where the 'original bond of Eros between himself or herself and the work' (p.52) is dismembered as a prelude to transformation. In this way, he suggests, the work becomes larger than the researcher's projections onto it, and elements that have been 'lost, forgotten, neglected, or otherwise disregarded' (p.60) – like my relationship with the dark side of reverie - can be re-membered, laying bare its collective meaning or 'soul' (*Ibid.*), which has relevance for many readers.

I now share with you the story of my descent into a personal abyss of dread, which began a transformation in my understanding of reverie and, I will argue, started to reveal the 'soul' of this research. In doing so, I aim to connect with readers who may also feel tension between darkness and light, pain and healing in their clinical or research experiencing. I hope, in this way, to contribute to the congruent, inclusive research culture endorsed by authors like St Pierre (2011; 1997), who challenge notions of neutrality and linearity in research and urge us, instead, to be honest about our experiences of it, letting others who work in this messy and sometimes painful place know that they are not alone.

4.1 'Nameless Dread' and a Doorstep Nightmare

For as long as I can remember, I have experienced my own version of dread in anxiety and panic. I have often felt tormented and immobilised by these feelings, and over the years have developed defences designed to protect me from them. In this way, I have tried to avoid situations in which such feelings were likely to be triggered by splitting those I considered to be potentially dangerous or 'dark' from non-dangerous 'light' situations and, as far as possible eschewing the former. One such 'dark' situation, for me, has long been public speaking. When giving a talk, anxiety can possess me, causing my heart to beat wildly and choking me, so that it is hard to speak, and when I do, my voice may shake uncontrollably. The experience drenches me in shame, which I long to escape. If I cannot, I feel trapped, which triggers more anxiety, and so on. I feel shame now as I write about my panic, nudged along by the part of me that judges it to be trivial and cringes at my presumption in linking it in any way with the far more profound states of dread described by Bion (1962). However, it does not feel trivial in the moment. It feels terrifying.

When I embarked on my PhD, I tried not to think about presenting my research in public, and turned down informal opportunities to speak. But such avoidance could not be sustained for long. There is a mandatory presentation at the end of the first year of study, part of the oral examination or transfer *viva* that assesses students' readiness to progress to the next stage. As the *viva* approached I experienced a familiar feeling of impending doom when I thought about the presentation. I did everything I could to confront it by recording my fantasies of disaster in my reflective journal, challenging myself about them, and discussing them with friends and colleagues. But all, it seemed, in vain. As I was called into the meeting room on the day of the *viva* I pitched into darkness. Hyperventilating, I was almost unable to force out a coherent word of my carefully rehearsed script. Attempts to slow my breathing emerged as great shuddering gasps, which only served to intensify my distress as I observed their effect on the increasingly uncomfortable (or so it seemed to me) examiners. Although I have felt nervous before about presenting, my experience at the *viva* was far worse than normal. Afterwards I felt deeply disappointed with myself, but more distressing still was the worry that the dread would 'spread' to other areas of my life where I needed to speak out, particularly the research interviews, which were soon to begin.

Over the next few weeks that fearful surmise seemed to materialise, as dread began to follow me into almost every event of the day. I slept badly, ruminated

constantly, and my voice shook when I had to talk to other people in everyday situations, like making telephone calls. I felt very far from reverie and experienced my panic as utterly dark; a plunging 'momentary, uncalled for, unexpected, unwelcome black point' (McVey, Reflective Journal, 25/09/15), without the peace, light and agency I associated with reverie. In fact, far from linking these feelings of 'occasional madness' (Bollas, 1999, p.140) with reverie, I thought they were its opposite, '-R' (Ferro, 2015a, p.98), and longed to escape it.

So desperate was I to end that fear that I decided to try hypnotherapy for the first time, having heard it could treat performance anxiety. Although I was too tense to enter a hypnotic state in the first session with the therapist I consulted, some processing must have been taking place because a few days later an odd memory floated into my mind. I remembered acting at primary school in a dramatisation of the *Little Red Riding Hood* fairy tale, aged four or five. I played the part of Red Riding Hood's mother, and my role was to send her off to grandmother's house with her basket of goodies. My performance elicited a gale of laughter from the audience and I recalled standing on the stage, staring at them in shock and dismay. My mum told me they were laughing *with* me, but I thought they were laughing *at* me. It was as if they had been transformed, in a moment, from a friendly crowd of parents to a mocking horde (a perception to which my tendency towards anxiety and shame, even as a small child, no doubt predisposed me). Perhaps, I mused as I recalled the play, this was my first experience of performance anxiety.

The following weekend, I was disturbed by a nightmare.   In the dream I was driving to interview a participant on a quiet street, lined with many autumnal trees. I stood on the doorstep of the house and knocked.   A man answered the door and locked it behind me. At that point I realised - with the familiar, heart-stopping plunge into terror - that the 'participant' who had answered the door was not who he appeared to be, and I was trapped in his house, where he would do me harm:

> I woke up in a sweat at 3am on Sunday morning with the thought: *what if it's not him*? Very frightening, flashing images of the door being locked behind me as I enter the house… The door is white, uPVC with frosted glass panels: mundane, ordinary, appalling. I can't get out.
> (McVey, Reflective Journal, 26/10/15).

Of course, I knew it was only a dream, and that the real participants in my study were exactly who they said they were, and, far from wishing to harm me, were offering to help me by taking part in the research. All the same, the dream intensified my anxiety. I now not only dreaded panicking in the interviews, but also feared entering participants' homes to interview them. My dread was like wild-fire,

spreading into all areas of my life, and attempts to put out the flames did not seem to be working: indeed, they appeared to be making it worse. I did, however, take some comfort from Romanyshyn's (2013) claim that the suffering of the researcher who seeks to use her own experiencing to explore emotional topics is a necessary but finite process that separates her from the work. At least, I thought, Romanyshyn's model implied my distress would end at some point. I was mindful, too, of his view that such a researcher 'stands in the gap between the conscious and unconscious' (p.49). Perhaps my doorstep nightmare, with its liminal theme of crossing the threshold of a participant's house, was about that gap.

As I reflected on the dream, I also made a link with my earlier memory of presentation anxiety in the *Little Red Riding Hood* play. My dream took place in a house surrounded by many trees (like grandmother's house in the tale), in which an innocent figure (Red Riding Hood/me) encounters someone (the wolf/participant) who is not who they seem to be. As a child I was terribly afraid of that story. One image from my childhood copy of the book frightened me especially: a picture of the wolf pretending to be what he was not – grandmother – incongruously dressed in pink nightie and cap. The image is replicated in Figure 4-1 (from *Well Loved Tales: Little Red Riding Hood*, © Ladybird Books Ltd. 1972, reproduced by kind permission of Ladybird Books). It is all the more frightening because of the contrast between the cheerful ordinariness of clothes and bedding, and the evil, slavering face of the wolf, like the contrast between the mundane uPVC door in my dream and the danger it represented. The wolf is, indeed, the epitome of one who appears light and harmless but is wholly dark and harmful.

Figure 4-1: The dreadful wolf
© Ladybird Books Ltd. 1972

A few days after the nightmare, I returned for a second hypnotherapy session. This time I entered a hypnotic state, but it was not at all what I had anticipated when I sought the therapy (which had to do with imagining myself speaking confidently in public). It seemed to me that I was lying in my cot, aged perhaps 2 years old. The experience was vividly visual: I could 'see' my cot around me, and the exact pattern of the wallpaper through its bars. My cot had panels on it, painted with scenes from fairy tales, and on one of them was an image from *Little Red Riding Hood* (that tale again). In my hypnotic state I was aware of that panel at the top of the cot, behind my head. At the same time, I could 'hear' my parents arguing downstairs, as they often did when I was a child, owing to my father's alcoholism. As I lay on the therapist's couch, 'seeing' my cot and 'hearing' the argument, I started to choke and gag. The choking was sudden, violent and frightening. It was a 'dark' experience of the very sort I was trying to escape, and it alarmed me so profoundly that after the session I did not continue the hypnotherapy (despite knowing, as a therapist myself, that terminating so abruptly was likely to be un-therapeutic).

I had no idea whether the experience represented a memory of choking as a child, or whether I had 'invented' it in the present, although I did wonder if it might be linked with my dread of being unable to communicate with others (of 'choking' when speaking in public) that was threatening to silence me at that time. Perhaps each of these *Red Riding Hood* experiences expressed, too, a fear of darkness masquerading as light, with roots in childhood, especially connected with my father. Like the wolf and the audience at my primary school play, my father seemed to me, as a child, to morph unexpectedly and inexplicably (namelessly) from lightness to dark, from sobriety to inebriation. These experiences may, in turn, have fed the tendency I developed to split light and dark in an attempt to stay as safe as possible, and my (unconscious) resistance towards exploring fully the grey (dark *and* light) area between becoming another's pain in reverie and falling into my own pain.

4.2   A 'Dark-Light' Dream of 'Pied Beauty'

Just over a week after the hypnotherapy session I had another dream:

> I dream my fingers and toes are partly white and partly black. There is an intricate filigree design - like *mehndi* - on the skin of one of my hands, in the space between thumb and forefinger, which looks like the shadow of another finger. A black man explains this happens every month. I put my leg next to his and suddenly my toes look right, as if they fit. This is comforting. I want to merge with this man. A dour middle-aged woman shows me into a hotel room which is newly but

blandly decorated in pale grey. Two single beds stand against opposite walls and there is a fireplace with no fire. Standing in the centre of the floor is a heavy, old-fashioned wooden crib, painted dark grey, with no baby in it. (McVey, Reflective Journal, 4/11/15).

Jung (1946b/1954) writes about 'big dreams' (p.117), which express not only our own personal concerns, but collective meanings: the kind of meanings Romanyshyn (2013) tells us can be freed by the wounding and dismemberment of the imaginal research process. I wonder if this was a big dream. As I consider it now, I am struck by the comfort I felt – a rare feeling at that time – when I talked to the man, which contrasted with my less positive associations to the 'dour, middle-aged woman' (a mirthless, reduced version of myself, perhaps, reflecting how I felt then). The ability to communicate with another without fear, and the sense of belonging I felt when I 'matched' my legs with the man's, seemed very different to the loneliness of dread that had me in its grip. His advice that the dappling on my hands (illustrated in an image from my reflective journal in Figure 4-2) and feet happens every month reminds me of the monthly phase of the moon (lightness in dark), rather than the unchanging brilliance of the sun in daytime, or the menstrual cycle, in which blood, normally associated with pain, is shed in preparation for new life. Both associations call to mind the *utility* of darkness in light, rather than its fearful aspects.

Figure 4-2 The 'pied' hand

The dream, it seems to me, is about that motley 'dark-light' (Romanyshyn, 2013, p.30) place where darkness does not masquerade as light as in my doorstep nightmare, but seeks to unite with it. It is, perhaps, about the 'grey area' around relational 'becoming' (Bion, 1965, p.163) to which I referred on p.64 above, hinted at by the prevalence of the colour grey in the imagery and my wish to join myself to the man and *become* him. I believe the dream is linked with the transcendent function (Jung, 1916/1969) and its association with reverie, in which opposites -

dark and light, frightening beta-elements and tolerable alpha-elements, unconscious complexes and conscious thoughts and images – combine in unison and are transcended. When I talked to my doctoral supervisor Greg about the dream shortly after I had it, he suggested the black-white, man-woman symbolism might point to that which unites us all as human beings: the collective unconscious and our shared archetypal inheritance (Jung, 1954/1959), as well as to the contrasts within reverie: its darkness and light, its potential and risk.

And yet unison and becoming in the dream are not completed and opposites are not yet united. My skin is patched black and white rather than being a fully integrated shade and the dream takes place in a hotel room – a place where one might stay temporarily - rather than a home, where the fire is not yet lit, with two single beds and an empty cradle, rather than a shared marital bed and a baby. I have asked myself if the greyness of the room might signify at least the beginning of full transcendence, in which black and white are mixed to produce grey. But I wonder whether transcendence can emerge from something as bland - as *safe*, even - as the insipid, pale grey shade of the hotel room. Perhaps the dream suggests that the unison of dark and light produces something richer (and less bland) than the muted, uniform grey of the room in my dream; something which retains the sparkle of the light and the depth of the darkness, like Bion's (1973) 'penetrating beam of darkness' (p.20) and Romanyshyn's (2013) 'dark-light' (p.30), or the beautiful mehndi design on my hand. The cradle seems to hint at this too: it was a stronger, darker grey than the rest of the room and neither new nor bland, suggesting something old and rooted and strong. One imagines that the baby who lies in it one day will be securely contained.

I share this dream, and the nightmare and anxiety that preceded it in the hope that my story may trigger reveries and reflections on the 'dark-light… space of transition and transience' (Romanyshyn, 2013, p.30) in the reader's own experiencing, though it is likely to be very different from mine. You may wish, too, to consider how that 'space' affects your practice, research or life and how it might develop or transcend itself in a new 'becoming' (Bion, 1965, p.163).

4.3   Summary

When I was talking to Greg about the black and white dream, a memory of a poem called *Pied Beauty* by Gerard Manley Hopkins (2001) drifted into my mind 'unbidden and unsought' (Bion, 1970, p.70), reverie-like. I quote it here in full:

Glory be to God for dappled things –
For skies of couple-colour as a brinded cow;
For rose-moles all in stipple upon trout that swim;
Fresh fire-coal chestnut falls; finches' wings;
Landscape plotted and pierced – fold, fallow and plough;
And all tradès, their gear and tackle and trim.

All things counter, original, spare, strange;
Whatever is fickle, freckled (who knows how?)
With swift, slow; sweet, sour; adazzle, dim;
He fathers-forth whose beauty is past change:
Praise him.
(Manley Hopkins, 2001, p.265).

The poem expresses the unique beauty of 'dappled things' (*Ibid.*) which contain dark *and* light, as well as their utility; their 'trade' use as 'gear and tackle and trim' (*Ibid.*). My dream drew my attention to such 'pied beauty' (*Ibid.*), suggesting an alternative to my unconscious belief that darkness and light are incompatible. Nevertheless, I was still far from transforming that belief and achieving a unison of darkness and light within myself, and I continued to feel fearful about meeting the research participants, albeit slightly less than before. But there was no more time to process my feelings: the interviews were about to begin. In the following chapters I describe what I learned from the participants when we met but first, I share with you an odd synchronistic footnote to this 'dark-light' (Romanyshyn, 2013, p.30) story. My copy of Manley Hopkins' poem, which I consulted after I met with Greg to check whether I had remembered it correctly, is in an anthology in which there is a verse for each day of the year. When I looked it up, I found *Pied Beauty* was the poem for September 10th. September 10th was the day of my transfer *viva*, when dread took hold of me.

Chapter 5 Experiencing Reverie

It is a grey November morning. Still in bed, I am thinking about the interview with Grace that will begin in a few hours, which will be my first in a participant's home. We have not met before, although we have spoken on the telephone. She sounded kind and interested; certainly not someone to fear. Since my dream of 'pied beauty' (Manley Hopkins, 2001, p.265) I have been feeling less anxious about the interviews in any case, and as I lie here, my mind wanders over the preparations I must make, the drive to Grace's house, and what I need to remember when we meet.

Then **dread** shoots through me unexpectedly: the absolutely dark, falling feeling of panic; the choking, speechless terror of the doorstep nightmare. I write in my journal:

> *What if she's not who she says she is? What if harm comes to me?*
> (McVey, Reflective Journal, 23/11/15).

And yet, as I fall, I try to process my fear, and I add: 'My reaction is 'Little Red Riding Hood': nameless dread haunting me, but not completely' (McVey, Reflective Journal, 23/11/15). And it is true: the dread is not complete, its darkness is 'plotted and pierced' (Manley Hopkins, 2001, p.265) with light. I know this because, despite plunging into fear, part of me believes all will be well, and even looks forward to the interview. So, I get up and I drive to Grace's house. I stand on her doorstep (the liminal location of my nightmare), knock and wait for her to answer. And I am met by Grace.

The story of that meeting and of my meetings with the other participants is told in the following chapters (my doorstep encounter with Grace, for example, is investigated on p.130). I begin, here, with an exploration of reverie experiencing, linked with the first aim of this research. In section 5.1, I investigate what it was like for the participants to experience reverie (a term that, we will see, they interpreted in different ways, and sometimes rarely used). Their experiencing, whilst enormously diverse, shared some qualities, in that it took a number of *felt* forms and was both inherently *natural* and *relational* (see section 5.1.1). These shared qualities are examined from each participant's perspective in section 5.2, highlighting divergent as well as convergent aspects. The chapter ends by considering, in section 5.3, how participants brought reverie into awareness: a process which, borrowing a phrase from the participant Martha' I call 'Being in a zone' (M1:14). I also reflect throughout the chapter on how I experienced reverie myself during the interviews – when, contrary to my dark dread before them, I was

able not only to communicate freely without 'choking', but to learn and develop in ways I had not anticipated - which links with my fourth aim to explore reverie's potential as a qualitative research tool.

5.1　What is Reverie Experiencing?

In this section I explore participants' understandings of reverie and the kinds of experiencing it encompassed for them. This is no simple matter, given the term's vague nature, which is open to multiple interpretations. Bion himself refused to pin down reverie by categorising it tightly, describing it in broad terms as an open, containing state of mind which can have 'almost any content' (Bion, 1962, p.36). In this, he embodies the quality of negative capability that he commends to therapists, which tolerates 'being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason' (Bion, 1970, p.125). A similar level of toleration will be required here, as we explore participants' diverse accounts of their experiencing; so diverse in fact that it was not always clear to me as we talked that they were referring to the same phenomenon or that this was 'reverie' as conceptualised in the literature.

All the participants had come across the term before (though Rose and Candace had not been aware of it for long), but few seemed to use it in their everyday working lives. Seth (Se1:58) and Martha (M1:8-10), in particular, did not use the term 'reverie' in their own practice, preferring other language, which I share below. Participants' experiencing took many forms and was deeply idiosyncratic, as might be expected given reverie's intimate nature, and their diverse accounts offer new perspectives from which to view the concept. Seth, especially, challenged my preconceptions about reverie and understanding of its scope, as we shall see. And yet, alongside this heterogeneity, I also found that participants' descriptions overlapped. As a result I have been able to add tentative 'sticky notes' (Macaskie, 2014, p.79), which suggest shared qualities that connect with the literature and, sometimes, challenge it.

I turn to participants' accounts now, first by outlining briefly ways in which their experiencing appeared to overlap in a shared sense of reverie as a *felt, natural*, and *relational* form of experiencing (see Figure 5-1), and then by describing more comprehensively how each participant experienced these qualities in their own, unique ways. Exploring participants' accounts in detail like this is, I believe, the best way to convey reverie's astonishing multiplicity and it also offers readers a means to determine whether it is relevant to them and their practice, by providing

examples that they can compare and contrast with their own experiencing. To this end, I reiterate my invitation to readers to attend to your own inner responses as you read, and thereby learn from the 'inside', as it were, about *your* reverie.

5.1.1 Shared Qualities of Reverie Experiencing

All participants described reverie as something they *felt* subjectively in forms that were visual (imagistic and/or imaginative), emotional, sensory or physical, memory-based and cognitive or verbal. All these forms are found in accounts of reverie in the literature, although, owing to the uniqueness of each person's experiencing, never in quite the same way. Examples include reverie expressed in the form of mental imagery (Gifford, 2014); emotional and physical feelings (Gubb, 2014; Willemsen, 2014); memories (Civitarese, 2015); and words or lines from books or poems (Botella, 2014). Such forms may be regarded as alpha-elements, dream-thoughts (Bion, 1962) or 'meaningful pictograms' (Ferro, 2006, p.994), and also link with Gendlin's (2003) concept of the felt sense: the body's pre-reflexive, 'implicitly intricate' (Gendlin, 1996, p.174) experiential response to its environment, carrying forward what the body is implying through 'avenues' (*Ibid.*, p.170) that reflect the felt forms described by participants.

Participants did not all experience every form (I indicate in sections 5.2.1-5.2.7 below and Appendix 7 which forms each person described) and some favoured a few types over others. Often reverie was experienced in multiple felt forms which overlapped subtly. As Grace said, about her experience of reverie:

> It's a sight, it's a smell, it's an internal experience, it's an external experience: it's lots of things all at once. (G1:516).

Participants also considered reverie to be a *natural form of experiencing* - part of the unbidden everyday stream of our 'being-in-the-world' (Heidegger, 1953/2010, p.39) - and they emphasised its consequent familiarity. Reverie was sometimes so familiar, indeed, that it could seem mundane and not worth noticing or reflecting on. Yet such experiencing, whilst feeling normal and ordinary, at the same time seemed extraordinary and novel: 'the extraordinary that bewitches the ordinary' (Romanyshyn, 2002, xix). Participants talked about the intriguing, joyful, comic, intense, surprising, mysterious, disturbing, weird wonder of reverie, which Candace called 'that free-fall that's kind of like the magic and mystery of therapy' (C1:762), and they were drawn to this free-fall, even when it evoked painful feelings. Within this aspect, all participants experienced altered and oneiric states, through dreams, daydreams and fantasies, intimations of energy and other delicate, ethereal forms. The dream-like aspect of reverie is a key feature of many published accounts, such

as Bion's (1992) notion of reverie as 'dreaming while awake' (p.215) and Ogden's (2004a) view that it involves the therapist 'dreaming… [the] undreamt and undreamable dreams' (p.857) of the client.

And finally, participants conceived of reverie as a *relational form of experiencing,* taking place between themselves and others (clients, supervisees, or me in the interviews). Reverie was, for all of them, a state that is triggered by the other and is in some way a response to the other; a state in which one is involved in the other's experience, moved viscerally by it, interconnected with it. In this way, their accounts relate directly to Bion's (1962) concept of reverie as a capacity for containment of the loved other's distress, with its origins in the mother/infant relationship. These shared felt, natural and relational qualities of reverie experiencing are illustrated in Figure 5-1.

Figure 5-1 Shared qualities of reverie experiencing
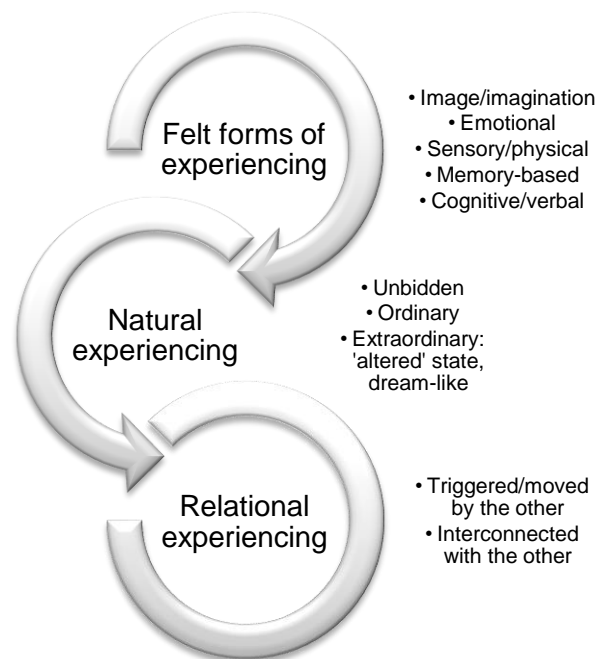
5.2 Participants' Experiences of the Shared Qualities

I now explore the shared experiential qualities of reverie in more detail from the perspective of each participant, using their (and my) own words and, at times, gestures and other non- and para-verbal communications. In so doing, my aim is to provide conditions in which readers can engage in their own *felt*, *relational*, *natural* response to participants' stories, and thus perhaps experience a form of reverie as they read.

5.2.1 Candace's Reverie

For Candace, whose theoretical background is relational, incorporating psychodynamic, humanistic and existential paradigms, reverie was a normal and essential part of her clinical experiencing:

> I think it is a good *chunk* of my clinical work…I like to think of us as multi-dimensional beings so you do need the thinking, the feeling, the relating, the behaving and the.. physiological… I can't imagine working without it. (C2:688-694).

Candace experienced reverie through mental imagery, memory, and emotional and sensory feelings, describing it as:

> having an imaginative *space* where there's capacity for things to either *stream* or be created or just *occur* that you might not normally be *conscious* of but you can permit yourself to play with. (C1:16).

As well as suggesting that reverie can make it possible to bring into awareness 'things… that you might not normally be conscious of' (C1:16) - a quality that will be explored in more detail in section 5.3 below – Candace's reverie took a 'streaming', felt form, offering her and clients an opportunity or space in which to play and imagine as well as generating a quasi-physical sense of space within and outside herself from which she responded to them. She talked, for example, about a reverie in which she sensed a kind of unformed but emotionally-toned 'presence' (C1:134-136) hovering in the room with her and a client, which, she suggested, expressed her implicit sense of the client's relational ambivalence and guilt, and with another client she felt a prickling on the surface of her own skin (C1:368-376). She believed both experiences offered intuitive and empathic information about the clients and her relationships with them, and they both emerged from the streaming, creative 'imaginative space' (C1:16) to which she referred above.

I shall examine one of these examples in detail in an attempt to convey more clearly what it was like for Candace to experience reverie. Although in this example the reverie presented itself primarily as an embodied, felt sensation, Candace's story illustrates too reverie's intricate texture, incorporating layers of memory, imagery and emotion, all of which provided information that she used to respond fittingly to a client who was anxious about starting therapy. As she ushered the client into the counselling room at the beginning of their second session, Candace had a distinct sensation of the hairs on her arm standing on end, like a dog's hackles rising:

> The hairs on my arms sort of prickled. And it's like there was this prickly hostility in the room… It was strange 'cos I thought 'has it gone a bit

cold?' Do you know when you kind of get a ripple? ((Undulates fingers up both arms)). (C1:368-372).

Describing the reverie to me, Candace re-enacted the 'ripple' by undulating her fingers up her arms. Indeed, she commented that the hairs on her arms started to prickle again as we talked (C1:374), and I felt a similar, but very faint, sensation, perhaps nudged into a mirrored response by Candace's gesture (Gallese *et al.*, 2007; Grotstein, 2007; 2005). In McNeill's (1992) seminal typology, such a gesture, where the fingers perform the action or stand for the character being talked about – as Candace's fingers enacted the ripple – is called an 'observer viewpoint' (p.119) or O-VPT gesture (see also section 6.1.1, from p.107, where the role of gesture in reverie is explored more comprehensively). McNeill (1992) notes that with such gestures 'the narrator keeps some distance from the story' (*Ibid.*). It is interesting that Candace gestured in this way when describing a prickling sensation that she interpreted as a warning to keep her distance from the client:

> It wasn't *being cold*, erm, and it wasn't fear but it *was* information.
> There was a *warning.* (C1:434-436).

Based partly on the information conveyed by the reverie, Candace proceeded gently with the client.   In the back of her mind, hovering dimly, was a memory from childhood of taming birds, which involved being still with them even when they pecked her, knowing that if she was steady they would eventually sit on her hand:

> And that's *how* I was, kind of… so it was like: 'I am going to be *here*; I'm not going to *back* off but I'm not going to make any sharp movements'. (C1:398-404).

Candace's sense of the reverie, then, was infused with memory and directly influenced her careful approach to the client, who responded by engaging more fully (albeit still cautiously) in their relationship.

Candace conceived of the natural, experiential streaming within that sense as looped or spiral in structure, with an original lived experience representing one loop on the spiral, to which others are added as we engage with it in reverie, perhaps by dreaming about or reflecting on it. Thus within a reverie spiral related episodes rise above each other, like Candace's skin prickling and her memory of taming birds; their contiguity making them feel interconnected with each other, although they were separated widely in 'real' time and location. As a result, she suggested, we seem to relive them when we think, talk or dream about them subsequently, and the feelings they contain are made available to us, vividly, in the present; feelings that we can use in clinical work.   She experienced such 'looping' as a therapist, when

she used her reverie to engage in a visceral, living way with clients as in the above example, and in the research when she felt herself re-living and re-viewing her experiences while talking about them with me. She believed the same thing happens in clinical supervision, where it explains how we are able to 'conjure' our clients and relive our encounters with them for our supervisors (C1:802-804; see also p.144).

5.2.2 Grace's Reverie

Grace described her theoretical background as integrative, combining elements of psychoanalytic, body-oriented and child developmental modalities and incorporating creative tools and mindfulness. For her reverie was a form of 'processional experience' (G1:26), which involved entering the procession or flow of experiencing with another at many levels (physical, mental, emotional, spiritual and so on). Thus, for Grace, reverie was both inherently relational *and* felt or embodied, encompassing all the felt forms included in Figure 5-1 above:

> A *really* whole being experience, a *visceral*, *intellectual*, *spiritual* experience that is reflective of a *share* of the person's dynamic or… what they're holding in their story, their *being's* experience. (G1:270).

She talked too about the natural, unforced effortlessness of reverie in her therapeutic work, which enabled her to be fully present with others:

> I'm thinking to myself and experiencing *all the time* and it's not a burden and it's not like ch-ch-ch-chh-chhh; it's just present. (G1:272-274).

To illustrate more fully Grace's experience of reverie, I turn now to an example from our first interview (the interview I wrote about at the beginning of this chapter; the first in which I entered a participant's house, which I had dreaded so fearfully). In that interview Grace used the metaphor of a spider's web to explore her experience of reverie as an inherently relational, intuitive form of engagement with clients. The example incorporates some of my own reverie experiencing as I listened and shows how I, as researcher, entered our shared 'processional experience' (G1:26) to connect with Grace.

Grace suggested that reverie is a manifestation of the relational interconnections that exist between people. It is as if, she said, we are connected to each other by the fine threads of a web, so that a disturbance in one part of the web will be felt in another part:

> It's like there's like a *mesh*-type gossamer that touches *all of us* and for some *reasons* there's a real connectedness made. (G1:168-176).

Figure 5-2 Spider's web
(photograph taken by researcher)

Listening to Grace, a memory came faintly to me, and an image - an alpha-element (Bion, 1962) or pictogram (Ferro, 2006) - started to form in my mind's eye. The memory that underpinned the image was of photographing a spider's web on a holly bush, one foggy day a few weeks before our meeting (the photograph I took is reproduced in Figure 5-2). Mist had condensed on the web, covering it with many drops of sparkling water and revealing its unusual form: rather than being a flat, two-dimensional collection of flimsy threads like many webs, it resembled a three-dimensional pocket or cup.

The image came fleetingly into my awareness (unexpectedly and dimly, just as it has manifested darkly in the background to the text, now) and then seemed to disappear as I continued to attend to Grace. Towards the end of the interview, when Grace was summarising how she works integratively with reverie, she explained that each part of her response to the client comes from the same place within herself. Returning to her earlier analogy of a spider's web, she focused this time on the *intra*subjective connections reverie triggers *within* herself in response to clients, rather than on *inter*subjective connections *between* herself and clients. She concluded:

> It's a spider's web, actually. That's what I want to say: it's a spider's web. You know, each strand is strong. It's all come from the same place. (G1:788-794)

As Grace spoke, the image of the 'pocket-shaped' web came back to me in reverie. The image was sudden, unbidden and subtle. I was aware of the thickness of that web with its many fibrous, silver threads which suggested to me, implicitly, a form that might be strong enough to contain something within its 'pocket' structure. My image was ephemeral and unstable, emerging in my felt experiencing from what Reik (1948/1972) calls 'a kind of fogginess in my thoughts' (p.178) in and amongst remembered impressions, emotionally-toned feelings or physical sensations and more cognitive, structured sense-making.

I was fascinated by Grace's web analogy, and the colour and feeling added to it by my own reverie image, and replied:

> As you were talking I was thinking of the spider's web…all these different things *embedded* in the web… and *held* in it ((hands make cupping or containing gesture)), like it's quite *thick*. (G1:807-809)

I cupped my hands to illustrate the image of the web in my mind's eye (my gesture is shown in Figure 5-3), and its thick, containing nature. My reverie developed as I spoke, giving me access to more and more detail and meaning as I shared it with Grace; speech, imagery, feeling and understanding developing alongside each other in the moment. The BCPSG (2010) refer to this as 'intention unfolding' (p.167): an unpredictable, messy communicative process within spontaneous dialogue, in which the interlocutors' intention to link 'images' (which can include ideas, affects and so on, as well as clear mental 'pictures', like mine) with words generates new, often unexpected 'emergent properties' (p.176).

Figure 5-3 Cupping gesture

The intention unfolding in my conversation with Grace, prompted by my reverie image of a web, inspired my 'cupping' gesture and the words '*embedded* in the web… and *held* in it' (G1:807-809). Those expressions, in turn, 'nudged' (Grotstein, 2005, p.1059) Grace into making a cupping gesture of her own (G1:812), elaborating my gesture to produce a bigger, deeper cup, as she highlighted reverie's lived nature in relationship, in which we *live* (Bion (1965) would say 'become' (p.163)) the web of interconnection within and between us, exclaiming: 'Lived! Lived! And *made* from living!' (G1:812-814).

5.2.3 June's Reverie

June, who defined her theoretical background as relational and integrative, talked about reveries triggered by her relationships with clients, which represented her natural, unbidden attempts to empathise deeply with them:

> When my clients *bring* a deep feeling… for *me* this is what I *use* to relate, to, to emp-, to *understand* them, to inform myself about what it *is* for them. (J2:490).

She experienced reverie in visual, emotional and memory-based forms, describing it as: 'things that go on for me... while I'm in therapy… images, memories or feelings' (J1:6-8). In fact, these images, memories and feelings were intertwined in her experiencing, and she explained: 'I've realised that I have, like, images for feelings' (J1:214). This intertwining was illustrated in a reverie June experienced with a young adult client who was worried about being alone when her elderly parents died. As the client talked about her fears, June 'saw' an image of her own living room, which combined memories, imagery and affect within a larger construct in a distinctively dream-like way. She realised as we talked that the image was a familiar one, which sometimes flashed through her mind when she thought about losing her own parents, who live overseas, far from June's home in the UK. It contained aching anticipatory grief and loneliness:

> I feel this place so far from my family…I just feel like *nothingness*… no connection. (J1:140-148).

By contrasting these feelings of loss, nothingness, and disconnection (feelings that were of great significance, too, to June's client) with the homeliness and familiarity

of her current living room, the reverie seemed to intensify ('bring home') their poignancy.

Layers of living detail were embedded in the image, making it *real* for June and fuelling her empathy, and when we explored the reverie in our interviews some of those layers were revealed, as shown in Table 5-1. The table focuses on just one, minute detail: how June's own body appeared to her in the reverie, especially her feet. The first column includes part of her description of the reverie in our initial interview, where she describes 'seeing' her body in her mind's eye, and the second contains additional information she offered about it in the second interview. Before I discuss this, however, I draw readers' attention to a point made by Ogden (1999a) about the 'considerable span of time' (p.7) required to describe a reverie, which contrasts sharply with the momentary nature of its experience. The same problem will become evident in the following description of June's reverie. To appreciate, even in a rudimentary fashion, her actual experience, one must remind oneself constantly that the mass of detail it contained - only a fraction of which is presented below in many words - was perceived by June in no more than a few seconds.

Table 5-1 'Baby feet' in June's living room reverie

Interview 1	Interview 2
'I imagine *myself* in my house where I live. I live in the countryside… it's just *fields*. Very beautiful and I see all the green. And I see myself. And I see kind of the world under my feet ((raises both hands, palms down, about a foot apart, and, traces two inverted 'u' shapes on each side of body, as if outlining big, splayed feet)), the whole *earth*… and I feel this place so far from my family and my culture… I feel like *nothing*'. (J1:140).	'It's a picture: it's *my* feet on the wooden floor'. (J2:24).
	'Cos I don't see my whole body, I see like a mini-body *blur* ((undulates hands)). But I see the ((brings hands down and round, outlining big round feet)) two big feet like *pummm*!' (J2:34-36).
	'I had the image of those dolls that have baby feet, like fatty feet like a *baby*. I think [they are called]… trolls…. The *feet* of those trolls… massive feet, but like, baby feet…those feet exactly, actually'. (J2:76-90).
	'It says a lot for me about how I feel: I feel like *little* or like a baby, like an infant, being abandoned'. (J2: 742).

In the reverie, June was standing on her living room floor, in front of a window that looked over green fields (I wonder if readers see her, silhouetted against that bright greenness, as I did; or if their experiencing at this point is different, and if so, how). She drew attention in the first interview to a sense of being heavily *planted* on that floor 'with the world under my feet… so far from my family' (J1:140), and emphasised the point with an iconic gesture (McNeill, 1992) that traced the outline of two big, splayed feet on either side of her body. In the second interview, having reviewed the above passage together on the video-recording of our first meeting, I asked June to describe the image in more detail, and she returned to those feet. She told me, in an evocative phrase that captures beautifully the clear/unclear, fuzzy/vividness of reverie imagery, that her body appeared to her as 'a mini-body *blur*' (J2:34), which she illustrated with another iconic gesture, undulating her hands and thus bringing the 'blur' into the space between us.   But her feet were distinct from the blur. They were well-defined and massive: 'two big feet like *pummm*!' (J2:36); the non-verbal sound suggesting the resounding noise made by huge feet striking the floor. She repeated the outlining gesture she had made in the first interview to emphasise how big those feet were. When I asked June whether their form had any association for her, a surprising and touching detail emerged. They reminded her of the large, chubby feet of a kind of doll, called a 'troll', that she had owned when she was 11 or 12 years old (J2:108): 'those feet exactly, actually' (J2:90). Reflecting on this detail, June concluded:

> It says a lot for me about how I feel: I feel like *little* or like a baby, like an infant, being abandoned. (J2: 742).

In representing the feet, simultaneously, as both very large and baby-like, the reverie seems to express a state of *contrast* in a profoundly delicate and moving way. The client appears to have been struggling with that same state and its implications, in that although she was 'big' (like the feet) and certainly not a baby, her terror of being abandoned may have plunged her into the feelings of a helpless infant. June, too, had not been a baby when she owned the dolls – she was 11 or 12, on the cusp of adolescence. The reverie appears to have symbolised with great subtlety some of the ambivalence and confusion experienced in the contrasting, in-between state of adolescence as we transition to the self we will become with one foot still in childhood, as well as the client's fear of growing up and being alone: of standing on her own two feet, one might say.

5.2.4 Martha's Reverie

Martha originally trained in person-centred therapy and transactional analysis, and from this background developed her own way of working. She experienced reverie, which she associated with daydreaming and fantasy (M1:4-5), countertransference (M1:214) and advanced empathy (M1:241) in all the felt forms outlined in Figure 5-1. Referring to Reik's (1948/1972) concept of the 'third ear' (p.127) – the therapist's inner, intuitive response to the client's implicit communications – Martha suggested that reverie was:

> like having a *third ear* which is *attuned* to all the other things that are going on, the underneath conversation. (M1:26).

She emphasised the undirected, free-flowing receptivity to the other which reverie offers, and its familiarity: 'It feels *normal…* this is what we *do*' (M1:379). Examples of attuned relating in reverie that she shared with me included 'a *very* sharp image of my first serious sexual partner' (M1:50), which appeared suddenly to her when working with a client who was implicitly, but not explicitly, 'talking about their sexuality' (M1:52). She also explained how she often saw words scrolling through her field of vision as they were spoken; an idiosyncratic form of experiencing with which she was familiar within and outside therapy (M1:138). In therapy, however, such words could appear *before* the client or Martha had discussed or even thought about them explicitly, when they could act like an intuitive flash, giving form to the client's unspoken concerns. She gave an example of the image of the word 'disappointment' appearing suddenly to her, like this, while working with a client (M1:134-150), which reflected accurately the client's tacit emotional state.

Although the above reveries 'popped' (M1:108) unbidden into Martha's mind, she also talked about using imagery in a more intentional way, as a process tool. For example, she explained that she sometimes visualised a toolbox next to her chair, from which she could select appropriate ways of working with clients (M2:76-78). Reverie's unbidden nature within the stream of experiencing is stressed by Bion (2005; 1973; 1970) and Ogden (2015), as well as by Martha herself and the other participants in the study, but more intentional imagery of this kind may, perhaps, act as a 'springboard' for it, by creating conditions conducive to reverie. Thomas (2016) illustrates this 'springboard' function in her psychotherapeutic practice with 'directive' (p.54) imagery, when she asks clients to focus on images that represent metaphorically aspects of themselves or their stories.   Although clients first summon such imagery as an intentional response to a request, spontaneous alpha-elements or 'receptive images' (p.3) soon appear. Martha and I engaged in a

similar process in our second interview (M2:124-127), where we used her toolbox image as a springboard to plunge into a shared imaginative space in reverie, in which we 'picked up' the tools and examined them together. Co-creative interaction of this kind, where intention and spontaneity intertwine, calls to mind again the BCPSG's (2010) concept of the simultaneously purposeful and free 'intention unfolding process' (p.167), mentioned on p.81, and suggests that, like so many other features of our unscripted, unpredictable lived interactions with others, the level of intentionality within reverie may be situated on a continuum, ranging from completely unbidden, spontaneous experiencing at one end, to more intentional 'springboard' experiences at the other (see also Figure 5-6, p.100).

5.2.5 Rose's Reverie

Rose, whose theoretical background is relational and integrative, described her reverie as:

> Anything internally that's happening for *me*… inner reflection... in images, smells, sounds, tastes. Or it could be physical feelings as well… like a reflection with all my senses. (R1:6-20).

She talked about reveries that reflected and refracted her clients' concerns through her own imagery, memory and emotional and sensory feelings, thereby generating relational engagement and connection with them, which meant that she was not:

> just a *distant listener*… every time I'm with [the client] I'm *re::ally* drawn into her story and what she's going through. (R1:128).

Like the other participants, Rose also drew attention to the ubiquity and naturalness of reverie, commenting:

> You *do* have all these fleeting thoughts and images *all the time…* and most of them you ignore… 'Cos it just, everything just flits through your mind, so much is going on. (R2:458-464).

Rose gave an example of a reverie in which her empathic response to a young client whose mother had died recently combined what might be conceived of as alpha-elements in a number of different forms: feelings, imagery and memories. The client had talked about her mother wearing a particular cardigan before she died, although she did not explain exactly what it looked like:

> She talked about a *cardigan* that she said her mum wore a lot and I don't know whether she *always* wore it or whether it was just when she was *ill* in those last few weeks, but this cardigan was with her mum in hospital and this cardigan then came back home when her mum had died and she didn't *tell* me what the cardigan looked like but I have an *image*. (R1:44).

During our first interview, Rose realised that the image of the cardigan that developed in her own mind as she listened to the client reminded her not only of clothing she herself owned (she brought the item to our second interview, and it is pictured, with her permission, in Figure 5-4) but also of an item her grandfather used to wear (R1:108-110), which evoked for her deep feelings of 'comfort and safety… just feeling accepted' (R1:112-114), associated with him. As she reflected on the reverie in our second interview, a further realisation struck her. She remembered that her grandfather had died when she was the same age as the client was when she lost her mother (R2:30-32). Knitted into Rose's image of the cardigan was the feeling of losing someone you love when you are young, which helped her to empathise deeply with the client:

> Something about just still being quite *young…*so you *think* you're grown up, but when you lose somebody you really needed them and my client definitely still needed her mum… So yeah, something about *thinking* you're grown up but *knowing* you still need… things like that. (R2:70-76).

Figure 5-4 The cardigan

The image of the cardigan seemed to hold these complex, nuanced feelings of loss, pain, and love within its very texture. Indeed, much of the feeling was contained in one tiny, seemingly mundane visual detail: 'All in, it's mainly the buttons' (R2:50).

Readers may wish, at this point, to ponder on their own experiencing, now. What form does it take, if any? Do you 'see' a cardigan, for instance? If so, what does it 'look' like, what feelings or memories are evoked in you, if any, and how might they relate to Rose and her work with a heartbroken client, and/or to your own work?

5.2.6 Sam's Reverie

Sam, a relational practitioner, experienced reverie in imagery, physical and emotional feelings, memories and unexpectedly evoked words or lines of poetry. For him, reverie was undirected and free-flowing - 'It goes where it goes' (Sa1:18) – while at the same time providing a means of attending acutely to the other. As a result, he welcomed it:

> I like it when it happens. Cos it feels like 'ah huh, right, something going on *here'.* (Sa1:70-72).

I focus now on Sam's experience of a reverie of a match being struck and suddenly extinguished that came to him while working with a client whose partner had left him:

> I *heard* this match strike and I saw it pfffh! ((moves right hand rapidly upwards in front of face, with finger and thumb pinched, as if striking a match)). It was like someone struck a match and just flicked it ((flicking gesture with right hand)). (Sa1:188).

Sam's reverie appears similar in form to the sudden flare of reverie imagery that Ferro & Foresti (2013) call 'visual flashes' (p.268), which can occur when a patient 'who is under exceptionally high pressure "fires off" a pictogram… a little piece of the sequence of waking dream thought' (*Ibid.*), subsequently sensed by the therapist.   Sam's client appears to have been under pressure after the ending of his relationship, causing him, perhaps, to 'fire off' the image of the match.

Sam evoked his image in the interview room with a gesture, in which he appeared to strike and then extinguish the match. McNeill (1992) calls such movements 'character viewpoint' (p.119) or 'C-VPT' gestures. They involve speakers using their hands to represent the hands of the characters they are talking about, thus embodying (*becoming*) those characters. By positioning the speaker centrally within the action being described, McNeill (1992) suggests that such gestures give the story being recounted immediacy: 'we feel that the narrator is *inside the story'* (*Ibid.*, italics added), as Sam appeared to be inside his story, striking a match *now*, in the interview room, and not only remembering a reverie about a match. The liveliness of Sam's C-VPT gesture 'nudged' (Grotstein, 2005, p.1059) me into my own visual reverie in response, in which I 'saw' in my mind's eye a quick flare of golden light, surrounded by intense darkness. In this way, the gesture functioned not only to express Sam's engagement with the story (and hint at his relational engagement with the client) but also drew me into his experiencing.

The image was so clear to Sam that:

> It's like somebody showed me ((left hand raised, closely in front of
> eyes)) a film of somebody striking a match and flicking it away.
> (Sa1:214).

Here Sam used another C-VPT gesture, this time raising his hand before his face, as if holding a screen in front of his eyes. Through the gesture, he positioned the 'screen' very close to his eyes, perhaps suggesting that this reverie was an unmissable, 'in your face' experience: striking in more ways than one. Its vividness made it 'live' for Sam, and, in turn, for me.

Sam's experiences of reverie were not always so sharply visual or clearly representational, however. He also talked about an ineffable experience in work with a supervisee, which appeared to involve a slightly altered state of consciousness:

> I, I, I don't quite know what the image is, or what ((eyes closed)): what, I
> don't know what it *is* but there was (0.5) there was something very
> ((opens eyes, looking down)) (0.4) very, both very *dark* and also very
> *ok*. (Sa1:294-296).

It appeared difficult for Sam to translate this form of experiencing into words. He closed his eyes, the better to access it, and paused frequently and relatively lengthily, mirroring, perhaps, the unhurried unfolding of this inchoate experience. When I asked him what it was like for him, he translated the experience into a metaphor (as my question, unconsciously, encouraged him to do, metaphors being, fundamentally, a means of expressing how one thing is *like* another, whilst, as Ricoeur (1976) suggests, adding to the original concept in 'a surplus of signification' (p.55)):

> It's like looking into really, really deep, really, really cold water, which is
> both beautiful and also life-threatening. (Sa1:308).

Translation is, I think, the correct term to express the process by which Sam shared his experiencing with me. Although he could represent it metaphorically, his 'dark and ok' reverie does not appear to have been inherently metaphorical, as his match reverie was: it was simply itself - the 'O' (Bion, 1970, p.26) of his being in the moment with his supervisee - formless, shapeless, boundless.

5.2.7 Seth's Reverie?

Seth, who defined his theoretical background as relational within a person-centred frame, described his inner experiencing with clients as a kind of deep meeting or containing connection (Se1:68), linked with Buber's (1958) concept of I-Thou, in which we become 'bound up in relation' (p.14) to the other or 'bodied over against'

(p.15) them. Such interconnection, Seth suggested, can be powerful and transformative:

> It cuts through the normal day-to-day sort of ways of being with someone. It cuts through, it's almost like it goes more into the *essence* of the nature of the experience between two people. (Se1:74).

Like the other participants, Seth's was 'a *felt* experience' (Se2:792), in his case involving a 'feeling of oneness' (Se1:184) with the client or 'a *warm* feeling' (Se1: 200), which Seth linked with 'love…towards my client, or just *love* in the room' (Se1:200) and it often had a visual quality too, as if he were seeing 'a light energy or... a lightness coming out of my client' (Se1:102). It was 'totally natural' (Se1:268) and deeply familiar, containing within it a diffuse 'feeling of home' (Se2:526), which Seth linked with his own sense of:

> being a little *child*, having that real *profound*, overarching *love* from your parents, *hopefully*… and then when [I'm] sitting with a client and I'm *feeling* something of that in *myself*, that helps create the *environment* for whatever needs to happen. (Se2:530).

I noted on p.75 above that participants talked about reverie as a dream-like or altered form of experiencing, and this was certainly the case for Seth. He described reverie as:

> dream-like…. like an altered state of consciousness, which may be beyond the normal daily waking consciousness. (S1:10-14);

and experienced his connection with clients as a form of *energy* 'around the *head*…a light-like energy' (Se1:82-84), in which 'the whole story falls away… both of our personalities fall away' (Se1:74). Entering this kind of experiencing, for Seth, involved 'dropping *into* something…which is *greater* than each one of us' (Se1:104):

> It's not a thing but it's almost like it's, it's almost like a healing process, something healing or transformational happens. (Se1:86).

Seth (Se2:20) acknowledged that it was difficult to find words for such experiencing, which transcends attempts to describe it. He suggested that transpersonal psychotherapeutic frameworks (for example Assagioli, 1965; Wilber, 1977/1993) might permit a level of understanding, but was concerned that some transpersonal accounts are too directive (Se2:316) or give a misleading impression of arcane mystery, whilst his experience of this altered state was that it was 'a really *normal* human connection' (Se1:162).

To this point, Seth's experiencing reflects, broadly, that of the other participants. However, it was also distinctive, in that it was largely *content-free*. Whilst the other

participants also talked about experiencing relatively formless reveries, like Sam's 'dark and ok' (Sa1:296) example, unlike Seth, they also described more representational forms. Seth's experiencing, by contrast, appeared to be consistently free of forms with associative or metaphorical connections to the client's process, which feature so often in the literature:

> It's more a feeling, it's more a sense. It doesn't necessarily link with previous memories of experiences. (Se1:340).

Although he focused acutely on the other's feelings as he worked with them, Seth did not experience reveries that contained his client's feelings by *personalising* or *interpreting* them (even implicitly and to himself), as June's living room reverie (J1:140), for example, personalised her client's fear of abandonment, and thus helped her to empathise with it. Instead, Seth experienced a steady *feeling of containment*, which he associated with love:

> It's almost like we've created a relationship that's secure, that's boundaried, has all the qualities of the potential for it being a special place for that client and then they're able, through the *process* to share something that's really painful, to release something that may involve tears or shame or whatever, but within *that* my feeling of it is, a sort of feeling of the *containment* of the *container,* which is actually *lo::ve,* which is actually positive regard, unconditional positive regard, whatever we want to call it. (Se1:352-354)

Seth's experiencing was so different from my (then) understanding of reverie that I struggled to understand what he meant in our first interview, and asked him *five times* in the first 15 minutes of that meeting whether it took forms that were familiar to me, trying - and failing - to get a 'handle' on his reality. Although I too experience ineffable, formless moments with others, when I interviewed Seth I understood reverie as fundamentally representational; a 'subjective, personalising filter' (Grotstein, 2007, p.62) or, as Ogden (1997b) puts it, a metaphorical process that gives shape 'to the analyst's experience of the unconscious dimensions of the analytic relationship' (p.727).   Seth's experiencing, however, was neither personalised nor metaphoric, and as a result I asked myself whether it could be considered to be reverie at all. Indeed, if reverie is regarded *only* as a form of '*associative* dreaming' (Cwik, 2011, p.21, italics added); *only* as a 'process in which metaphors are created' (Ogden, 1997b, p.727) I do not believe Seth's experiencing can be described as reverie. Seth himself did not call it that, although he was open to exploring its connection with reverie.

And yet, as I struggled (and often failed) to understand Seth in our interviews, I had a dim, but nonetheless persistent sense that what he was referring to *was* reverie.

It was not only that his talk of a natural, relational, felt form of experiencing struck a chord with other participants' and authors' accounts; his focus on *containment* and on *love* also suggested to me that Seth experienced reverie. Reflecting on it subsequently, it seems to me that his experiencing accords profoundly with Bion's (1962) definition of reverie as a process of containment arising from love, and particularly with Bion's (1970) later thinking, which moves beyond an emphasis on *representing* the other's experience through alpha-function (linked with representational forms like association and metaphor) to a focus on *becoming* the reality or 'O' of the other's experience; a state that is free of 'memory and desire, and of all those elements of sense impression ordinarily present' (p.35). A state, in other words, similar to Seth's largely content-free, asymbolic connection with clients.

But what is it to contain and transform the other's beta-elements in reverie without symbolising them? This question goes to the heart of my failure to grasp Seth's experiencing. I simply could not understand how one might relate to or connect with another without representing their feelings to oneself in some way. Surely, I thought, not to do so would mean distancing oneself from their reality. Bion (1970) responds to this point when he writes:

> The suspension of memory, desire, understanding, and sense impressions may seem to be impossible without a complete denial of reality; but the psycho-analyst is seeking something that differs from what is normally known as reality. (p.43).

This 'something', I have come to suspect, is what Seth was 'dropping *into* …which is *greater* than each one of us' (Se1:104) when he 'met' his clients, deeply. It is, perhaps, a different level of reality, which, as Seth said, is to some extent elucidated by transpersonal accounts. Wilber (1977/1993), for instance, writes about the 'Level of Mind' (p.178), which may be reached through intense awareness and concentration, as in meditation (Seth (Se1:166) has meditated for many years), in which:

> there is no image, no thought… no duality, and this results… in passive awareness… wherein Reality is revealed. (p.307).

Distinct categorial images, dream-memories, feelings, words or thoughts of the kind experienced in reverie by me and the other participants in this study (but not Seth) are, according to Wilber (1977/1993), products of the fundamentally dualistic Western way of perceiving the world, which divides it into subject and object. At the Level of Mind, however, these dualistic properties may drop away, 'subject and object become completely identified' (pp. 312-313), and there is only 'Energy'

(p.173). In a similar way, Seth experienced a dropping away of separation between him and the client, culminating in a 'feeling of oneness' (Se1:184), which contained a different, un-dual Reality and 'light energy' (Se1:102).

I suggest that Seth's experiencing may provide an example of reverie in its evolution from 'O' as an 'act of faith' (Bion, 1970, p.41) or becoming, in which it functions as a 'portal to the numinous' (Wisdom, 2014, iii). Reverie perceived in this way may be understood to overlap with some transpersonal and person-centred accounts, and in particular with Rogers' (Baldwin, 1987) notion of presence. Thus, although he did not describe it in this way himself, from this point I refer to Seth's experiencing as reverie.

5.3 'Being in a Zone': Bringing Reverie Experiencing into Awareness

Reverie has been described in this chapter as an intensely ephemeral, fleeting inner phenomenon, often on the edge of consciousness and therefore easy to miss. Ogden (1997b), too, emphasises its transitory nature and the consequent difficulties the therapist faces in bringing reverie into awareness:

> One must struggle to 'hold on to' one's reverie experience before it is 're-claimed' by the unconscious… A reverie that has at one moment seemed fully available to conscious awareness will frequently at the next moment seem to have 'disappeared', leaving only a nonspecific residue of feeling in its wake. (p.721).

Several participants made similar points. June, for example, commented:

> You have to be *very aware of it*: don't let these images go because they pass and go! (J1:512-514);

while Sam talked about the 'struggle … to really try and get hold of… the process' (Sa2:10-14). However, Martha stressed that it *is* possible to bring this ephemeral material into awareness, when in a focused, receptive state of mind that she called:

> being in a *zone*, where you're *open* to the way in which your mind is wandering and seeing if that is connected. (M1:14).

For Martha, the 'zone' is 'a waiting mode… I'm just waiting to see what's going to happen' (M2:388); a state of even expectancy that Sam described as:

> something a bit different from sitting thinking… it's more uncontrolled than that… so I stare out of windows a lot and just kind of be a bit blank but open to whatever's going on in [clients'] thinking minds or their body. (Sa1:2-10).

In our first interview, Martha showed me how she experienced 'being in a zone', by inviting me into it, alongside her. Just before we ended the interview I asked her if there was anything else she wanted to add (M1:662-665):

> Lynn: Before we end, is there anything else, erm, that you thought I would ask you today and that I haven't, or that you wanted to tell me about, or that you just think 'Yes, I'd like to add that before we end'? [Or, just, is that ok?]
>
> Martha: [Well I hadn't really thought much about it] before you came, 'cos I thought it might be better [not to]
>
> Lynn: [Yeah]. That's great.
>
> Martha: Yes, I'm

<p style="text-align:center">just zoning in</p>

<p style="text-align:center">and _{out} really.</p>

My busy, somewhat rehearsed speech (I asked all participants a similar question at the end of their interviews) gave way to Martha's spontaneity. Speaking freely - 'without memory and desire' (Bion, 1970, p.31) – Martha focused on her experiencing in the moment, her talk overlapping naturally with mine. She began to reflect in a relaxed way on the room in which we were sitting, where she has worked for many years, and its importance to her as the 'backdrop' (M2:402) to her working life. The room was in her own home - one of those places that my nightmare, recounted in Chapter 4, had warned me not to enter - but here we sat together in peace, contemplating it evenly, 'in a zone'. Martha drew my attention to a painting of a stag on the wall opposite her chair, the animal standing upright and poised as if acutely aware of something. The words she used to describe the stag seemed to me to convey some of her experience of the 'zone':

> It's a thoughtfulness... [He] looks as if he's really *concentrating*. His ears are pricked in the direction in which he's listening. *Something is happening*. (M1:721).

Something is happening. The phrase conveys powerfully the non-judgemental expectancy Martha exercised when bringing reverie into awareness, which did not assume *what* might be happening, but was open to whatever might come; an attitude akin to Bion's (1970) notion of negative capability. Her description of the 'zone'– embodied by the stag - combined this unforced, natural openness with intense concentration, a point that Seth also emphasised when he explained that becoming aware of reverie involved 'relaxing *into it* or letting go into it' (Se1:546) as well as focusing one's attention intently on the other. Both Martha (M2:394) and

Seth (Se1:548) linked this receptive state of mind with meditation. Likewise, Pelled (2007) points to the connections between reverie and equanimity, one of the three factors for awakening in Vipassanā meditation, alongside concentration and attention or mindfulness. Equanimity involves observation without interference and implies a state of 'absolute openness' (p.1517), similar to that which Martha associated with being in a 'zone'.

In response to Martha, I focused my own awareness on her painting of the stag, in the 'zone'. I tried to voice my sense of it, suggesting that:

> He looks like he has *stayed* his very powerful movement ((holds both hands out in front of stomach, flexed but still)) for a moment to reflect. (M1:730-732).

Figure 5-5 'Becoming' a stag

I illustrated my point by embodying – 'becoming' (Bion, 1965, p.163) - the stag in a C-VPT gesture, in which my arms and hands *became* the stag's legs and hooves, flexed and still for now, but about to move on (see Figure 5-5). My words and gesture conveyed something of my felt understanding of Martha's 'zone' as a living, dynamic form of awareness, streaming alongside the animate reveries on which it focuses. We do not *stop* this flow to contemplate our reveries as we become aware of them: to do so would kill the flow. Rather, we continue *in* our reveries as we envelop them in our awareness, our 'being-in-the-world' (Heidegger, 1953/2010, p.39) enabling us to extend into and dwell within (Polanyi, 1983, p.15) our conception of another's 'horizon' (Gadamer, 1960/2004, p.306) of experience.

All participants talked about this relaxed but focused alertness to their own experiencing and to the other, which, inspired by Martha, is here called *being in a zone*. Through it, they were alerted in the moment to ephemeral, nuanced layers of phenomenological experiencing in reverie that, they believed, might otherwise be

outside consciousness. Candace, for example, exercised it when working with the client who was anxious about starting therapy (described on p.77 above), with whom she felt a prickling on the skin of her arms, using it to gauge her client's level of anxiety and hostility:

> The sense I initially had, it did *slightly* subside but I was really aware of it being *in* the session. (C1:384);

This highly sensitive, yet relaxed form of awareness is similar to the evenly suspended attention that Freud (1912/1958) recommends therapists adopt as they listen to clients and to Bion's (1970) 'negative capability' (p.125). It is also reminiscent of Gendlin's (2003) intent focusing on the bodily felt sense, and the phenomenological attitude (Husserl, 1931/2012), in which one seeks to apprehend fully the contents of consciousness just as they appear, as well as Polanyi's (1962) work on contemplation, which, he says 'pours us straight into experience; we cease to handle things and become immersed in them' (p.197).

Although participants' awareness of their 'zone' experiencing in the moment could reveal a wealth of detail about clients' and their own states of mind, it did not necessarily do so explicitly. Participants' evocations of this awareness often had a delicate, indeterminate quality, reminiscent of dreaming, when layer upon layer of detail and feeling may be sensed in a manner that is extremely vivid whilst also vague and shifting. Sometimes participants only became more explicitly aware of reveries and their potential meanings later, while reflecting after sessions or with me in the interviews (see also Chapter 7, p.143).

Reading accounts of reverie in the literature, it is easy to misconstrue this aspect, because translating the phenomenon into words can make it seem more concrete than it is. Thus, no matter how much authors like Ogden (1999a) – or me, here - point to the subtlety of this experiencing, it can seem as if the reveries they describe played out solidly like technicolour movies before their minds' eyes. As a consequence, when we think of our own experiencing, we can conclude that it is not reverie because it does not seem as tangible as those accounts, just as I did when first I read Ogden's work (see p.4). For the participants in this study, however, this awareness was delicate, liminal and profoundly ephemeral. Grace referred to it as 'a body experience…sort of really under the skin' (G2:270) and Rose called it a 'sense' (R2:26), woven, for example, into the very fabric of her reverie of the cardigan (see p.86 above) once worn by a bereaved client's mother, which reminded her of clothing that belonged to her own beloved grandfather:

> I suppose that's where my *mind* goes… or my *feelings*, my bodily
> reaction goes from a memory, a concrete memory of an object… *to* a
> *feeling-memory* of love and being a child and being looked after.
> (R2:42-46).

This precise experience, which Rose sensed acutely and delicately in the 'zone', was '*exactly* what my client was missing' (R2:48): the feeling of being loved and looked after by her mother, as Rose had been loved by her grandfather.

5.4   Summary and a Continuum of Reverie Experiencing

In this chapter reverie experiencing has been described as natural, relational, and taking many felt forms, including almost no form at all. We bring it into awareness with a phenomenological sensibility in which non-judgemental attention is paid to what is presented to consciousness, no matter how unremarkable or, conversely, how unusual it seems. This sensibility is here called 'being in a zone', and it can reveal extremely rich, nuanced details in the moment, often in a subtle, dream-like way.

Writing about this kind of experiencing, Ogden (1997a) warns us that:

> It is almost impossible not to be dismissive of reverie since it is an
> experience that takes the most mundane and most personal of shapes.
> (p.568).

I have struggled with similar qualms as I have studied participants' and my own experiencing during this research. Surely, I have said to myself, *this* kind of experiencing is entirely commonplace: it cannot be reverie. Or, I have ruminated, *this* kind, whilst uncommon or even extraordinary, is embodied empathy (Finlay, 2005), or a moment of meeting (BCPSG, 2010), or an instance of relational depth (Mearns & Cooper, 2005). It cannot be reverie. I have come to believe, however, that whilst it may be all of these things, the experiencing described in this chapter *is also reverie*; reverie viewed, as Bion (1962) conceived it, as a capacity for containment of the loved other's unprocessed emotional experiencing. Reverie, according to this conception, includes *any* and *all* of the therapist's inner experiencing that functions to contain and connect with the other, as the experiences recounted in this chapter appear to have done. I consider in more detail how participants used and understood their capacity to connect with and contain the other therapeutically in the following chapters. For now, I end by suggesting that such interconnection and containment may be expressed by personalising the other's experience in some way – as Rose personalised her

client's experience of loss by 'clothing' it with her grandfather's cardigan - or by different, less formed experiences, like Sam's 'dark and ok' containment of his supervisee (Sa1:296), and Seth's ineffable 'healing process' (Se1:86), each, in their own way, containing the other by *becoming* at-one (Bion, 1970; 1965) with them, whilst avoiding enmeshment.

Such an understanding of reverie implies that it is not confined to purely representational, associative and metaphoric forms, and that the other's beta-elements may be contained and transformed through non-symbolic, non-interpretative as well as symbolic, interpretative processes, and all the fine gradations of therapeutic experiencing that lie between. In making this point, I do not mean to imply that one process is 'better' or 'deeper' than the other - they can both lead to transformation – nor to make too definite a distinction between them, since in practice it appears they can overlap most subtly. Nor is such a notion new, even within psychoanalytic circles; it is akin to what the BCPSG (2010), to take just one example, calls 'the something more than interpretation' (p.1): change effected through implicit kinds of knowing and relating which may never be symbolised or verbalised. It does, however, offer another vertex from which to view reverie, which has most often been associated with representational (Ogden, 1997b) and interpretative (Ogden, 1999a; 1997a) forms. I believe this broad conception of reverie experiencing can enrich the existing, largely psychoanalytic accounts in the literature, and can also begin to suggest how reverie's significant therapeutic potential might apply within non-psychoanalytic, non-interpretative practice.

Cwik (2011) has described the representational type of reverie as a form of associative dreaming, and proposes 'a continuum of associative dreaming' (p.23) which ranges from, at one end, 'the inchoate reveries described by Ogden' (*Ibid.*) which are *indirectly* associated with the client's process, to 'well-formed cognitive theoretical formulations' (*Ibid.*) at the other end, which are more *directly* associated with the client. Between the two he places general content, which includes more identifiable feeling states than Ogden's 'quotidian content' (*Ibid.*) and myths and fairy-tales that may occur to the therapist and relate clearly to the client's story. Based on the concept of reverie developed during this study and explored in this chapter, I propose an extension to Cwik's continuum (Figure 5-6), which encompasses Bion's (1970; 1965) later thinking. My reverie continuum, accordingly, includes not only associative but also non-associative forms of containment and connection, and attempts to illustrate the range of experiencing within reverie from representational to non-representational, intentional to unbidden, finite to infinite, interpretation to *becoming*, 'K'→'O' (Bion, 1970; 1965).

It might be argued that such an understanding of reverie is so broad as to be meaningless. I do not agree. I acknowledge that it is an open definition - as, indeed, is Bion's (1962) claim that reverie can have 'almost any content' (p.36) - but this fits with participants' accounts of their extraordinarily diverse experiencing and my own experience of reverie during the research. Candace made a similar point when she suggested that we perceive reverie too narrowly when we categorise it tightly and thereby separate it from the richness and fullness of our lived experiencing, labelling *this* part as 'body language' and *that* as 'empathy' and so on:

> *But* I wonder if, and I don't know if it's a question that can be answered, I wonder if it sort of becom- comes *before* all of that. And then we maybe frame it in a way we can understand?... But actually…does it run underneath *anyway* and that's what we work *from*? (C1:758-772).

We will explore this question more fully in the following chapters.

Figure 5-6 A continuum of reverie experiencing

Text in italics is added to Cwik's (2011) original continuum of associative dreaming

Bion's 'O': *the thing-* *in-itself*	*Mindfulness/* *meditation*	*Rogers'* *presence*	Ogden's reverie	General content	Myth/fairy-tale	Theory	*Bion's 'K':* *knowing* *about*

← Infinite, unbidden, unrepresented, 'without memory or desire'

Finite, intentional, representational →

← *Reverie = Containment & Connection* →

← Becoming, 'TβO', act of faith

Meaning-making, 'TβK', interpretation →

No association

Indirect association

Direct association

Chapter 6 Using Reverie

For Romanyshyn (2002), reverie is, essentially, an expression of connection with others and the world, rather than a tool to be used, no matter how significant that use: 'Reverie is not useful; it is a pleasure… not an activity; it is a gift' (p.135). As we are beginning to see, evidence from this study tends to support that premise, but certain uses may still be identified and these are explored in this chapter, in furtherance of the study's second aim to explore how psychological therapists use reverie in clinical work. I also consider how I used reverie during the research, linked with the fourth aim to investigate reverie's potential as a qualitative research tool.

First, in section 6.1, I examine participants' use of reverie to empathise with others. Buber's (1965) evocative phrase for deep empathy of this kind - 'imagining the real' (p.81) – provides the title for the theme, because it aptly captures the overlapping of authenticity and generative co-creativity in their accounts. During the interviews I observed that participants' and my own gestures and language had a profound effect on our capacity to imagine the real of each other's experiencing, and these aspects are examined in sections 6.1.1 and 6.1.2 of the chapter.

Participants also talked about how, in reverie, they were able sometimes to intuit unspoken 'clinical facts' (Ogden, 1994a, p.3) about clients of which they might otherwise have been unaware. This use of reverie is considered in section 6.2, which is entitled 'Clothing the invisible'; a phrase inspired by one of Rose's reveries, involving dresses (R1:138-150), which seemed to 'clothe' and thus make visible otherwise intangible aspects of her interaction with a client.

Finally, in section 6.3, participants' use of reverie to contain and transform clients' emotional experiencing is explored. The theme is called 'Dark and ok', an evocative phrase used by Sam (Sa1:296) to describe his capacity for containment, reminiscent of Bion's (1970) notion of 'negative capability' (p.125) and my own dream of 'pied beauty' (Manley Hopkins, 2001, p.265), described in Chapter 4, in which darkness and light, pain and healing, were combined. I end the section by reflecting on how my interactions with participants during the study have contained and transformed aspects of my own thinking and being, particularly in my struggle with the dark side of reverie.

6.1 'Imagining the Real': 'Becoming' Emotional Experience

Bion (1962) suggests that the mother, through her love for the child, feels her way into or empathises with his emotional experience when she contains it in reverie, before transforming it. In the literature, empathy is defined in two principal ways. In the first, sometimes known as 'theory of mind' (Adams, 2001, p.368) or 'reconstructive' (Goldman, 2011, p.37) empathy, it is conceptualised as a cognitive 'top-down' form of 'other-oriented perspective-taking' (Coplan, 2011b, p.14), which involves developing theories about or cognitively reconstructing the other's state of mind (one sees another person crying and speculates what might have happened to cause such sadness, for example). In the second construal, empathy is understood as an emotional, 'bottom-up' process, in which one simulates, automatically, the emotional state of the other within one's own body (one feels moved and experiences tears pricking one's own eyes, when one witnesses the other weeping), without necessarily theorising about their feelings. This latter process has been called embodied simulation (Gallese *et al.,* 2007) or mirroring empathy (Goldman, 2011).   Reverie has 'top-down', cognitive aspects, but it is connected too with the simulative conception of empathy, especially in Bion's (1970; 1965) later work, in which he emphasised that we cannot know ('K') fully or reconstruct the other's (or even one's own) experience in its essential nature ('O'), owing to the fundamental 'inaccessibility of O' (Bion, 1965, p.147). One can only *become* it or be at-one-with it:

> It cannot be known, loved or hated… The most, and the least that the individual person can do is to be it. (Bion, 1965, pp.139-140).

In this section I consider how, in reverie, participants moved towards being or becoming (Bion, 1970; 1965) the reality of others' emotional experiencing in this way, focusing on the stage in which they felt their way empathically towards the other.

For Buber (1965), such empathic relating requires an act of intuitive imagination or 'imagining the real' (p.81), which he describes as:

> not a looking at the other, but a bold swinging – demanding the most intensive stirring of one's being – into the life of the other. This is the nature of all genuine imagining, only that here the realm of my action is… the particular real person who confronts me, whom I can attempt to make present to myself just in this way and not otherwise, in his wholeness, unity and uniqueness, and with his dynamic centre which realizes all these things ever anew. (*Ibid.*).

Here Buber juxtaposes two apparently inimical concepts: reality and imagination (the latter often associated with retreating into one's own inner world, *away* from reality). Buber, however, suggests there is another way, the way of 'genuine imagining' (*Ibid.*), which transcends our inability to *know* the real by creating an image of it; a process, as we have seen, that is fundamental to reverie and dreaming. The images so created are not *un*real: rather, they may form a bridge to the real or, as Josselson (1995) puts it 'routes to imagining what is real in whole people in their world' (p.29). Like Bion (1970), Brann (1991) views this process as one of transformation, which reaches its peak in 'that well-known magic worked by love' (p.777), which, she suggests, involves 'the transformation of the merely real into the vividly actual' (*Ibid.*). Thus, Brann concludes, dreams (and, we might add, reveries) 'transfigure the facts of life into the truths of the soul' (*Ibid.*). Romanyshyn (2002) makes a similar point, noting that imagination reveals not mere fantasy, but the real *through* fantasy. Building on Jung's work, he proposes an imaginal psychology in which 'the imaginal world is the real world and the real is fundamentally imaginal' (Romanyshyn, 2002, xx).

Participants talked about using reverie, like this, to imagine the real (Buber, 1965) of others' lives; an experience that transported them into a 'vividly actual' (Brann, 1991, p.777) perspective on those lives.   Empathising in this way did not involve experiencing exactly the same as their clients or supervisees, but their own versions of their realities, co-created in relationship with them. The following example, drawn from Sam's experience of workplace counselling, illustrates such empathic use of reverie. As Sam was sitting with a client, hearing a story about workplace stress as he had many times before, 'a line in Coleridge about work without hope's like carrying water home in a sieve' (Sa1:104) came suddenly and unbidden to him. The reverie transformed his interaction with the client, helping him to 'imagin[e] the real' (Buber, 1965, p.81) of the client's experience:

> Listening to this person and hearing that line in my head, and I just, I got it in a way I wouldn't have quite got it if it'd just been their story…maybe it's to do with that, that visual image really, cos somebody can talk about 'aw, work's really trying and it's *<u>this, that and the oth-</u>*' but then I imagine somebody who, I imagine something like: water which is necessary to stay alive, it's not a *luxury*, and I imagine trying to carry that home *in a sieve*. Because if you *can't*, and you *can't* if it's a sieve, you're going to *die…* It's like it hits me in the guts and wakes me up. (Sa1:106-118).

Sam's embodied response to his reverie was like being 'hit in the guts' and 'woken up'. The client was revealed – viscerally, fiercely - to him as this particular living, suffering human being trapped in a struggle with death itself. Through the line from

Coleridge the client became 'Thou' in Buber's (1958, p.11) terms: 'seized by the power of exclusiveness' (p.14) and 'bound up in relation' (*Ibid*.) to Sam, rather than another 'It' (p.11), telling him one more story of workplace angst. In this way the reverie enabled Sam:

> to get past that sort of weariness with the organisation to be compassionate about the person in front of us who's *dying* by degrees because their work is so miserable. (Sa2:62-68).

Sam's reverie achieved this transformation through the medium of remembered words, intertwined with a 'visual image' (Sa1:110) of someone trying to carry water in a sieve. But the words were not a simple memory: they were more like Bion's (1970) 'dream-like memory' (p.70); skewed imaginatively to fit the specifics of his interaction with the client. In Sam's case, this 'skewing' involved subtle changes to Coleridge's (1825) poem, the original of which reads: 'Work without hope draws nectar in a sieve' (online) to 'work without hope's like carrying water home in a sieve' (Sa1:104), adding notions of *water* and *home* that are far more elemental than Coleridge's romantic 'nectar'. Located at the very base of Maslow's (1943) hierarchy of needs, water is the stuff of life - 'necessary to stay alive' as Sam said (Sa1:112) - and home is necessary too for shelter and safety. Sam's unconscious or semi-conscious changes in reverie to Coleridge's line underscored the *critical* nature of the client's situation, then, which was 'a matter of life and death' (Sa2:56). These novel elements are indicated below in superscript above Coleridge's original lines; the text's reflective appearance an attempt to convey the way that Sam's reverie seemed to *reflect* something that was both deep within him *and* the client:

(water home)

Work without hope draws ~~nectar~~ in a sieve,

And hope without an object cannot live.
(Coleridge, 1825, online).

I wonder whether readers might find themselves 'imagining the real' of Sam's experience with his client as they read this. Perhaps you can stop for a moment to consider what has passed through your mind and what you have felt in your body as you have taken in the story; whether you have had similar imaginative experiences with clients or research participants; and how you are affected by and use them.

Sam's reverie seems to have situated him in at least two places at the same time in psychic reality: listening intently to his client in the counselling room *and* being

within his felt, re-membered and re-framed sense of the sonnet. Such 'binocular vision' (Bion, 2005, p.23) or simultaneity of experience - being both *here* and *there*, *now* and *then*, fully oneself whilst at the same time becoming-at-one with the other (Bion, 1970; 1965) - was a feature of participants' reverie with their clients and of my own reverie during the interviews. Grace talked about it as 'put[ting] a foot in the other world… dimensionally, emotionally' (G1:650-652), whereas Rose said it was like being 'transported' (R1:78) to another place alongside the client, whilst also being fully with the client in the here-and-now. Bucci (2011) suggests that we experience such double vision in a state she calls 'autonoetic awareness' (p.260):

> a form of awareness associated with recollecting a prior episode or state as it was previously experienced, in its specific context of time and place, in relation to the self. (*Ibid.*).

Such a state, according to Bucci (2011), enables us to experience a remembered emotional event in some of its richly lived complexity, permitting a kind of 'time travel' (p.263). Bucci (2011) claims that such 'travel' can be therapeutic because it does not constitute a straightforward re-living, particularly in the new emotional context of therapy. Rather, 'the playing out of past memory in the present is a *new* event in a *new* emotional context—a living, not a reliving' (p.263, italics added), which draws on the therapist's capacity for containment and the emotional processing it facilitates, thereby enabling previously laid-down emotional schemas to be reorganised. The direction of travel in reverie is not simply backwards in time and place, therefore, but also forwards, establishing new, potentially healing domains of the 'real'.

This state appears to be activated in the empathic use of reverie, when we imagine the real (Buber, 1965) of the other's experience vividly. Grace and I experienced it when we discussed her concept of reverie as 'processional experience' (G1:26) with another person (see p.5 and p.79). In our second interview, when we explored some of the many subtle layers within Grace's lived sense of a 'procession', she told me that it contained childhood memories of her large family descending on her home on special occasions, dressed distinctively in colourful clothes and towering hats:

> Clearly in, like, their *o::wn world…*Seeing that expression of this other world erm come into our council estate, hmmhmm ((laughs)) erm in the place where we, we used to live, was, is very *striking*. (G2:248-252).

Grace's concept of a procession contained within it another time and place. As she talked about how her vibrant family seemed to bring 'their own world' (G2:248) with them into her ordinary household she appeared to be in Bucci's (2011) state of

autonoetic awareness; a state that involved a juxtaposition of times, places and perspectives, including the here-and-now of our interview room, Grace's past 'processional' interactions with clients, and the vividly remembered realm of childhood (which, for me, triggered a reverie from my own childhood, as told on p.6). Her layering of tenses - 'was, is' (G2:252) – at the end of the above excerpt seems to underline this juxtaposition, and hints too at the seamless flow between states of experiencing – between 'imagining' and 'the real' – that it involves, which was familiar to us both from childhood play. For Grace, the playful flow in reverie between times and places and our sense of ourselves and the other is integral to therapeutic healing, because it enables us to remain whole whilst exploring our own and others' past and present experience:

> It is that capacity…to have parts of ourselves in more than one place at the same time and remain whole. Or be able to gather one's self back after one's been involved in another place. And I think that is, you know, a quality of childhood experience…and…a totally valid, vital, fundamental component of healing and good health. (G2:590-592).

This capacity was not always experienced by participants in personalised, representational forms, like Sam's sonnet or Grace's memory of a procession, but also through more global, diffuse senses of shared being and at-one-ment, in which the real that was 'imagined' seemed to be at a different level within the evolution from Bion's (1970) 'O' (see also Chapter 5, p.92). Candace's 'presence' reverie (C1:134-136), for example, introduced on p.77, in which she sensed 'something' in the room between her and a client, was unformed, although it had a visual aspect, and Sam seemed to enter a similarly unformed or altered state of experiencing with a supervisee, which he called 'dark and ok' (Sa1:296; see also p.89 and section 6.3 below). Seth worked at this level to empathise with clients by resonating with their *energy*, rather than with the *content* of their emotional experience. He used the analogy of instruments in an orchestra to illustrate this relationship:

> We're all parts of an orchestra, my *client* is a discordant *violin*, because I'm also a *cello*... my… strings, my body is going to respond to *their* discordance… and I can reflect it back, I can somehow *use* my own experiencing of it to actually be with my client. (Se1:442-444).

When he imagined the client's 'real' at the level of energy rather than content, Seth did not imagine the *form* of that reality. And yet his clients were not therefore un-empathised with: Seth could feel their discordance or pain resonating within himself - on his 'cello-strings' - and responded with care, tenderness and, he pointed out, 'something of *love*' (Se2:392).

6.1.1 'Imagining the Real' in the Gestural Field

The reveries described above seemed to make real aspects of participants' relating with their clients and with me in the interviews, whether through personalised forms or non-representational shared senses of being. Such vivification was a recurring theme of participants' accounts of their use of reverie and in the interviews was often associated with their and my own use of gesture, which I now review. McNeill & Duncan (2009) suggest that gesture has this incarnative capacity because:

> To the speaker, gesture and speech are not only 'messages' or communications, but are a way of cognitively *existing*, of cognitively *being*, at the moment of speaking. By performing the gesture, the core idea *is brought into concrete existence and becomes part of the speaker's own existence* at that moment. (p.156, italics added).

In other words, gesture is part of the speaker's living and gives extensive form to the ideas and thoughts (alpha-elements) it expresses. Grotstein (2007; 2005) suggests that this aspect of gesture is at work within the process of projective transidentification (PTI) in reverie, where it acts to evoke, provoke, induct, prompt, prime and *nudge* therapist and patient into a shared reality. June illustrated the evocative nudging process to me when she described imagining with great immediacy the room of the young client who was worried about being alone when her parents died, introduced on p.82. She envisaged the client in an attic bedroom accessible only by a ladder and a hatch (she could not think of the word 'hatch' in the interview, and called it a 'square' in the ceiling):

> I always imagine her in the ((traces a triangular shape with right forefinger, reminiscent of the apex of a roof)) attic, in her attic room. I imagine very tiny ((brings both hands together, a few inches apart, palms parallel)) stairs going (('climbs' both hands upwards, one after the other, as if climbing a ladder))… like a ladder, going into a ((raises both hands above head, palms parallel and looks up at them)) this is squares ((traces a square shape with right forefinger above head and I look up at it)) in the attic. (J1:192-196).

When June talked about the attic bedroom she made a number of C-VPT and other iconic and deictic or pointing gestures (McNeill, 1992), which included raising her hands above her head and tracing the shape of the square hatch in the ceiling (our ceiling in the interview room *and* the evoked ceiling of the client's house). Her gestures nudged me into the scene with her, just as Grotstein (2007; 2005) suggests, so that I felt I was standing at the foot of the ladder with her, looking up into the dark hatch above us, where the client was. Image 1 in Figure 6-1 shows me in that position, *looking up into the attic* as I listened to June, into a space that was both there and not there (imagined *and* real). My delight about being so

transported and vividly present with June can be seen clearly in my facial expression.

The attic room did not seem to me in the moment to be superimposed on the room in which I sat with June. Rather, my psychic location seemed to shift from second to second. I was aware, of course, that I remained bodily in the interview room, with its chairs and carpet and the sunshine on the wall, but alongside this, in many transitory flashes, I felt I was standing at the foot of the ladder with June, contemplating the attic. The two spaces seemed to co-exist within what McNeill (1992) calls the 'gesture space' (p.86) between conversants, an 'endowed space' (p.171) that confers a sense of lived actuality on the content of the gesturer's talk and takes the form of 'a shallow disk in front of the speaker, the bottom half flattened down when the speaker is sitting' (p.86). Romanyshyn (2002) refers to this space as the 'gestural field' (p.53) 'from which a cosmos is born' (p.57); the interconnected, phenomenological space in which our gestures and living bodies flow when we are in genuine dialogue. During the research interviews I and the participants inhabited this gestural field as we talked. It played a central role in enabling us to empathise with each other's experiencing in reverie, using our bodies as 'the fabric into which all objects are woven, and…the general instrument of [our] 'comprehension'' (Merleau-Ponty, 1962, pp.234-235). The gestural field is represented in Figure 6-1, using images of myself from the two interviews with June (in which I wore different clothes), when she was telling me about her reverie-image of the attic.

During our conversation, my sense of the attic as a living space grew as I gestured into the field we occupied together, my gestures often mirroring June's. For example, when June talked (J1:194) about imagining a ladder leading up to the client's attic room, she moved one fist above the other, as if climbing up it. With this C-VPT gesture, she *became* someone climbing up to the attic, even as she sat with me. Because they involve 'performing the part of the character' (McNeill, 2005, p.34) in this way – becoming the other, in Bion's (1970; 1965) terms - such gestures are, I suggest, central to nudging and PTI (Grotstein, 2007; 2005) in reverie, and help to generate empathic understandings of others' realities. Here, June's gesture nudged me into my own lived enactment, in which I repeated it (Image 2 in Figure 6-1), climbing up the ladder within the client's/June's/my/our reverie-attic. The gesture enabled me to feel my way into June's experience and enter the attic alongside her, rather than simply listen passively to (or know about/'K') a story involving an attic.

Figure 6-1 Establishing the gestural field in June's attic reverie

Image 4 (interview 2): I reach up into the gestural space, towards the attic (J2:289).

Image 1 (interview 1): I 'incarnate' the gestural field by looking up into it, *into* the attic hatch (J1:196).
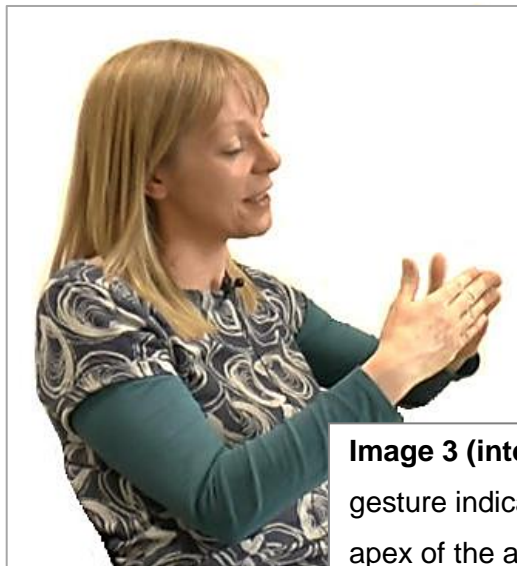
Image 3 (interview 2): An O-VPT gesture indicates the triangular apex of the attic roof (J2:321): bringing it into June's and my space.

Image 2 (interview 1): Mirroring June's C-VPT gesture of climbing the ladder up to the attic (J1:195), I *become* someone climbing a ladder, rather than someone passively listening to or knowing about a story.

6.1.2 'Imagining the Real' in the Linguistic Field

I have proposed that in the interviews, gestures were instrumental in enabling me and the participants to imagine the reality of each other's and clients' experiencing. Our use of language played a similar role.[21] Ogden (2016) suggests that in therapy reality or truth is 'shaped, colored, textured, structured' (p.412) and generated through language, and during the interviews I observed something of this generative capacity, when I and the participants used words not only to describe and analyse our own and each other's reveries, but also to *trigger* and *give form* to them. In our pragmatic and evocative use of language – which included intonation, inflection, specific choice of words or phrases, pauses, sighs and so on – our words functioned as a kind of 'linguistic gesture' (Merleau-Ponty, 1974, p.86), infusing our mutual imaginings with 'the real'. Merleau-Ponty (1974) suggests that in this way:

> Words…carry the speaker and the hearer into a common universe by drawing both toward a new signification through their power to designate in excess of their accepted definition, through the muffled life they have led and continue to lead in us. (p.72).

Two linguistic forms – metaphor and direct, reported speech – in particular seemed to bring life to our interactions and helped us to empathise with each other, and these are explored in the following sections.

6.1.2.1 Metaphor

Metaphor has strong links with reverie in the literature. Ogden (1997b), for example, sees reverie as an intrinsically metaphoric process, whilst Ferro & Civitarese (2015) suggest that reveries 'give birth to living metaphors' (p.25). They propose that metaphor, with its 'constant transportation of heterogeneous terms remote from each other, like the subterranean cars of a subway train between stations' (p.11) enables us to see reality 'for the first time, as children do' (*Ibid.*); thereby gaining a fresh, living perspective on our own and the other's experiencing.

All the participants used metaphor in this way in the interviews, and all (except Seth) also appear to have experienced reverie in metaphorical terms in their clinical work, as a means to give shape to unconscious or semi-conscious dimensions of their relationships with clients or supervisees (Ogden, 1997b). Candace, for example, understood her containment of an anxious client (introduced on p.77)

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[21] Even though English was a second language for one of the participants, in the interviews we used the English language exclusively, and it was also the language in which I analysed our interactions. Thus, reflections on the impact of language here and throughout the thesis, are deeply embedded within – and limited by - the linguistic and cultural context of the English language.

metaphorically through a reverie of taming a wild bird, which gave life to her description of that containment. She expressed the reverie vividly with a series of iconic O-VPT gestures, where her hands became a pecking bird and a steady bird-tamer:

> It was a bit like a timid bird where you ((inwards beckoning gesture with both hands)) kind of need a bit of gentle encouragement or... almost putting your hand ((extends left hand, palm down, to waist height and puts right hand, palm down, on top of it)) in a box and keeping it *still* ((left hand extended, right hand moves upwards and away from it)). And it might peck you a bit ((right hand comes down quickly on top of left hand and jabs it like a pecking bird))… and then ((puts right palm on top of back of left hand)) sit on your hand. (C1:386-392).

Grace's notion of reverie as a spider's web (G1:788-794, p.79); June's image of herself with baby's feet which expressed (metaphorically) her own and the client's vulnerability (J2: 742, p.83); Sam's match reverie (Sa1:188, p.88) which he described as 'a visual image that was metaphorically related to what [the client was] talking about' (Sa1:64): all were fundamentally metaphorical. Seth was the only participant who did not seem to experience reverie metaphorically in this way, because his experiencing was not representational, and thus did not translate one 'thing' into another 'thing'. And yet, I experienced the impact of metaphorical language and its capacity to nudge me into reverie most intensely in my first interview with Seth.

I wrote on p.91 about my struggle to understand Seth's non-representational experiencing, which caused me to ask him repeatedly in our first interview whether his reverie took forms familiar to me (such as metaphorical imagery). As I continued to prompt him, I felt more and more lost and uncomfortable. Seth responded empathically to my struggle, finding a way to communicate his experience to me through metaphor and thus transforming my understanding. He explained that sharing a deep, non-dual sense of being with clients, which he also experienced in meditation, involves awareness of a 'presence' both *within* and *beyond* his individual self (Se1:238), which was:

> like discovering a room, an upstairs room of your house ((looks at me and we both smile)) you know what I mean? Which is your *room*↑, it's your *own* room↑ and you *know* it when you go there↑. (Se1:268).

Seth's metaphor of the upstairs room, his rising, questioning intonation and his smile invited me into reverie. As he spoke I 'saw' in my mind's eye an image from a video-recording made by my son years ago, when he was about 7 years old, of our steep staircase at home. In the reverie I was aware that my study – my 'upstairs

room', where I have carried out much of my doctoral work - was at the top of the stairs on the left. As I reflect on it now, I realise it was a liminal image, in which my perspective was not *inside* the upstairs room, but on its *threshold*. I cannot find that video-recording now – perhaps it is lost – but I have found an old photograph (Figure 6-2) of my son at that time, poised at the top of the same staircase between the two doorways, which also informed the reverie's liminal perspective.

Figure 6-2 The upstairs room

I responded to Seth's metaphor by sighing, softly: '*Oh yeah*' (Se1:269), expressing my relief at being taken home to a place and time I understood and felt comfortable in, unlike my present confused situation in the interview. In this respect, my experience brings to mind Ferro's & Civitarese's (2015) notion of the soothing capacity of reverie, which contains disturbances in the field. For a moment, I became more like a client than a researcher, feeling the strong containment of Seth's presence and the freedom his metaphor gave me to imagine, think and learn.

But I believe the reverie also acted *inter*subjectively, helping me to imagine the real (Buber, 1965) or gain a perspective on Seth's experience - which I had lacked before - as well as on my own. I do not imply that it enabled me to experience precisely what reverie is like for Seth. Clearly it did not, given its representational

nature, in contrast to Seth's content-free experiencing. I cannot know directly the 'O' of Seth's experiencing, because I have not lived it; indeed as someone who rarely meditates, I have little to draw on that would enable me to imagine the experience of someone who has meditated for many years, like Seth. I face similar challenges in my clinical practice, when I work with clients whose experiencing is far from mine. But like Ogden (1999a), I believe reverie can offer a *perspective* on the other's experiencing from one's own idiom in such situations, because it is generated within the shared therapeutic (or research) relationship. Gadamer (1960/2004) calls such perspective-sharing a 'fusion of horizons' (p.306), and it is also the basis of Bion's (1970; 1965) becoming. Both authors point out that we recognise the other's truth not only because it *shares* some 'invariant' (Bion, 1965, p.1) qualities with our own but also because it *differs* from ours, and thus its unique otherness is highlighted; a process of mutual recognition, that, Benjamin (1990) points out, forms the basis of intersubjectivity, in which 'connection and separation form a tension, which requires the equal magnetism of both sides' (p.38).

And so it was for Seth and me. Whilst my reverie experience was certainly different from his, when I shared it with him it highlighted something important for Seth as well as for me: a sense of home and love. He reflected that this formed part of the feeling of presence and oneness which he offers to clients:

> Isn't that interesting, because as well, you see cos *I* think when I meditate I experience a *feeling* of *home.* It's *so* natural, it's *so* easy, it's so *perfectly fitting like a glove*. And I think somehow that, for *me* that represents, you know, early, being a a little *child*, having that real *profound*, overarching *love* from your parents… and then when you're sitting with a client and I'm *feeling* something of that in *myself*, that helps create the *environment* for whatever needs to happen. (Se2:526-530).

I believe my reverie, which came to me in response to Seth's generous reaching for a metaphor that would help us 'meet' during the interview, was itself a metaphor about love. Love (which, in itself, is asymbolic and acategorial, like Seth's experiencing) was its strongest element, far stronger than its representational qualities. The reverie expressed something of the lived feeling of being loved as a child, which infuses Seth's meditative, non-representational experience with clients, and of loving, as I love my son and as Seth loves his clients. In so doing it offered us both a living perspective on reverie from within our relationship that had a similar level of energy, but differed in form. Ricoeur (1981) suggests that with metaphor 'words really do dream' (p.254). I think Seth and I experienced that capacity within the 'genuine imagining' (Buber, 1965, p.81) of our meeting. I wonder if readers

experienced it, too: if you sensed your own 'upstairs room' through Seth's words and my image; what form it took, what feelings it evoked; and whether and how it might inform your practice.

6.1.2.2   Reported Speech

In addition to metaphor, another linguistic form that participants and I used repeatedly as a route to 'imagining the real' through reverie in the interviews was reported speech, by which I mean our tendency to speak *as* the people we were talking about or to voice out loud our own 'inner speech' (Vygotsky, 1962, p.149). Participants used this device when they were describing conversations with others or themselves or parts of themselves. Here, for example, June speaks as a bereaved client who was profoundly lonely, seeming to *become* (Bion, 1970; 1965) the client through her words, intonation and gestures, while there flashed through her mind a painful reverie-image of herself at a time when she too felt intensely hopeless:

> When he talks about (.) 'I feel', when he says '*in pain'* ((gestures inwards towards chest with right hand)), very emotional in his throat ((touches throat with right hand)), I can see (.) almost trying not to cry↑ ((move right hand up and down in front of throat)). And he's like 'I feel *s::o lonely'* ((outwards beat gesture from throat with right hand)), he says and his (.) voice is *shaking* ((touches throat with right hand)). (J1:220).

As I listened to June 'voicing' the client, I felt as though I were witnessing the client's pain, and I was moved as I imagined both June's and her client's emotional experience. Figure 6-3 shows my sombre facial expression at this point, the hand at my throat involuntarily mirroring June's hand.

Figure 6-3 'Nudged' into sadness

That experience felt real to me because June made it live by re-enacting the client's speech, performing a sensitive 'laryngeal and oral mimicry' (Fonagy & Target, 2007, p.434) of the client's trembling voice when she said '*s::o lonely*' and '*shaking*'. June used a number of other embodied para-verbal forms to *become* the client's pain. These included her elongated pronunciation of '*s::o lonely*', hinting at the enormity of the client's sense of isolation which could not be voiced quickly, and the way she gestured towards her chest and throat; towards the imagined bodily locus of his strong emotion. Her minute pauses, all of which lasted for less than a second (indicated (.) thus in the extract) also contributed to the delicate evocation of emotion: each pause preceded an important statement about (first pause) the client's feeling, (second pause) June's empathic observation that he was trying not to cry, and (third pause) the way his voice shook with the intensity of his emotion. In these ways June made almost visible the relational field between herself and the client – with whom she seemed to share a voice and a heart and a throat as she spoke - and between her and me, as witness. Fonagy & Target (2007) suggest that 'oral gesturing' (p.435) of this kind forms a kind of 'primordial grammar that enables the speaker to express preconscious and unconscious mental contents' (*Ibid*.), just as June appeared to express her client's mental contents, contained by her reverie.

Like June, Candace often gave voice to her clients and to her own inner talk during the interviews. She linked her capacity to evoke others (and herself) so clearly through words and gestures, like this, with her family's long-standing practice of mimicking each other humorously and their associated use of 'family mantras' (C2:152): words and phrases redolent with shared memory and feeling (and often laughter). These verbal and para-verbal practices, Candace suggested, constituted a kind of 'performance' (C2:162), a point echoed by Grace when she referred to the use of direct, reported speech and associated gestures as:

> acting out the scenario… a way of talking which *assumes* immediacy: you're *in* the drama, and so the person who's talking is *enacting*. (G2:320-324).

The link Candace and Grace made between reverie – which Grace called 'living art' (G2:218) - expressed and triggered through this kind of talk and an actor's embodiment of a character brings to mind Ferro's (2015a) and Ferro & Civitarese's (2015) notion of reverie as a play or film on the stage of the analytic field (see p.25), performed by the 'actors' or characters our hearts and minds 'cast' in their parts. Indeed, like therapists, it is the core business of actors to 'imagin[e] the real' (Buber, 1965, p.81), using their fine awareness of their own and others' experiencing, which they collect and re-use, to become what they embody or enact.

Several authors have made the connection between reverie and art. Bion (1991; 1970; 1965), for example, compares the psychoanalyst to an artist; both roles involving the transformation of experiential facts into new understandings, while Ferro & Civitarese (2015) emphasise that dreaming and reverie are, essentially, experiences in which an 'aesthetic object' (p.61) contains the client's anxiety. Grotstein (2007) compares the mother's and therapist's dreaming in reverie to Method acting, in which actors not only make a cognitive attempt to understand the character they are playing (using 'theory of mind' empathy (Adams, 2001), see also p.102), but also allow their own internal repertoire of experiences to match up with and fill out the 'part' (using mirroring empathy (Goldman, 2011), see p.102); a state that Lobdell (2000), a Method actor and director, suggests involves living 'simultaneously within the imaginary given circumstances of the play and on the actual stage – allowing both and denying neither' (p.180).

In so doing, both actor and therapist enter that *here* and *there*, *now* and *then* simultaneity of experience or 'binocular vision' (Bion, 2005, p.23) which we have seen (p.105) is intrinsic to reverie. Martha explored this aesthetic dimension when she talked about drawing on her own emotional repertoire to empathise with clients, concluding: 'We're artists in our own way, aren't we?' (M1:447). She explained that, like an artist or actor, even at times of intense personal pain, as when her father died, at some level she stored the feelings to re-use later with grieving clients, giving her a lived perspective from which to imagine their reality. Some of her observations about this process in our first and second interviews are given in Table 6-1 below.

Table 6-1 'We're artists in our own way, aren't we?'

Martha Interview 1 Transcript	Martha Interview 2 Transcript
'You know, my first serious bereavement I sat - and it was my *father* who died - and I sat and I *howled* and even as I'm *howling* on my own I'm thinking, 'Ah, I must remember this'. We're artists in our own way, aren't we? 'I must *remember* that this is how true grief feels'. (M1:445-447).	'When I'm saying that, I have a sharp image in my mind of what, I was downstairs. So I know exactly where I was when I was doing that, and I can remember the *feeling* of that grief. But I remember it *now* because I want to use it. So I don't remember exactly *me* being that grief-struck, but I remember the *feeling* so that I can hand it back, hand it over'. (M2:206-210).

As Martha spoke, she did not appear to be re-living the grief with me. Her voice in both interviews sounded calm, as if she had processed her grief and was no longer overcome by it. In the second interview she pointed to the fine but important distinction between being able to imagine the real (Buber, 1965) of or empathise with a client's pain from the 'inside', as it were, by drawing on one's own remembered analogous experiencing, and re-entering that experiencing fully in an unprocessed, overwhelming way. To re-iterate Bucci's (2011) theory, reported on p.105, when Martha has a reverie of grief with a client which draws on her own experience of loss, it appears to constitute a processed 'living, not a reliving' (p.263). The fine line to which Martha drew attention is explored further in section 6.3 below. It is one I have struggled with, as reported in Chapter 4, but treading that line, somehow, in all its ambiguity and risk, makes containment and transformation through reverie possible.

6.2   'Clothing the Invisible': Intuiting Emotional Experience

Intuition has been defined as a form of 'pattern matching' (Welling, 2005, p.30):

> a perceptive process occurring largely out of awareness, that combines both internal and external cues to produce some new understanding, knowledge or creativity. (Charles, 2004, p.199).

In relational contexts such as therapy and research interviews, intuition may involve identifying meaningful patterns within complex, rapidly-occurring data, including one's perceptions of the other's words and body language and one's own inner experiencing. Such recognition often comes with a subjective sense of certainty, although Welling (2005) points out that it is as fallible as any other cognitive mechanism and should be verified through reasoning and discussion with others. Its fallibility notwithstanding, Charles (2004) claims that intuition can reveal insights that might not have been accessible in other ways; revelations that may seem to emerge mysteriously from 'the higher, or deeper, realm of [the] transpersonal' (p.146).

In this section I explore how participants used reverie in this way to intuit implicit 'clinical facts' (Ogden, 1994a, p.3) of which they might otherwise have been unaware. Like the mother who 'can discern a state of mind in her infant before the infant can be conscious of it' (Bion, 1962, p.34), participants at times experienced reverie intuitively well before clients had expressed the 'facts' explicitly. Their reveries seemed to give form to or 'clothe' such meanings, as if outlining something real that was otherwise invisible. Martha referred to such use of reverie as being:

attuned to all the other things that are going on, the underneath conversation. (M1:26).

She gave an example of such attunement when a clear image of her first sexual partner came to her while working with a client, who was 'talking about something… *comple:::tely* different. *Nothing* to do with their sexuality' (M1:58-60, see also p.85). Because she recognised the fallibility of her experiencing, Martha waited patiently for the reverie to reoccur several times before turning 'my third ear on to think about what that could mean' (M1:52) and eventually feeding it into the conversation, only to find out that 'my client was really talking about their sexuality' (M1:52): 'And I made the connection because I'd had the image' (M1:60). Romanyshyn (2002) suggests that in this way reverie can act as a kind of 'haunting', in which:

> one begins to experience the invisible and subtle shapes and forms that shine through the visible, that sustain it and give it its holy terrors and its sensuous charms. (p.142).

Other participants gave comparable examples. Seth, for instance, talked about an interaction with a client whose father had died, during which he felt instinctively that he should hold out his hand to her; an intuition that seemed to connect deeply with the client's unspoken need:

> And in that *moment* ((opens fingers of left hands, palm up)) somehow her *father came* to her… and when she held ((leans forward and holds bottom of right hand with left hand)) *my* hand she was holding the hand of her father. (Se2:426).

June's attic reverie also illustrates the theme (see also p.107). In our first interview, I asked June (J1:199) whether the client had *told* her that her bedroom was in an attic and she confirmed she had (J1:200). However, in our second interview she announced, rather bemusedly, that since we last met the client had explained that her bedroom was *not* in an attic at all (J2:254). June's reverie (rather than the client's explicit account) had placed the client in an attic, as far away from the rest of the family as possible, and, as if that were not far enough, accessible only by a ladder. Whilst, in fact, misrepresenting the client's *material* reality, the reverie seemed to reveal aspects of her *emotional* reality – such as her sense of isolation - with great accuracy; aspects that were hidden within the client's apparently carefree presentation: 'But she's *smiling*, if you see her. She's not… telling me 'I'm very isolated': she's *not*' (J2:818).

There is a strange synchronicity (Jung, 1973) about the way the client only made the location of her room clear to June (or June only heard that clarification) after she had 'imagin[ed] the real' (Buber, 1965, p.81) of the attic. Perhaps the client

needed June to experience that image of isolation and the feelings of abandonment, loneliness and fear contained within her reverie before she could do so, and the mutual inductive resonance or projective transidentification (Grotstein, 2007; 2005) that took place between them may have been – unconsciously but quite precisely - timed to achieve just this end.

Sam's reverie of a match being struck and quickly extinguished, introduced on p.88, also seemed to reveal a client's unspoken emotional experiencing, this time relating to anger. When I asked whether Sam could remember his own feeling as he experienced the reverie (see also p.145, where our interaction is explored more fully), he paused for two seconds and replied, quietly:

> *Oh it's interesting 'cos actually I felt quite angry*. I don't think I *knew*
> that until you just asked me that question. (Sa1:230).

Sam linked his feeling with his client's not yet fully realised anger at being deserted by his partner, without implying that what he and the client felt was identical (like all the participants, Sam made intuitive use of reverie tentatively: see also p.152). Just after the reverie, and for the first time in their work together, the client became '*really* physically agitated' (Sa1:204) and, instead of playing his own feelings down, *showed* Sam his anger in his very being ('O'). It seems that, within the relational field or, as Grace put it, the 'spider's web' (G1:788) of their interaction, the reverie not only functioned as an intuitive expression of the client's previously unspoken anger, but also released the client to feel or become (Bion, 1970; 1965) it:

> It seemed helpful in that it was a way of him knowing something he'd
> been not quite letting himself know. And it all came from that ((flicking
> gesture with right hand, as if striking the match)). (Sa1:210-212).

I end this section with a more extended example from Rose's practice, which inspired the title of this theme: 'Clothing the invisible'. The example comes from her work with the young bereaved client with whom Rose experienced the cardigan reverie, introduced on p.86. In our first interview she told me about another reverie she experienced with that client, when the client was talking about clearing out her mother's wardrobe, after her death. As she listened to the story, Rose:

> had this *image* o::f the wardrobe doors *open* and there being lots of
> lovely dresses in there. For some reason they were all quite *uniform* in
> their *shape*. I don't know why I was imagining, I don't, I haven't got an
> image of her *mum*, which is puzzling me, but I have got an image of
> what sort of *dress* her mum might wear. (R1:138-140).

We reviewed the video-recording of our discussion about the dress reverie in our second interview. Rose told me she had realised, since we first met, that she *did*

have a 'bit of an image' (R2:282) of the mother, but it was implicit, revealed to her subtly by the reverie (and specifically by the dresses). It did not include the mother's face:

> Actually I think I *do* have an image of her mum, and I think that's *why* I imagined a dress like this because my client's quite *tall* and very pretty and I think I just imagined her mum being a similar shape, tall and looking pretty but maybe 20, 30 years older. And so this sort of *style* would suit my client... in 20, 30 years' time I suppose. So maybe I *do* have a bit of an image as to, to what mum was like, in my mind. (R2:280-282).

I share below our discussion about this 'bit of an image' (R2:282), which suggests that reverie can give form to emotional experiencing in subtle but fitting ways by 'clothing' it, as it were, just as Rose's reverie dresses 'clothed' not only her notion of the client's mother, but also aspects of the client's unspoken experience of loss. I encourage readers to focus on their own inner experiencing as they take in the story.

Table 6-2 'Clothing the invisible'

Interview 2 Transcript	Commentary
Row 313. Lynn: (0.3). Hhh ((looks up and out)), you know, I've almost got an image of (.) ooh! I tell you what I've got an image of ((gestures towards Rose)), you know in Pompeii when they erm (0.2) they found the (.) the shape of the bodies ((holds out both hands out and traces an uneven profile with right hand, palm down)) 	Having listened to Rose talk about her 'bit of an image' (R2:282) of the mother, I become aware of a reverie about the 'faceless' mother forming, faintly, in my mind. I look up and out to access it (entering the 'zone' explored in Chapter 5). As the reverie develops, I realise, with a gasp of enthusiasm - 'ooh!' – that my reverie contains an image of the shapes left in the pumice by the bodies of the people killed by the eruption of Mount Vesuvius in 79 A.D. I trace the profile of one of those body-casts (see image on left), my right hand encircling the body's head and my left indicating its length. Later I sketched the shape (see image overleaf).

314. Rose: Yeah.	
315. Lynn: in the (.) pumice↑ erm (0.1), which *look*, and then they make casts of them ((traces uneven horizontal outline again with right hand)) and you actually can see the bodies↑ but actually all it is, is a space ((undulates right hand)), formed by what was round it? ((Undulates right hand again)).	The once-living but now obliterated bodies in Pompeii were made visible by pouring plaster into the hollow spaces they left in the pumice, to form casts. I am working out an idea that Rose's reverie-dresses had a similar function, making the once-living mother visible to Rose.
316. Rose: *M:::m*.	Rose appears deep in thought and her elongated pronunciation of 'mm' may function to give her time to think.
317. Lynn: So that's the image ((gestures towards Rose)) (.) that I was (.) kind of (.) thinking about, that, you know like this dress *clothes* (.) that.	I link the dress with the analogy of the body-casts. Both are 'concrete' things that reveal the shape and form of something otherwise invisible; something dead, in fact.
318. Rose: *Ye::ah* and I don't have a *facial* (0.2) image of my client's mum, which might be similar to these (0.2) bodies in Pompeii, that [from]	Rose elaborates on the analogy to point to another similarity: she has no *facial* image of the client's mother, just as the body-casts have no facial features. Again she speaks slowly and pauses frequently, giving herself time to think.
319. Lynn: [And you] say you often don't have them ((points towards Rose)) (0.1) the faces?	In my enthusiasm, I interrupt Rose with a question that focuses on whether her reveries of people normally include their faces, rather than giving her space to develop her point about facelessness.

320. Rose: M:::m.	Rose takes time to think about my question, responding to it with more care than I have just shown.
321. Lynn: or is that not? ((Tucks left hand into sleeve)).	I realise I have interrupted Rose and try to repair, illustrating my withdrawal by tucking my hand into my sleeve.
322. Rose: Well I don't *know* (0.2) I've got a f::acial image for (.) the client's *dad*↑.	Rose pauses and ponders. Her reveries *do* sometimes include facial images: for example, she has an image of the client's father's face.
323. Lynn: Mm↑ ((scratches nose)).	I invite Rose to go on, showing my continuing discomfort at my earlier interruption by scratching my nose.
324. Rose: (0.6) And he was quite (.) featured quite a lot in the sessions as well↑.	Rose continues to think carefully, pausing for a further 6 seconds. She wonders why she has an image of the father's, but not the mother's, face.
325. Lynn: But not for mum?	I try to focus more closely on Rose's frame of reference here, moving away from my own.
326. Rose: No (0.2).	
327. Lynn: I'm sorry I interrupted you. You were saying ((points towards Rose)) those (0.2), those shapes ((traces uneven horizontal outline with right forefinger, similar to the earlier body-cast gestures but smaller, lower down and between us)) don't have (.) [faces?].	I try again to repair my earlier interruption, apologising explicitly for it, and reminding Rose that she had talked about both the body-casts and her own image being faceless. My attempt to connect with Rose is reflected in a smaller body-cast gesture, reducing the size of something *I* made and placing it *between* us, rather than in my own gestural field where the gestures in rows 313 and 315 were located.
328. Rose: [Well they won't have] faces, no. It's just a shape↑ (0.3).	Rose confirms that the Pompeii casts do not have faces: they are shapes.

	Perhaps her implicit image of the mother is 'just a shape', without a detailed face.
329. Lynn: ((Picks up transcript of 1ˢᵗ interview and looks at it)). Which reminded me of something we said in here (.) which *was* (0.4) about (0.4) about these concrete things ((gestures downwards towards dress)) almost highlighting the absence?	Rose's point brings to my mind, vaguely, part of our conversation about the dress reverie in the first interview, when I had said: 'I had a feeling of, you know… the kind of contrast, how her *absence* is all the more marked when there's that really strong presence' (R1:153). I am thinking about the awful emptiness of objects (wardrobes, dresses) where living people used to be.
330. Rose: *M:::m↑* (0.10) ((looking up and out)).	Rose seems to be deep in thought 'in the zone' during this long, 10 second pause.
331. Lynn: (0.8) ((Looking at transcript)). *Maybe I'll find it later*	
332. Rose: Yeah, like a *formless* cardigan in a plastic bag↑.	Rose returns to the idea of concrete things – like the cardigan (which featured in Rose's other reverie with the client, see p.86) that the client put in a plastic bag after her mother died - highlighting her mother's absence. The cardigan is formless because it is not being worn. The person who wore it is dead.
333. Lynn: Mm.	I encourage Rose to continue.
334. Rose: A dress *hanging* in a wardrobe↑.	Similarly, the dress now simply hangs limply in a wardrobe. It no longer fits round the form of the person who once wore it.
335. Lynn: *Yes* ((frowning)).	I focus on Rose's words and frown, trying to understand her meaning.
336. Rose: There's no (.) *life* in them (0.4) so it's pointing *out* the absence (0.2) but they're not wanting to get rid	Rose speaks slowly here and pauses frequently, giving herself time to reflect on the idea developing between us. She

of these things (.) cos they don't actually want (0.1) to acknowledge the absence↑ (0.2).	links the mother's absence with the lifelessness of her clothes and wonders too if the client's family do not want to acknowledge this absence by getting rid of the clothes.

My discussion with Rose illustrates the speed and complexity of the intuitive process in reverie. Rose experienced her rich image of the wardrobe and dresses in a matter of seconds, whilst we only began to unpack it cognitively in the above excerpt over a much longer period. My own reverie-image of the Pompeii body-casts came to me in a similarly fleeting fashion, while I was trying to understand Rose. Our interaction also illustrates the roughness and unpredictability of such processes, which the BCPSG (2010) calls their 'sloppiness' (p.87). In the above table it is possible to see my body-cast reverie emerging, initially, as no more than a vague implicit sense, which became increasingly defined through mental imagery and gesture - that 'image of the invisible' (McNeill, 1992, p.14) – before being translated into words.

My interruption of Rose at row 319, however, shows 'sloppiness' degenerating into solipsism, when my over-engagement with my own experiencing led me to disengage from Rose. In this and the other interviews, I have observed that the risk of such disengagement is greatest for me when I am anxious or when I become entranced by my reverie, as I was at that moment, so that I forget to respond carefully and tentatively to the other (see also Chapter 7, p.156). Yet, as the BCPSG (2010) points out, sloppiness need not lead to break-down in the relationship when it takes places in a 'well-functioning dyad' (p.126). In such cases, it can 'open up the possibility of renegotiation, of connecting in a different way' (p.87), as it seemed to do when I apologised to Rose for my interruption at row 327 and re-focused on our interaction. We then appeared to become increasingly attuned, working together to discern emergent meanings or patterns within our intuitive reveries. Here, the pattern centred on the heart-breaking, gut-wrenching absence in loss. Although the client had told Rose explicitly, as far as she could, about her grief, the reverie seems to have given form to that which the client was unable to tell: the unnamed, perhaps unnameable, void; the unspeakable agony of losing someone you love.

6.3 'Dark and Ok': Containing and Transforming Emotional Experience

Bion (1962) suggests that the mother's/therapist's containment in reverie of the infant's/client's intolerable emotional experiencing has the capacity to transform it into bearable, processed forms. In this section, participants' use of reverie to contain and transform emotional experiencing in this way is explored. We begin by returning to my second interview with Sam, when we had just watched a video-clip, from our first meeting, about his sonnet-reverie and its deadly implications, introduced on p.103. Sam was struck by the darkness that had permeated our initial conversation, and remarked:

> And I'd forgotten how much time I'd spent talking about that. Quite a lot about death. (Sa2:116-118).

Our conversation at this point (Sa2:114-121) seems to me to resemble a poem; our words flowing over and under each other, sometimes echoing, sometimes elaborating the theme – death - and thus I present it in Figure 6-4 as blank verse.

Figure 6-4 'Quite a lot about death'

Well, we're 10 minutes in and there's the word **die** and I talk

    about **death** quite a lot later on.

Yes. Yes.

And I'd forgotten how much time I'd spent talking about that.

There was quite, yeah. That really struck me, there's

Quite a lot about **death**.

quite a lot about **death**. And loss

Yeah.

in that meeting. (Sa2:114-121)

In fact darkness and death were present in my conversations about reverie with all the participants, not only Sam. Death was there, for sure, in my discussion with Rose about her reverie of the dead mother's dress (R2:313-336, p.120); it was in the dark attic where June imagined her client, who 'brought to the session the fear of when her parents die' (J2:250, p.107); it was with Martha as she remembered howling with grief when her father died (M1:445-447, p.116) and with Seth when he held the hand of a bereaved client and 'became' her dead father (Se2:426, p.118):

in each of these cases, in fact, it was specifically the death of a parent that haunted our conversations.

And yet, as we saw in Chapter 4, I had been so anxious to stay in the light when I began this research, far from darkness! That dark-avoiding anxiety has been challenged by the participants in this study with their stories of going into the darkness they share with clients - '*very* dark spaces sometimes, *really* damaged spaces' (G1:430) – to contain and transform their emotional experiencing; to 'retrieve ourselves and potentially the other person safely' (G1:652), as Grace put it. I have found that there is no way to escape, run or split from one's own or the other's darkness on this journey into 'very dark spaces' (G1:430); at least, no way that offers healing and transformation.

However, as my dream of 'pied beauty' (Manley Hopkins, 2001, p.265), also recounted in Chapter 4, tried to tell me, darkness can be transcended in the 'penetrating beam of darkness' (Bion, 1973, p.20) or 'dark-light' (Romanyshyn, 2013, p.30) to be found in reverie. Such transcendence, the participants have told me, involves accepting and healing the client's and our own pain - becoming both the pain and the healing process, as it were, by living it ourselves - and sharing that healing with clients when we are fully present with them. In this way, we can contain and help clients transform their darkness. Martha expressed this process as 'hand[ing] it back, hand[ing] it over' (M2:210), as she handed over her lived experience of grief to her clients, whilst for Seth it involved sharing his experiential understanding 'that there's nothing inside us that's actually going to floor us' (Se1:456). In Chapter 7 (p.152) I consider the discipline, self-knowledge and care for the other and oneself that such sharing requires (and also explore its risks, and acknowledge that at times it may not be appropriate), but here I focus on *containment* and on that 'pied' (Manley Hopkins, 2001, p.265), 'dark-light' (Romanyshyn, 2013, p.30) place of becoming in which our pain and the other's flow and are transformed together.

Sam told me a story about this place when he talked about a final meeting with a long-term supervisee, at which they ended their work together after many years. As Sam sat with the supervisee in that meeting, it occurred to him that death had played a significant part in their relationship. He had supported the supervisee during long-term work with a terminally ill client and death had touched them both personally, too, in the form of serious ill-health and the loss of loved ones. All these dark experiences were with Sam in that last meeting, when they coalesced in a reverie, a kind of altered state (see also p.89), in which:

> I, I, I don't quite know what the image is, or what, what, I don't know
> what it *is* but there was, there was something very, very, both very *dark*
> and also very *ok↑*…. It's like looking into really, really deep, really,
> really cold water which is both beautiful and also life-threatening.
> (Sa1:294-308).

I responded by expressing (unconsciously) my own difficulty in uniting darkness and light, misquoting Sam's words 'dark *and* ok' as 'dark *but* ok' repeatedly (Sa1:303; 305; 328; 330); my conjunction 'but' implying disparity between the two states, unlike the transcendent equality of Sam's 'and'. I asked:

> What's that feeling like: *but ok*? Dark but ok? (Sa1:330).

Sam replied:

> It's something like well, I'll survive until I don't survive… When I was
> younger, it was, everything was a struggle… It's like I, yeah, there's a
> lot of dark, there's lots and lots of dark, and it feels like I deal with it. I
> suppose I *know* that I can feel absolutely and utterly, utterly terrible and
> still be ok. And I think that's really *hard* for clients. Clients are sat here
> 'cos it's hard for them to know that. (Sa1:331-341).

Sam did not claim that his capacity for containment immunised him against painful emotional experiencing or enabled him to eliminate the client's pain instantly. On the contrary, it involved touching and being touched by such emotion in a state of equanimity, similar to Bion's (1970) flexible 'negative capability' (p.125), in which one can be with another 'without memory and desire' (p.31). In this state, Sam could accept 'utterly, utterly terrible' (Sa1:339) darkness and 'deal with it… and still be ok' (Sa1:337-339). He could also offer that state to the other, as he offered it to his supervisee on many dark days during their work together, and to his clients. He talked about one of those clients, a young man who was struggling with deep darkness in the form of suicidal thoughts. One day, when they had been working together for some time and the client was telling Sam about a trip he was supposed to be taking to another city, the client said that instead he might '*just go up to the top of the building and jump off*' (Sa1:405). There came to Sam, in that bleak moment, a bright reverie-image of a park in the city the client had mentioned, which he himself had visited years ago and loved, and he replied, drawing on the image:

> Well, you *could do* that, erm, I hope after the length of time we've
> worked together, you know how, how upset I'd be about that but you
> *can* do that… *o:::r…* you could go to the park…and… come back and
> tell me it's still a great park. (Sa1:411).

Sam's reverie seemed full of *life*, encompassing his own lived experience of the park, and the potential for his client to come out of the darkness, for a time at least,

into its colour and light and live it himself. In offering the client the living image that came to him in that specific moment he sought to contain the client's pain, as he did, too, when he let him go after that session, knowing (because they had discussed it explicitly) that the client's autonomy and freedom were critical to his wellbeing, but nevertheless feeling deep concern and care for him. Sam contained those feelings – his client's, and his own – and waited. And the client returned. He had not harmed himself but had visited the city and taken a photograph of the park, which he showed to Sam:

> And he'd had a *fabulous* time and you know hhh I don't know what he'll do, but at the moment he's *alright*: he'd gone somewhere different, he'd had a good time, it'd been really interesting. (Sa1:419).

Grace talked about such containment as 'at one level... taking the [client] *with me*, like they are *in* me' (G1:694-696):

> They are *not* me, and I am not consciously focusing on them or *thinking* about them, but they a::re still *with* me in some way. Then a supervision, for example, happens or another processing form happens and they become extricated from me or I understand something about them differently and then the dreaming process does that again and then the, the whole procession starts again on a new footing. (G1:696-702).

In the above passage Grace distinguished between heed*less* fusion or *con*fusion between therapist and client - 'they are *not* me' (G1:696) - and heed*ful* containing and processing. But whilst she was clear about the boundaries between her and clients and the processes that maintained and clarified those boundaries, such as supervision (see also Chapter 7, p.153), she emphasised that clients 'are still *with* me in some way' (G1:696), *contained within* her emotional being. For Grace, healing and transformation are mutual experiences unfolding within both therapist and client, in which the former cannot remain safely untouched by the latter's pain, but must go into dark places with them, before accompanying them towards the light. Seth put it like this:

> It's almost like a *healing process*, something *healing* or *transformational* happens in… the *connectedness* of the two parties. (Se1:86).

Grace talked about cases where her own containment involved entering truly dreadful places, when the client's pain attached itself to something at her core, which (using her spider's web analogy) she compared to 'a much deeper plumbing, thread, *thi:::n* gossamer… thin but like steel' (G1:452). In her view, such attachment was more likely when both she and the client had experienced similar hurts, so that the experience's 'mirror image in me… has easily picked it up'

(G2:458). At those times, containment in reverie became more than a momentary awareness of images or feelings: 'then I am living the life of the joint experience' (G1:488); living it out or becoming (Bion, 1970; 1965) it in her own self. But the process did not end there. By taking *in* the client's pain, Grace was able to feel, know and transform it within herself, whilst also offering that healing to the client:

> At some level… I must be working out *how* I am holding it. And so by definition that working out of how I am holding it is a…*healing* in some way or a, a working *through* or *out* of something that has got to be to do with me *at some level* as much as it's to do with *healing* about and *thinking* about and therefore separating out the other… I think maybe what I'm saying… is that the healing, where there *is* healing: we have to be able to know that place in ourselves in some way. (G2:460-478).

Such transformation involves a mutual healing, then, in which Grace's 'working through or out' (G2:460) of her own pain is healing for the client, and *vice versa*. The process calls to mind Jung's (1961/1995) notion of the wounded healer, in which 'only the wounded physician heals' (p.156). Like Bion (1962), Seth linked it with love:

> the *containment* of the *container*, which is actually *lo::ve*, which is actually positive regard, unconditional positive regard, whatever we want to call it. (Se1:354).

As Grace talked about this joint healing and containment in our second interview, the image of a spider's web (G1:788-794) that I had 'seen' during our first meeting came to me again, and how it had appeared quite thick – as if it might be able to hold or contain things (see also p.81). Another reverie-image (alpha-element) began to form in my mind's eye (which I drew in my field notes after the meeting: see Figure 6-5) of a figure embedded within and held by the thick spider's web within Grace, and I tried to express it, saying:

> I…had an image of like a little person in the spider's web, and how what you were talking about is you would know yourself, because you would know the shape of that person, exactly what shape it made in *you* for that person to sit there. And so you would know every contour of that person actually, by the shape it made in you. (G2:485).

Bollas (1992) makes a similar point: we cannot perceive directly others' experience, but we can be aware of its effect on us, its 'inner form within us, this outline or shape of the other' (p.56), like the 'little figurine' or shape of the other contained in Grace, that I imagined in reverie.

Figure 6-5 Figure contained in the spider's web
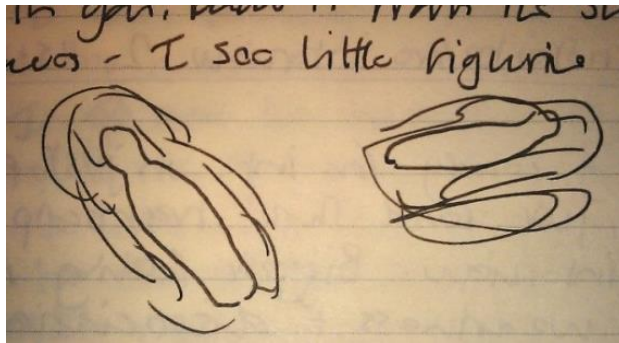
Participants gave many examples of the transformative impact of reverie in their clinical practice, like Rose's cardigan reverie (see p.86), which helped her to give the client room to grieve:

> I think it's helped me t::o really b:::e with her and not try and rush her on at all … just the thought of snuggling up with a cardigan with that smell and not doing anything, just *being* and allowing the grief, and allowing the memories. (R1:250).

Candace's 'presence' (C1:134-136) reverie, introduced on p.77, seemed to embody such transformation too, in a way that echoed changes in the client's emotional experiencing. At first, Candace sensed the presence at the edge of the counselling room, almost out of sight: 'hovering in the air… but not in the middle of us' (C1:154-156), but as she worked with the client over several sessions to contain and transform his feelings it seemed to move *between* them, reflecting perhaps increasing connection and depth in their relationship:

> It was… moving to *between* us ((sweeps right hand round from the right to in front of chest)), so rather than hovering in the background here, I wouldn't say it came and took a *seat* but it was a more *inclusive* presence. (C1:212-214).

6.3.1 Transforming my Doorstep Nightmare with Grace

In Chapter 4 I wrote about the anxiety that gripped me as I prepared to meet the participants in this study, and my dread that it would 'choke' and shame me in the interviews. I shared a nightmare I had a few weeks before the interviews began, which took place on the doorstep of a research participant who was not who he appeared to be - who was all darkness when I hoped he would be all light - and who trapped me in his house. I explored too a possible link between my fear of darkness and childhood experiences, including my father's alcoholism and my childhood terror of the wolf in the tale of *Little Red Riding Hood*. Ronnberg & Martin (2010) point out, however, that wolves are not only 'embodiments of the gaping jaws of death and unappeasable appetite' (p.274). Their connection with

the underworld can also be generative; a source of 'vital immediacy' (*Ibid.*) and transformation:

> It is the wolf, at one with nature, who mediates the 'voluntary death', our suffering the necessary dismemberment of self-idealization, naively innocent of the dark stuff that carries our substance…. That the primordial she-wolf nurtured a civilisation into being tells us something about the importance of chthonic wolfish energies as the ground of creative process, culture building and our capacity to engage psyche's energies of dissolution as well as rebirth in our repeated cycles of transformation. (*Ibid.*).

The symbol of the wolf, then, may point to the dissolution and dismemberment that Romanyshyn (2013) claims is necessary in research, if the researcher's understanding is to be transformed, to which I referred on p.65. This dismemberment is a 'voluntary death' (Ronnberg & Martin, 2010, p.274) in which the researcher takes ownership of her own 'dark stuff' (*Ibid.*) and acknowledges its necessity to her very substance, thus allowing her old beliefs to die. Romanyshyn (2013) suggests that it is only through such a process of transformation that the research becomes more than an unconscious projection of one's own bias. In this section I write about my own experience of containment and transformation through reverie during the study, relating particularly to my meetings with Grace. In so doing I aim to offer readers learning that at least begins to transcend my personal experience and bias, and may resonate with you and inform your own practice.

As I noted at the beginning of Chapter 5 (p.73), on the morning of my first interview in a participant's (Grace's) house, dread shot through me as I remembered my doorstep nightmare. I wrote about it in my reflective journal, just before I set off to meet Grace:

> What if she's not who she says she is? What if harm comes to me? (McVey, Reflective Journal, 23/11/15).

However, my dread was not complete but 'plotted and pierced' (Manley Hopkins, 2001, p.265) with light, so I drove (with some trepidation) to Grace's house, stood on her doorstep and knocked. Grace answered, with the warmest of smiles, and I started to relax. My dread was beginning to be contained.

At the start of each interview I asked all participants what, if anything, reverie meant for them. When I asked Grace that question, she replied that it was about 'being engaged in the experience of the other' (G1:6) and added:

> And then there's just a way sometimes that themes come through the
> door, hhh, erm, inhabited by a person... erm experiences come in
> which… really tweak something that's *incredibly significant.* (G1:16).

With my dread echoing in my mind, I had a strange feeling that *I* might be a 'theme inhabited by a person' (G1:16) who had come through Grace's door that day and tweaked something significant: something associated for me with darkness, fear and the liminal (linked, as it was, with my nightmare about a doorstep, that most liminal place, and with crossing the threshold of Grace's house), although I was not sure how it might be significant for Grace. I did not mention my intuition, however, and the interview flowed on. I asked another question on my schedule: 'Can you tell me how you would normally form an image or impression of a client or a supervisee?' Again Grace returned, unbidden, to the doorstep. She replied:

> I'm erm *thinking* about helping them to feel comfortable: they're coming
> to a stranger's house, it's the house where I live… they probably have
> never seen me so it's a quite a, a *big thing* actually, *I* think to come to
> another person's *house,* on a quiet street… and you don't know
> anything about them, so I feel *really* mindful about *smiling* and looking
> them in the eye ((Grace looks at me and smiles, and I smile back)) and
> sometimes, I think... that's the focus, it's like 'hello, it's ok, I, I look like
> this, I'm, I'm not gonna hurt you'. (G1:68-76).

I felt, again, that Grace was responding specifically to me and my nightmare, which took place on a quiet, suburban road, like Grace's street. We smiled warmly at each other, re-enacting our meeting, a few moments before, on her doorstep. I felt recognised and held, as if Grace, in saying 'I'm not gonna hurt you' (G1:76), was speaking directly to my child self with her fear of the dark, which I had voiced that very morning when I felt dread and wrote in my journal: 'What if harm comes to me?' (McVey, Reflective Journal, 23/11/15). It seemed to me that Grace was working with me to contain and transform that fear. Still, I did not mention my experience.

When we met again a few weeks later to review the video-recording, I played the clip of the above conversation, and (again without telling Grace about my own experience) asked her if she could remember what had been going through her mind then. Grace told me she had been feeling '*sa::d* and *weary* in that moment and then *thoughtful'* (G2:40-42) as she remembered an exchange with colleagues who did not understand the collective 'spider's web' (G1:788) foundations of her way of working and 'probably think I'm bonkers' (G2:34). At the same time, she was wondering what *I* would make of her approach, and whether she and I would be able to understand each other. In other words, Grace's own feelings of alienation were foremost in her mind when she talked in the first interview about

meeting new clients.   So was my sense that Grace was containing my anxiety false? Was she speaking from her own anxiety, rather than relating to mine? I believe she was doing *both*: *becoming* (Bion, 1970; 1965) her own version of my anxiety in the spider's web of our reverie - 'engaged in the experience of the other' (G1:6), as she put it - and *containing* both our states. I will now explain why.

When she had finished speaking, I told Grace about my nightmare and how her response had seemed to connect with it, concluding:

> Lynn: I just wondered whether that was a bit of that web?
>
> Grace: Yeah, I wonder if it's a bit of that web ((smiling)).
>
> Lynn: Could it have been, do you think?
>
> Grace: Yeah, I *do* think ((both laugh))…. You know, when we see each other, well yeah sure, a whole load of things, you know, are going on, all sort of places, all sorts of [ways].
>
> Lynn: [Yeah], so complex.
>
> Grace: So::o complex. But, you know, to *come* to somebody's *house*, to let somebody *in* to your *house*, these are really fundamental things about being human↑.
>
> Lynn: Mm ((nods)).
>
> Grace: And I, you know, I did not have such a dream, from my, from my memory. But the other side of that is 'who am I going to let into [my house?']
>
> Lynn: [Absolutely], yeah.
>
> Grace: You, you know, as well, with all the provisos.
>
> Lynn: Who's on the doorstep?
>
> Grace: Yeah. How will this be, how will they see me?
>
> Lynn: Yes ((nods)).
>
> Grace: Will I frighten them? Will *I* be frightened?
>
> Lynn: Yeah. When you, well exactly, and you said: 'I'm, I'm not going to hurt you.'
>
> Grace: Yeah.
>
> Lynn: And it was li::ke that was ju::st what I needed to hear.
>
> Grace: Oh. O:::h. ((Smiles)). (G2:107-124).

When Grace responded to me in our first interview, she was not aware of my nightmare or consequent feelings of anxiety, but she experienced '*the other side of that'* (G2:114, italics added) from within her own idiom or frame of reference, nudged (Grotstein, 2007; 2005) or overlapped by mine in the 'spider's web' (G1:788) of our interaction. She was moved to talk about the fundamentally human, fundamentally liminal experience of feeling safe when allowing a stranger to cross your threshold, whilst an implicit memory of a time when she had not felt safe,

but alienated and judged, flowed through her in reverie. In the 'underneath conversation' (M1:26) of our interaction, Grace imagined the real (Buber, 1965) of my beta-fear - 'What if harm comes to me?' - with her own trepidation about who *she* was letting into her house: 'How will they see me? Will I frighten them? Will *I* be frightened?' (G2:118-120). I am reminded of an analogy Bion (1991) makes about empathy, intuition and containment in which he describes the 'shared fear' (p.519) of the deer and the tiger – one of being eaten, and the other of going hungry – which he expresses, diagrammatically, like this (*Ibid.*):

<pre>
                        {Something is going to be eaten up   }
        Tiger   {Something is going to run away   }   Deer
                        {   and leave nothing to eat   }
</pre>

My interaction with Grace might be expressed similarly:

<pre>
                        {What if harm comes to me?   }
        Grace   {Who am I going to let into my house?}   Lynn
                        {How will they see me?   }
</pre>

Bion (1991) suggests that the therapist must find a way of formulating that which is common to both parties within this fear - its 'shared odour' (*Ibid.*) - in a way that is 'comprehensible, digestible' (*Ibid.*) to the client: he must contain and transform it, in other words. Grace seemed to find that way with me. She did not only echo my fear with her own (if she had, I might have felt sympathy, but not containment) but also *processed* it, by smiling at me and inviting me in, despite her own concerns. In so doing she did not project her fears onto me, and her gentle welcome showed me that I did not need to project my fears onto her, and so my feeling was transformed, in the moment; a transformation that has continued after my meeting with Grace and the other participants.

I think this is what reverie is like, often. Just as our reveries did not tell Grace or me precisely *what* the other was feeling or *how* our states might be fitted to each other, they fit nevertheless. And so it may be with clients, when we respond to them in a way that contains and processes their beta-elements, without quite knowing how. Such transformation may take place in the absence of cognitive knowing, and without feeling assured that our own experiencing points directly to the other's, provided we respond with care and gentleness, as Grace did with me. I explore this kind of facilitative engagement - Martha called it 'treading softly' (M1:263) - which enables us to make sense of our reveries tentatively and responsibly *with* our clients, rather than *for* them, in the next chapter (p.152).

6.4   Summary

In this chapter, I have examined reverie's capacity as a means:

- to *empathise with, 'become'* (Bion, 1965, p.163) *or 'imagin[e] the real'* (Buber, 1965, p.81) of the other's emotional experience (section 6.1). I have suggested that such empathic states cannot involve experiencing precisely what the other experiences, but 'the other side of that' (G2:114) as Grace put it; the 'shared odour' (Bion, 1991, p.519) of what they experience in common, in Bion's terms. I have also considered how participants and I used *gesture* (section 6.1.1) and (the English) *language* (section 6.1.2), especially *metaphor* (section 6.1.2.1) and *reported speech* (section 6.1.2.2) to make the process of relational imagining even more 'real'.
- to *intuit the other's emotional experiencing*, as if 'clothing' and thus making visible experience that might otherwise be inaccessible (section 6.2);
- and to *contain and transform the other's emotional experiencing* (section 6.3), in a state of openness to suffering that Sam called 'dark and ok' (Sa1:296), and Bion (1970) refers to as 'negative capability' (p.125).

I am aware that much of what I have written may appear obvious and unremarkable. *Of course* we imagine or envisage what our clients or research participants tell us, as Rose imagined the dresses that once belonged to her client's mother (p.119). *Of course* we gesture to represent the people or situations we are talking about (p.107) or report people's speech when we represent them, as June did when 'voicing' a lonely client (p.114). These are normal features of human interaction. But I believe they are also examples of the 'extraordinary that bewitches the ordinary' (Romanyshyn, 2002, xix) in reverie, of the fundamentally relational and potentially transformational nature of human interaction, when that interaction takes place within 'genuine dialogue' (Buber, 1965, p.85). West (2004) advises that we ignore such phenomena, no matter how irrelevant or even absurd they may seem at 'clients' and [our] own peril' (p.148).

Other aspects of reverie use, shared in this chapter, may appear less ordinary, and even uncanny, like Martha's sudden reverie of her first sexual partner, which functioned like a clue to her client's unspoken concerns about sexuality (M1:50-60, see p.118), or Grace's tuning in to my doorstep nightmare (G1:68-76, see p.130). I argue, however, that even these expressions of reverie are generated through normal relational interaction, albeit interaction framed within and contained by

discipline and thoughtful care. Indeed, it is in its very ordinary humanity that the transformative power of reverie is realised.

And, finally, I turn again to readers, whom I ask to reflect on your own experience of the reveries shared in this chapter. I wonder, for example, if you 'saw' me on Grace's doorstep, or if you imagined the attic bedroom of June's client. I wonder if any feelings, emotions, bodily sensations or memories came to you as you read, what impact they had on you, and how (if at all) they have added to or changed your understanding of what you were reading. I ask you to consider how you might apply such experiencing to your own work to 'imagin[e] the real' (Buber, 1965, p.81) or 'clothe the invisible' of your clients' or research participants' feelings, and (in therapy) to contain and transform them.

Chapter 7 Making Sense of Reverie

This chapter is linked with the third aim of the study, which concerns how psychological therapists make sense of their reveries, and the fourth, which investigates reverie's potential as a qualitative research tool (in this case, by exploring its meaning-making role in qualitative research). It begins, in section 7.1, by reviewing the phenomenological experience of meaning-making during and after clinical sessions, which Candace called 'sifting' (C1:628). The second interviews, where participants and I tried to make sense of what was going on for us in our first meetings, gave us a 'live' perspective on the process and provided evidence for the theme, for example in relation to gesture and (English) language use, which are also considered here. A key part of the sense-making process involves working out to whom the meaning of a reverie 'belongs' or attributing meaning to reverie at personal, interpersonal or intersubjective and transpersonal levels, and this aspect is considered in section 7.2, drawing in particular on hermeneutic (Gadamer, 1960/2004; Ricoeur, 1976) approaches to developing common meaning in conversation. Finally, all participants pointed to the importance of making sense of reverie tentatively and responsibly, not assuming that their own experiencing mirrored the other's and not seeking to impose their experiencing on the other, whilst also taking measures to keep others and themselves safe. This theme is explored in section 7.3 and is entitled 'Treading softly', a phrase used by Martha (M1:263) to express the delicacy and care required in such work.

7.1 'Sifting' Meanings: Exploring Meanings in Reverie

Bion (1962) views reverie as a factor of alpha-function, the process which transforms raw experience of reality into cognitive thought, which he calls 'TβK' (Bion, 1965, p.163). I suggested on p.21 that reverie may also be regarded as an expression of faith ('F'), which in Bion's (1970; 1965) later work generates understanding that is lived and *become* rather than or as well as being represented or known. In this way, reverie can be understood as part of the way we seek meaning empathically at cognitive/representational *and* emotional/experiential levels. In this section I consider how participants explored the meanings of their reveries at these levels, focusing particularly on the micro-phenomenology of their sense-making in clinical sessions and subsequently through supervision and personal reflection.

7.1.1 'Sifting' Meanings in the Moment

Candace described her in-session reverie sense-making as 'a bit of a sifting exercise' (C1:628): a rapid, complex, creative practice flowing continuously 'in the background' (C1:640) of consciousness, while she was listening to and talking with clients. She characterised it, rather ruefully, as follows:

> I'd love to say I've got a linear process ((raises both hands on either side of head)) that I go through ((brings hands slowly down on either side of head)) and I think so much of it happens ((gestures backwards behind head with both hands)) in the background ((brings both hands down each side of head again, then joins hands in front of chest)). (C1:640).

Gesture's role in helping us to 'imagin[e] the real' (Buber, 1965, p.81) of our own and the other's reality was considered in Chapter 6 (p.107). In the above passage, Candace used iconic and metaphoric gestures in a similar way, but here they also functioned to clarify and extend meaning; in this case, the meaning of her term 'sifting'. With her first gesture, in which she raised both hands on each side of her head, she seemed to contrast a putative 'linear process' - located between her hands *inside* her head, thus perhaps pointing to its cognitive or 'TβK' (Bion, 1965, p.163) status - with her lived experience of sense-making, situated *behind* her head 'in the background' (C1:640). Perhaps, in going on to join her hands in front of her chest/heart, Candace was alluding to emotional or heart-felt aspects of this kind of 'background' understanding (or perhaps she was simply resting her hands), but in any case, her words and gestures suggest that, for her, meaning-making is not an entirely straightforward, 'linear' (C1:640) affair.

In Chapter 5 (p.93), participants' capacity to be in an expectant, receptive state of mind or 'zone' in which they could bring their reverie into awareness was described. This same capacity also appears to be central to the meaning-making process, where it was used to make experiencing viscerally present, so that it could then be questioned and reflected on in detail. Thus, when engaged in 'sifting', Candace used her 'zone' awareness to move back and forth rapidly between her sense of her own and the client's experiencing and to wonder about it:

> I wonder *where* it comes from and *why* and *why* it *appeared* and how it sat *right* in that moment. (C1:208).

Sam, too, described his in-the-moment sense-making as 'wondering':

> I'll find myself wondering about something and I'll think 'why am I wondering about that? They're not talking about that'.... I suppose it's something a bit like I'm expecting to be surprised. (Sa1:50-54).

For Bion (1963) such wondering in a pre-conceptive 'state of expectation' (p.23) - 'expecting to be surprised' (Sa1:54) as Sam said - leads directly to meaning-making, in which we link formerly disparate elements of our experience, informed by our emotions (love, 'L', and hate, 'H') and pre-existing knowledge ('K'), to form conceptions. Drawing on Hume (1740/2007) and Poincaré (1914), Bion (1992; 1967/1984; 1965; 1963) suggests that conceptions arise when we perceive a correlation or 'constant conjunction' (Bion, 1963, p.89) of alpha-elements, connected by a 'selected fact that gives [them] coherence' (p.83), binding together that which was not previously associated and preventing its dispersion. A constant conjunction of this kind does not necessarily reveal objective cause and effect (although it can do so), but rather a pattern within the chaotic churning of events that *feels* fitting and makes sense of those events, if only for a while. In time, as new links emerge, this coherence gives way to complexity and confusion again and the pattern dissolves, to be replaced by another, and so on. For the BCPSG (2010), such 'selected facts' are structured by our implicit perceptions of our own and others' intentions; a process that they call 'intention unfolding' (p.169). Intention unfolding is inherently creative, owing to its potential to generate connections between new and unexpected 'emergent properties' (p.176), so that:

> New linkages are created, tentatively accepted, revised, rejected, reintroduced in a different form, and mixed with all the other creative products of the… process. (*Ibid.*).

Candace engaged in such creative meaning-making while 'sifting', identifying 'selected facts' about her experiencing and forming and re-forming conceptions about clients, herself, and their relationships, which she explored with clients, sometimes explicitly and at other times, more implicitly. Grace talked about a similar state, in which she reflected on her reverie seconds after it unfolded in her 'zone' awareness. She described this reflection as 'an inner sensing' (G1:562) in which a kind of 'internal voice' (G1:552) listed 'in a *sense* way my knowledge and experience' (G1:568). The 'voice' seemed to be *part* of her sensing - part of her reverie itself - so intertwined was it with her experiencing, 'saying' things like:

> 'I have a pain in my leg', 'I have a pleasurable feeling in m::y face'. 'I want to smile'. 'I'm feeling really *un*comfortable now' erm 'I feel stupid', erm 'I'm very cold'. 'I'm noticing that things are going dark'. 'I'm wondering about what it was like when this person was a child'. 'I'm thinking about *theory*'. (G1:562-566).

Here, Grace represents the sense-making process with a string of felt and cognitive reflections that mirror her unfolding response to the client, reminiscent of the 'matching-binding process followed by the accumulation of meaning' (Symington &

Symington, 1996, p.54) that Bion (1963) describes, as well as the BCPSG's (2010) notion of intention unfolding. The process also seemed to involve an integration of past into present and present into past, through the interweaving of present 'inner sensing' (G1:562) with past 'knowledge and experience' (G1:568). We came across this past-present dynamic on p.105, where it acted to transport participants into experiencing alongside their clients, by permitting a kind of 'time travel… playing out… past memory in the present' (Bucci, 2011, p.263). Several authors draw attention to the role of this dynamic in reverie sense-making, where it combines what Ferro & Civitarese (2015) call a 'recursive and backward-facing movement of turning back the clock in the construction of meaning' (p.78) with a reciprocal forward-facing movement (Ogden, 1999a; 1999b). The backward-facing element is generated when we turn to past knowledge and experience to frame the present meaningfully, whereas its forward-facing counterpart arises because the past that we turn to is not what we experienced originally but a new creation – a new firing of synapses as we bring it to mind - affected profoundly by our present context; 'a living, not a reliving' (Bucci, 2011, p.263).

Our past experience, then, is not fixed when we make sense of reverie, because we see it from different angles as we move in the present, as Grace did when she sought meaning by bringing to mind both theory learned in the past and present sensuous and emotional experiencing. A crucial stage in this process involved determining whether and to what extent her past-present experiencing in reverie reflected something about the client and their relationship, or whether it told her only about herself. Owing to its significance, I consider this stage separately in section 7.2 on p.147, although in practice it was not separate for Grace or the other participants, but an intrinsic part of their 'sifting' (C1:628).

Martha too drew on past experience when she explored the meaning of her reverie in clinical and supervisory sessions, informed by years of practice. She had come to recognise specific ways in which her mind and body presented potential meanings within this past-present dynamic. One of these was described on p.85, and involved words scrolling past her mind's eye, which might express understandings about clients' unspoken concerns (M1:134-150). Martha also gave an example (M1:223) of feeling the hairs on the back of her neck prickling when supervisees (particularly those in training) talked about certain clients. Over the years, she had come to believe that this sensation often expressed an intuition that those clients had been sexually abused; an understanding that preceded her being told explicitly about the abuse and repeatedly turned out to be accurate. For Martha the meaningfulness of this reverie was related to its recurrence over time:

> The *sense-making* is about that having happened several times… that always *means* something. So it's about experience… It doesn't make sense the first time it happens. *No*, not it doesn't make sense: it's *hard to trust* the *first* time that it happens. And then when it's happened a few times it begins to feel a bit *more* trustworthy. (M1:397-405).

Ferro & Civitarese (2015) regard the attribution of therapeutic meaning to experience, like Martha's, that in other contexts might appear merely coincidental, as a property of the analytic field that links therapist and client. They call this property the 'hyper-inclusive aspect' (p.78) of the field and suggest that it predisposes us to interpret the internal and external objects we encounter, like reverie, 'within a broader framework of meaning' (*Ibid.*). For Jung (1973) such objects may be linked in synchronicity, where 'two meaningfully but not causally connected events' (p.25) occur simultaneously. Martha allowed for such connections (without assuming their meaning) when she recognised the potential significance of her prickling sensation, as did Grace when she made sense of the phenomena her inner 'voice' drew attention to, like the pain in her leg or the pleasurable feeling in her face (G1:562-564), and I, when I wondered whether my encounter with Grace represented 'a bit of that [spider's] web' (G2:107; see p.133) that connected us.

Participants not only reflected inwardly about the meaning of their reveries in sessions, they also questioned their clients about meaning, engaging 'in the process of question and answer, giving and taking, talking at cross purposes and seeing each other's point' (Gadamer, 1960/2004, p.361) which is at the heart of dialogical meaning-making for hermeneutic scholars like Gadamer. Sometimes this involved sharing their reverie explicitly with clients when it seemed appropriate (and refraining, when it did not) before asking for their views on its possible meanings.[22] Seth summarised it like this:

> We might talk about 'I wonder what happened there, what's going on for you, did you notice that?'… And we'll try and make sense of it and we'll talk about it. Or if it's not the sort of thing that my client is going to want to go near, but I've had something quite profound happen in that moment, then I will reflect on it, as well. (Se1:616-620).

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[22] Whilst all participants said that they might sometimes share their reveries directly with clients if it seemed appropriate, for June and Grace this was rare. June felt she needed more practice (J1:504-508) because the concept of reverie was fairly new to her, whereas Grace's restraint was based on her concern about shifting focus from the client's process to her own (G1:248-260). She was more likely to speak implicitly *from* rather than *about* her reverie, like Ogden (1999a)*.*

Candace gave examples both of deciding *not* to share reverie directly with clients –
as when she did not mention her sense of the hairs on her arms standing on end
with her anxious client (see p.77) – and of taking what she called 'a responsible
risk' (C1:632) to share reverie explicitly so that she could explore its meaning
directly with clients. For instance, she shared with a client her reverie of an
unsettling 'presence' which seemed to hover in the corner of their room (C1:134-
136), also introduced on p.77. That decision was based on the reverie's sheer
power, which suggested to Candace that it might represent an important 'selected
fact' (Bion, 1963, p.83) for the client, and on her assessment that the client had the
emotional and cognitive capacity to work with it. But she shared it lightly, saying
only: 'I feel like there's something *here'* (C1:128) without interpreting that
'something' or imposing meaning on the client. Candace then based her
subsequent sense-making on his response, which was immediate and intense: 'He
instantly went 'yeah, that's my guilt' (C1:204). Although she was aware that the
speed of his acceptance might suggest 'there's something else there, this is sort of
the surface level stuff' (C1:574), she respected the primacy of the client's meaning-
making, and his own sense of an emergent intention, pattern or 'constant
conjunction' (Bion, 1963, p.89):

> I did think 'is he just going along with me?' but his answers meant
> something to *him*. So I thought 'maybe, maybe we've just met
> somewhere and that works' but then that's like 'well, *how* are we
> meeting in this place?' (C1:282-284).

And so the meaning-making process continued, in successive rounds of
experiencing, noticing, and self- and other-questioning and reflection, which,
Candace noted:

> did start to open something up and we were able to *play* with that idea
> because he responded to it… The presence kind of felt like… a *useful*
> part of the work and it wasn't that we just stuck with that, it actually then
> led to other things... which *felt* to be *meaningful* for *him*. (C1:574-584).

I wonder if readers, too, have 'played' with the idea of Candace's reverie-presence
and if so, what meaning *you* have made of it.

I noted on p.137 above that Bion (1970; 1965; 1963) recognises
cognitive/representational *and* emotional/experiential transformations in
understanding.   The above examples show the process in operation at both levels,
but sometimes the understandings that participants formed in sessions were far
more experiential than cognitive, with detailed comprehension following only later
(sometimes much later). Sam's realisation that he felt a flash of anger as he

experienced the match reverie, which he (later) linked with the client's anger (Sa1:230-236, p.119), Rose's conception about her cardigan reverie, which connected her own and the client's experiences of loss at a young age (R2:30-32, p.87), and the theme of isolation in June's attic reverie (J2:818, p.118): all of these came to them *after* the sessions in which the reveries were experienced. And yet in each case they experienced the emotional impact of the reveries and worked from the lived understanding that impact generated *in the moment,* as if their bodies understood before their minds did. As June said about a reverie: 'It changed my body totally, how I *felt* in my body… I was *very* tense… and then hhh, like a realisation' (J2:558), which, she pointed out, was '*more than… cognitive*' (J1:452, italics added). Put another way, we might say that June's, Sam's and Rose's felt understandings in the moment were in the domain of 'F' (Bion, 1970, p.41), where meaning is not *made* or *known* but is embodied or experienced emotionally through a transformation in one's lived being, which Bion (1970; 1965) calls becoming. This kind of transformation is achieved 'without memory and desire' (Bion, 1970, p.31), without *consciously* linking elements of our own and the other's experience, but letting them connect as they will, non-consciously. The BCPSG (2010, p.99), likewise, suggests that feelings can be processed simply through attuned relational interactions, which generate a kind of 'knowing' that is implicit and procedural rather than explicit or declarative, and does not need to made explicit to have impact. Seth talked about it as a way of being present with the other:

> I have to… let *go* into the here-and-now of therapy, *completely*…I have to *let go* of my normal personal thinking, *rational*, *logical* processes and just be *present*. (Se2:286).

Later (seconds later, or much later, after sessions), Seth engaged more intentionally in cognitive or 'TβK' (Bion, 1965, p.163) sense-making, but in the present 'become' (*Ibid.*) moment 'the cognitive me or the ego bit isn't in charge' (Se1:650).

7.1.2 'Sifting' Meanings after Sessions

So far, we have seen participants tracking their reverie in detail in sessions, asking themselves about its meaning in the light of present and past experience and seeking clients' views on it, directly or indirectly, forming and re-forming patterns or 'constant conjunctions' (Bion, 1963, p.89) that were sometimes cognitive or 'TβK' (Bion, 1965, p.163) sometimes experiential or 'become' (*Ibid.*), and often a combination of the two. Participants also engaged in what Cooper (2012) calls 'postreverie thinking' (p.290) *after* sessions, through activities such as supervision,

and reflecting on and musing about the work. Sam, for example, explained that whilst he tried to make enough sense of his reverie 'in the moment to know whether it's alright to do something with it' (Sa1:555):

> I think the best sense I make of it often is going to come later on 'cos I don't have to listen to anybody else, like later on I can just listen to what sense I make of it and think about it really critically, I suppose. (Sa1:557-559).

For Martha, postreverie thinking did not involve adding to or replacing meanings developed collaboratively with clients or supervisees in sessions. Instead, she reflected, at times on her own – including in unbidden night-dreams (M1:295) - and at other times with her supervisor, to develop and deepen her relationship with clients and supervisees. This might involve discussing reveries with her supervisor with a view to exploring 'what's that about and is there anything going on in my life that hits that?' (M1:499). June used supervision in a similar way to explore reverie, especially if a client's story resonated with her own experience, when she might 'explore deeper in case there is something affecting me in any way' (J1:480).

Candace's sense-making was enhanced when supervisors drew on their own reverie as she presented clients to them:

> They've often responded to me in supervision with either some sensation or sense: 'oh, I've got a sense of..' and you know, *that* kind of thing, and it's almost as though that client's experience has kind of… *wafted through* ((moves both hands slowly to the left, across body)) us all. It's gone to the supervisor and then ((wafts hands back to the right)), so it kind of lives beyond the session. (C1:802-804).

When Candace's supervisors used their own alpha-function to imagine the real (Buber, 1965) of her and her clients' experiencing, it seemed to re-animate that experiencing, as if it were 'wafting' through them (a process she evoked in our interview room with graceful metaphoric gestures). Reanimation of this kind has been described as a quality of supervisory reverie by Cwik (2006) and Ogden (2005), and it is another aspect of the creative, tentative linking process of reverie sense-seeking or 'sifting'.

During this study the second interviews, when participants and I explored what was going on for us in our first meetings, provided a 'live' perspective on the post-session meaning-making process, which felt similar in some ways to clinical supervision (but not identical, given their different aims). The process was at work when Rose and I sought meaning in her 'dress' reverie (R2:313-336), as recounted on pp.119-124. Searching for links between our own and each other's experiencing, we seemed to trigger potential meanings in each other, as when my

'Pompeii body-cast' reverie about absence in presence sparked ideas for Rose about her client's family not wanting to acknowledge their loss (R2:336). An equivalent process took place in my discussions with Sam about his reverie of a match being struck and extinguished (see p.119 and Table 7-1 below), which he experienced while working with a client whose partner had left him. I consider those discussions with Sam now as an example of post-session 'sifting', drawing both on our first interview, when we discussed the meaning Sam made of the reverie, and our second, when we reflected on sense-making during the first meeting.

Table 7-1 Exploring the meaning of Sam's 'match' reverie

Interview 1 (Sa1:229-236)	Interview 2 (Sa2:233-252).
229. Lynn: And, and when you *saw* that ((eyes closed, flicking gesture with right hand)) in your head and heard the match *strike* what was ((rubs stomach with right hand)), can you remember what your *feeling* was like ((rubs chin with right hand)) in that moment, as, as much as you can? *I know it's difficult* 230. Sam: (0.2) *Oh it's interesting ((looking out and to the right)) cos actually I felt quite angry* ((looks at Lynn who breathes in deeply)) (0.2). I don't think I *knew* that until ((points at Lynn)) you just asked me that question ((taps arms of chair with left hand)). I think, cos what happened very quickly afterwards was ((gestures outwards with right hand, looking up)) (0.2) that's interesting too, what happened very quickly afterwards was that sense of heart-break and sadness	233. Lynn: How did you become *aware* in that moment that *immediately*, just for a split second, when that match'd struck, that you'd felt angry? Can you remember? How did you get 234. Sam: [Yeah]. 235. Lynn: [in touch] with it? 236-246. Sam: (0.9) ((Looks up, then closes and opens eyes)). Hhhh, you a- you a- you asked me something ((raises left hand slightly)) (0.3) you asked me something [rows 237-241 omitted, where we search for the reference in the transcript]… Oh yes: 'and when you saw that (0.3) do you remember what your *feeling* was like?'… So, and I clearly didn't ((small beat gesture with right hand)), I wasn't really in touch with that until you asked me that question↑ ((scratches head with right hand)). (0.4) I suppose, when it happened with the client ((gestures to left with both hands, palms parallel)) I was ((jerks head to right)), it was sort of like 'ooh what's all this?' ((shakes head a few times, looking far right)) 'What's all this? Where's this?' ((Wags both hands a few times)). 'What's this about?'

231. Lynn: Yeah	247. Lynn: Yeah.
232. Sam: which is of course exactly the process he's gone through ((shuts eyes, frowns)) (0.2) cos I imagine, y'know, at some point he must have felt *furious* about this ((laughing tone, shaking head, frowning, eyes closed))	248. Sam: 'Is it useful to *say* anything?' ((Looks down, one hand on top of the other in front of chest)). Whereas by the time I'm sat with you ((gestures with both hands towards Lynn)) I've had, I *have* had time to think about it. I'm interested ((holds hands out, palms up, towards Lynn)) in that time I didn't get anywhere *near* thinking: 'actually I was really pissed off with his, his ex at that point' ((looks down, frowns)) but when you asked me ((joins both hands and rests mouth on them)), *when you asked me* (0.14) ((interlaces fingers, holds hands in front of chest)) well, erhhh, I think it's something like, you asked me how I felt about it and you really wanted to know how I felt about it, so it was kind of alright ((slightly shakes head)) to (0.6) but I'm surprised at how *quickly* it's there, as if I kinda knew and wasn't letting myself know↑
233. Lynn: Yeah	
234. Sam: and put it away very quickly ((gestures quickly from right to left with left hand and then opens eyes)).	
235. Lynn: Yeah.	
236. Sam: cos it just wasn't (0.1), it wasn't alright to feel like that.	
	249. Lynn: Yeah.
	250. Sam: which is ((gestures to left with both hands, palms up)) exactly how I described *him*.
	251. Lynn: Mm↑ ((nods)).
	252. Sam: Knowing but not letting himself know.

Several points stand out about our postreverie sense-making. First, in each interview, a stream of meaning was triggered by a single question (and little additional verbalisation from me) about Sam's emotional experiencing; the micro-phenomenal level at which that meaning was sought suggested by phrases like 'in that moment' (Sa1:229; Sa2:233) and 'just for a split second' (Sa2:233). It was as if the questions catalysed a kind of chain-reaction in our meaning-making, our particular perspectives interacting intricately with each other and the topic under discussion – like chemicals in a test-tube - to create new 'emergent properties' (BCPSG, 2010, p.176), or 'constant conjunctions' (Bion, 1963, p.89). Sam said he felt encouraged to work deeply on meaning in this way because he sensed that my

questions stemmed from genuine curiosity: 'you really wanted to know how I felt about it' (Sa2:248). Perhaps the fact that I said little was significant in this respect, because it allowed Sam space to develop his own thinking.

Space was also created by pausing. In normal conversation pauses often indicate the end of a turn in talk and tend to be brief, around 200 milliseconds generally (Finset, 2014), but here there are much longer pauses of up to 14 seconds, which did not mark the end of talk but instead provided an opportunity for reflection. During pauses Sam often looked away from me or closed his eyes (as many of the participants did when they focused on their inner experiencing), as if to go back inside his experience to explore it. I did the same at Sa1:229 when I closed my eyes before re-enacting Sam's match-striking gesture, trying to mirror it to understand it; a process that McNeill (2005) refers to as sharing meaning by inhabiting 'the same 'house of being'' (p.19) in gesture, holding oneself and moving in the same way as the other person to become one's own version of them.

Our gestures and facial expressions not only expressed but also unpacked, clarified and added to the meaning of our talk. For example, meaning was added by Sam's spatial gestures, which involved gesturing repeatedly to one side in both interviews: moving his left hand rapidly from right to left with his eyes closed, before opening his eyes at Sa1:234, and again gesturing to the left in the second interview at Sa2:246. Perhaps these gestures express Sam's understanding about the way the client unconsciously (eyes closed) pushed his anger away to one side, whilst his conscious (eyes open) self was unaware.

7.2   Attributing Meanings in Reverie

A critical stage in the sense-making process concerned the attribution of meaning in reverie: coming to a decision about whether and to what extent reverie conveyed meanings that related to the other's experiencing and the therapeutic relationship, or whether it was a purely subjective phenomenon. In this section I explore this aspect of reverie sense-making, by considering how participants attributed meaning to reverie at personal and interpersonal or intersubjective levels, and at levels that seem to transcend issues of personal identity and may be called transpersonal.

Martha began the process by acknowledging that some of her thoughts and imaginings might merely be expressions of fatigue, boredom or other personal feelings. And yet, owing perhaps to the 'hyper-inclusive aspect… of the field' (Ferro & Civitarese, 2015, p.78) mentioned on p.141 above, she was open even to such

apparently irrelevant states being connected to clients as well as to herself. Reflection and self-questioning informed her interpretation:

> Am I *thinking* about those things because it's *telling* me something about this client? Am I *bored* because I've been doing this work too *long*, and I'm thinking about the next thing? Or is there something that they're *not saying*, that they *need* to be saying? And the trick is to work that *out*. (M1:68).

She gave an example of this process, when an image of her first sexual partner came suddenly and sharply into her mind during a clinical session (M1:50-52, see also p.118). As it did, she reflected:

> 'Well that's *weird.* What do I think *this might* be about?' And then I thought: 'This is a *really* sexual image, *very* sexual. *Nothing* to do with me, this isn't somebody I'm *yearning* for or *think* about... so it *must* be something to do with what's going on here'. And so then I found a way to bring it in. (M1:108-114).

In other words, Martha used her self-knowledge and experience to satisfy herself, as far as she could, that her first partner was not a direct or immediate concern for her at that time, and from this determined that the reverie's intensely sexual nature was likely to be linked to her work with the client. When she 'found a way to bring it in' (M1:114) to their conversation, she discovered that the client 'was really talking about their sexuality' (M1:52), and concluded that the reverie had expressed an accurate intuition about the client rather than a personal preoccupation. Summarising her approach, she concluded:

> The *real* skill is in knowing what's mine and what belongs with the *client*. And when you're not *sure*, being able to express that in such a way that the client can say no. (M1:587-589).

When I asked Candace how she distinguished between her own and clients' material she too emphasised the 'unfixed' (C1:82), complex quality of their interconnection. She explained that she worked with this ambivalence when 'sifting' for potential meanings and determining whether her reverie was relevant, taking an approach that was 'not solid and…not rigid' (C1:82) and allowed clients' meanings to be different from her own. She gave an example of a client rejecting a reverie she had shared, in which she experienced the client, metaphorically, as like the tide, sometimes stormy and sometimes calm: 'She was like: 'No↑'… so she *discounted* that' (C1:332-338). One might view this exchange as an example of a subjective thought wrongly interpreted as an intersubjective reverie, given that the client denied it reflected her experiencing. Yet the reverie seems to have expressed something of the contradictory 'yes/no, yes/no' (C1:334) rhythm, if not

the content, of their therapeutic relationship, which Candace and the client went on to explore. As Candace remarked: 'although she didn't respond t::o that *sensation* that *I had,* relationally we got stuck into something which was then useful' (C1:342-344), suggesting the reverie's, at least partly, intersubjective dimension and pointing to the value of responding to it, and the client's reaction to it, in a tentative, open way (the latter aspect is addressed more fully in section 7.3, p.152).

The context and, indeed, the engine of Candace's sense-making interaction with her client was their conversation, a point that Sam also made when he pointed out:

> Even if… *this* bit's predominantly mine and *that* bit's predominantly yours, it's not gonna, nothing much's going to happen until we have a conversation. (Sa1:511-513).

Sam's emphasis on conversation within the attributive process is echoed by the hermeneutic scholars referred to in Chapter 3. From a hermeneutic perspective, during conversation 'something passes from me to you' (Ricoeur, 1976, p.16), 'something' that might include reverie in any of its forms. This shared 'something' does not convey conversants' 'experience as experienced' (*Ibid.*), but their *conversation's meaning.* Such meaning transcends their individuality and represents, instead, a 'fusion of horizons' (Gadamer, 1960/2004, p.306), in which what is expressed 'is not only mine….but *common'* (p.390, italics added). The connections between individuals generating something common is also central to intersubjective psychotherapeutic theories, like Ogden's (2004c; 1994a; 1994b) theory of the analytic third, where it implies that:

> The task is not to tease apart the elements constituting the relationship in an effort to determine which qualities belong to whom; rather, from the point of view of the interdependence of subject and object, the analytic task involves an attempt to describe the specific nature of the experience of the unconscious interplay of individual subjectivity and intersubjectivity. (Ogden, 2004c, p.168).

Fusion is also found in transpersonal theories, like Jung's (1958/1970) *participation mystique,* 'in which two individual psychic spheres interpenetrate to such a degree that it is impossible to say what belongs to whom' (p.452); a process that Jung (1946a/1954) compared with alchemy, and represented in images from the alchemical text *Rosarium Philosophorum* of the marriage or *coniunctio* of male and female opposites, followed by their merging, in death, as a conjoined, two-headed hermaphroditic figure, and the subsequent birth of a new, transcendent soul or Self.

To prevent merging degenerating into solipsism, where the 'fusion of horizons' (Gadamer, 1960/2004, p.306) collapses into just one conversant's personal

horizon, Gadamer advocates being as aware as possible of one's own bias, so that the other (whether person or text) 'can present itself in all its otherness and thus assert its own truth against one's own fore-meanings' (pp.271-272). These conditions - *awareness of one's own bias* and *openness to the other's alterity* – make it possible for meaning to be held in common, rather than being imposed by one on the other, and they are explored in more detail in section 7.3.

Bion's (1970; 1965) later work, which focuses on *becoming* the 'O' or reality that we share with the other, points towards both an intersubjective and transpersonal 'fusion of horizons' (Gadamer, 1960/2004, p.306) when making sense of reverie. Grace called such becoming 'living the life of the joint experience' (G1:488, see also p.129): living out, over time, her own and the client's linked experiencing. In this state, which she conceived of as part of her stream of 'processional' (G1:26) reverie experience, meaning emerged by 'working the client through my own being' (G1:682), by living their joint pain and processing it emotionally and cognitively during and between sessions. Vapenstad (2008) calls this 'living through' (p.221) in reverie, and notes that in this state:

> It is not always possible to find out who the actual feeling belongs to or where it originally came from, and it is not always possible to distinguish between, or find out, when the feeling left the therapist (in a transformed way) and when it entered the [client]. (p.223).

In such 'living' or becoming, then, it may not be clear to whom an image, emotion or (apparently) entirely personal memory in reverie 'belongs', because, as Grace said: '*really* there's no separation if we're talking processionally' (G1:366-368). This did not mean that Grace equated her own reverie with the client's experiencing reductively. On the contrary, she applied the hermeneutic maxims of awareness of her own bias and openness to the other's alterity as she worked: 'I am *really* mindful of the separatenesses… the boundaries, and then the places where we connect as well and *how* to offer that' (G1: 270-272). But it did enable her to be open to the potential for shared meaning in her reverie, relevant to the client *and* herself.

Cwik (2017) highlights the transpersonal or collective interconnections within this process, citing the notion of the *anima mundi* or world soul, which implies that 'there is always an inseparability of the individual with the world' (p.120). He illustrates their interpenetration with the image of 'Indra's net' from Buddhist philosophy, a net that is:

> made up of jewels that are faceted and reflect each other successively with their images permeating each other over and over again. Within

each single jewel are contained the unbounded repetition and profusion
of the images of all the other jewels. If you sit in one jewel you are
sitting simultaneously in all of them. (p.121).

Thus, when the participants and I sat within our own 'jewels' or frames of reference as we talked in our interviews, we were also, in a way, sitting in each other's, giving us access to shared meanings as, for example, when Grace and I developed common understandings about reverie, fear and containment, recounted in Chapter 6 (pp.130-134). The same process may be taking place now, between you, reader, me and the people I write about here: our images permeating and intersecting each others' endlessly.

Seth, too, talked about meaning which transcended subjective or even intersubjective experiencing and appeared to be linked, as Cwik (2017) suggests, to more global or collective levels of being. He described it as a kind of 'oneness…or a profound overarching experience' (Se2:130-132), which did not seem to involve only:

> the mechanics of two people… together and the therapists with all their
> theory and concepts and presence and whatever. There's something
> else that happens, I think. (Se2:304).

Seth experienced this 'something else' not only when working with clients, but also when meditating alone, when he felt a presence that seemed to be both *within* and *beyond* his individual self:

> So there's a sense of feeling something *profound*… but… part of… the
> spectrum of my experiencing… at the end of my experiencing, which
> isn't to do with *Seth*, you know, it's a sort of a sense of *essential*
> nature…it's almost like the point at which the individual self merges into
> the essential *nature* and I *don't* mean that in a religious way at all.
> (Se1:238).

For Seth, reverie involved participating in this essential, end-of-spectrum experiencing alongside another, sharing a deep connection with them at existential or energetic levels. He did not tend to make metaphorical or associative links between his reverie and client meanings, as other participants did, although he was open to such links being made by clients, as when a client interpreted his held-out hand as the hand of her dead father (Se2:426, see p.118). Rather, Seth used their interconnected levels of energy as a containing and potentially healing context, where he could explore clients' meanings with them, allowing their shared experiencing to have different implications for each of them. He summarised:

> I'm not going to put any extra *meaning* on it for *me* or for my client: let's
> see what *they* make of it. (Se1:606).

Throughout this chapter we have seen participants striving, like Seth, to make meaning from reverie in tentative and responsible ways, trying not to impose their own meanings on clients or supervisees but to provide instead an open, receptive ground from which shared meaning could be forged that was relevant to all. Martha called such an approach when working with reverie 'treading softly' (M1:263) and I turn to participants' accounts of it now.

7.3 'Treading Softly': Making Sense of Reverie Tentatively and Responsibly

When Martha was telling me how she works with reverie, a Rogers' (1980) quotation came into her mind about:

> entering the private perceptual world of the other and becoming thoroughly at home in it…being sensitive, moment by moment, to the changing felt meanings which flow in this other person. (p.142).

She commented that, for her, Rogers' words evoked an image of:

> walking around in a client's head (('walks' right forefinger and middle finger round the top of her own head in a circle)). But doing it so *sensitively*… that you catch their *meanings* before they've understood them themselves. And *that's* the image, I have that image *often* of being in somebody's *head*, as if their head is open and I'm walking *around*, trying to do it *sensitively.* (M1:241-243).

Later, she explained that this approach involved 'trying to not to disturb anything… and trying to go quite *slowly* and not *interfering* with anything' (M2:32-34), working tentatively and responsibly. The reverie image it generated involved her fingers walking carefully in an opened head, in which was spread out 'a landscape, mountains and valleys' (M2:28) – awesome, unexplored territory – 'keeping myself very sensitive so I don't leave a footprint or a *finger*print' (M2:50).

After listening to Martha's description of that image in the first interview, I shared with her the feeling of curiosity it evoked in me and she replied, thoughtfully:

> Martha: Mm. You have to remember it's somebody's head as well.
> Lynn: Yeah, yeah, tread gently.
> Martha: Yeah, yeah, tread gently.
> Lynn: Yeah.
> Martha: for you tread on my *dreams*… *Softly* but yeah… I mean, the 'tread softly' thing is always in my mind as well. I know that's a poem not a psychotherapist, but the *line* is the same. (M1:255-263).

Martha was reminded by my phrase 'tread gently' of Yeats' (1983) poem *The Cloths of Heaven*, in which the poet begs his lover: 'Tread softly because you tread on my dreams' (p.73). My words were not a conscious (mis)quotation of the poem: indeed, I did not realise at the time that I knew it and certainly did not know it had particular meaning for Martha. I suspect I may have heard it at some point but 'forgotten' it. It is interesting, though, that this implicit memory was triggered at that particular point with Martha, who *did* know the poem and had it in mind as well as Rogers' words. I believe it provides an example of how meaning can be made from within the 'spider's web' (G1:788) of reverie that is relevant to both parties, when two people converse sensitively together - 'treading softly' - in the way Rogers (1980) and Martha advocate.

All participants alluded to the process of 'treading softly': being tentative, patient and tolerating not-knowing, an approach that Bion (1970) calls practising 'without memory and desire' (p.31), and which calls to mind, too, hermeneutic advice to be as aware of possible of one's own bias and open to the other's alterity (Gadamer, 1960/2004). That participants were able to work responsibly and ethically in this way, maintaining strong boundaries as well as being open to the free-flow of experiencing, not being damaged by what they experienced but helping clients to process their feelings, was attributable in large part to their own and their supervisors' knowledge, experience and personal and professional development: factors that I consider next.

We saw on p.148 above that Martha's attributive judgement about the reverie of her first sexual partner was based on her own self-knowledge and experience. She stressed that self-awareness of this kind could not simply be taken for granted owing to one's past training, expertise and personal therapy, but required constant critical attention and ongoing refreshment (M1:625). Grace, likewise, noted that her own personal development, which included supervision, ongoing therapy, continuing professional development and spiritual practices (G1:440), was central to her ability to work responsibly with reverie:

> *That* personal work, *definitely*… keeps me safe, *definitely*… keeps the client safe, and… helps me to be with the person in a parallel way, even *immersed* in the experience, without being *lost.* (G1:428).

She talked too about times when she was immersed in reverie with a client - 'living the life of the joint experience' (G1:488) - when she *had* been 'lost' for a time, suffering their shared pain. 'Finding' herself *and* the client again and transforming their pain into alpha-elements from which they could learn (Bion, 1962) had been

possible because 'I always engage in processes that seek that out' (G1:438). In hermeneutic terms, these processes enhanced Grace's awareness of her own 'fore-meanings' (Gadamer, 1960/2004, p.272) or bias, helping her to map what 'belonged' to her, what might reflect the client's experience, and what was held in common. She concluded that knowing how to map in this way:

> is about the amount of therapy, the *type* of, the *depth* of, the *amount* of therapy that *I* have had… by that I mean it's *my* having learnt what is mine and what is not mine in the moment with another person… *physically* and emotionally. (G1:416-420).

Grace also pointed out that there are 'some places that we probably *can't* hold or don't *want* to hold' (G2:478), and some clients whom we are unable to or choose not to connect with, even when we have strong support. In these cases, therapists need to refer such clients to other practitioners or organisations that have the capacity to contain them.

Like Martha and Grace, Sam's 'dark and ok' (Sa1:296, see p.127) ability to tolerate and contain pain alongside his clients and Seth's 'way of believing that there's nothing inside us that's actually going to floor us' (Se1:454-456, see p.126) were grounded on their own considerable personal and professional development and experience. Seth reckoned it had taken him twenty years to reach this state, where he was able, more often than not, to avoid becoming enmeshed with the other's distress or his own personal feelings and bias and 'just to be there and to try and… remain centred in myself' (Se1:396). June, a more recently qualified therapist, reflected on her need for support from her supervisor to help her separate her own and clients' feelings and deal with what had been evoked in reverie (J1:218), while Rose, also fairly recently-qualified, talked about using reflection and supervision to process her experiencing and work on its potential meanings (R1:234; R2:256).

Participants' capacity to work responsibly with reverie also involved maintaining strong therapeutic boundaries. As Seth said: 'you couldn't have that special experience if it wasn't contained, boundaried, secure' (Se1:670). He explained:

> So the *frame* allows that, so by creating a strong boundary, by having a clear contract and then by the client being able to check out the boundary in different ways with you, they feel more and more *safe* and then, if I'm able to hold the frame and not, you know, waver, at times in the relationship… then something profound *can* happen. (Se1:386).

Both Seth (Se1:654-664) and Martha (M1:573) emphasised that the security of the boundary was particularly important when working ethically with intense mutual emotion in reverie, and pointed to the potential for feelings to become dangerously

confused when this was not the case, as when therapists take part in sexual relationships with clients. To minimise such risks, Seth questioned himself continually about the relational implications of his experiencing, for example by checking 'that stuff isn't happening that, you know, that I'm falling into or buying into' (Se1:652). He saw this dimension of meaning-making as part of his ethical commitment to clients and himself.

In this chapter we have repeatedly seen participants taking a light, tentative approach when making sense of reverie and expressing potential meanings 'in such a way that the client can say no' (M1:589), as Martha put it. We saw it when Sam waited in a state of open expectancy in sessions 'to be surprised' (Sa1:54, and p.138), when Grace was 'mindful of the separatenesses' (G1:270, and p.150) between herself and clients, and when Seth gave clients space to make meaning of their shared experiencing (Se1:606, and p.151). Such tentativeness, which allowed for the other's experience to differ from participants' own, was central to the 'treading softly' process and, indeed, to their effective use of reverie. Bollas (1992) refers to it as working with the 'dialectics of difference' (p.104), constantly checking his understandings with clients and inviting clarification. Thus, he shares his own associations carefully, in a way that makes it clear that clients are free to disagree, qualifying his comments with expressions like: 'Perhaps your thoughts take you elsewhere' (p.114). Martha took a similar approach, saying to clients: 'Look, I might be wrong about this, it's just a *wild card…does* that fit for *you*?' (M1:164-166). For Altman (2016), precautions like these are essential to prevent work with reverie degenerating into solipsism, and they involve responding:

> tentatively and with an openness to surprise and discovery, with bi-directional feedback from patient to analyst and back again, to feel one's way toward a co-constructed interaction, with reflection on that interaction on conscious and unconscious levels. (p. 174).

June, for instance, acknowledged that her own experiencing might be very 'different to [clients'] reality… maybe we imagine something, a detail, in a different way and it's actually the opposite of how it is for them' (J1:544). She gave, as an example, her response to a lonely, bereaved client (see also p.61 and p.114), with whom she experienced a vivid reverie-image of herself from a time when she had felt deeply depressed and alone. She was careful, when making sense of that reverie, not to assume that her own and the client's experiences were identical, asking herself, tentatively:

> Is my feeling - *that* feeling when I was in that moment – as strong as he
> has it?...Is he feeling *less* in pain than I imagine, or is he actually *much*
> more in pain than I could even imagine? (J1:564).

Rose also tried to avoid making assumptions about clients' experiences by checking their viewpoints regularly. She noted that while reverie:

> does bring some feeling which brings you closer to your client 'cos
> you're there with them, but then you probably need to step back and go
> back as well because you need to make sure you're in their frame of
> reference and not yours. (R1:496-504).

This 'stepping back' is what hermeneutic scholars recommend to reveal the other's alterity (Gadamer, 1960/2004). For all the participants, it could involve keeping their reverie to themselves rather than sharing it with clients, 'hold[ing] it in mind and sort of see[ing]' (Sa1:76), as Sam said. Candace, who, as we saw above (p.142), was open to sharing reveries when it felt appropriate, explained that there were clients she did not consider it ethical to share reverie with, especially those whose own experiencing was either particularly overwhelming or impoverished (C1:672-698). For Seth, it was a matter of being 'very light' (Se1:350) around the meaning of his experiencing at any one time:

> I'm just going to be aware of what's happening to *me* at that moment
> and in a sense just let that *be* there but carry on focussing in my work
> with my client. (Se1:350).

Whilst all participants emphasised the importance of 'treading softly' in their work with reverie, they pointed out, too, that they did not always succeed, despite their best efforts, and sometimes were less available to clients as a result. Sam (Sa1:535-537) suggested, however, that even when this was the case - when images or thoughts came to him that did not appear to resonate with the other – the situation could usually be recovered, provided he redoubled his efforts to 'tread softly' and gave clients space.

By far the most significant example of failing to 'tread softly' that I learned about during the research was, however, my own. I did not always 'tread softly' with the participants. I was sometimes insufficiently aware of my own bias and not open enough to their otherness, and thus missed opportunities to explore their perspectives as fully as I might. Fascination with my own reverie or anxiety were often to blame, causing me to focus on my own experiencing and attend less assiduously to participants; a point that Jung (1916/1969) echoes when he warns that, without discipline, focusing actively on one's imagination can degenerate into a purely personal (rather than inter- or transpersonal) aesthetic concern.

This was particularly evident in my meetings with Seth, whom I perceived as especially 'other' because his ideas about reverie were different from mine, as was his theoretical background. I have already mentioned (p.91) that I struggled to understand Seth's perspective on reverie in our first interview and prompted him, repeatedly, to confirm that it took forms that were more familiar to me, anxiously attempting to block out otherness with reassuring familiarity.   Seth retrieved the situation when he offered me the metaphor of the 'upstairs room' (Se1:268; see p.111) to clarify his experience of reverie, which enabled me to re-establish reflective capacity and relinquish some of my prejudices, although not fully. Indeed, there were times in our second interview when I trod even less softly.   Perhaps because my first attempt to share my own reverie with Seth resonated with him - when I told him about my response to the 'upstairs room' metaphor (Se2:483-530, p.113) - I rushed to disclose more of my experiencing, trying to regain the pleasant feeling of resonance and avoid uncomfortable not-knowing. For example, when we reviewed a video-clip about containment (Se2:661-687) in the second interview I hardly asked Seth about his views on the clip, so eager was I to tell him about the mental image it had evoked for me. Not surprisingly, the experiencing I shared at this point appeared to have little or no relevance to our interaction. Macaskie (2014) also writes about a 'moment of not-meeting' (p.66) with a research participant, but points out that working through such moments can strengthen intersubjective connection and provide new opportunities for mutual understanding. Fortunately, this was ultimately the case in my interaction with Seth, thanks to his capacity to continue 'treading softly' despite my clumsiness, and to my own (intermittent) ability to respond and correct myself. As a result I gained valuable first-hand experience about the effects of *not* 'treading softly', which I share here.

7.4   Summary

In this chapter I have considered participants' approaches towards exploring or 'sifting' meanings during and after clinical and supervisory sessions; how they determined whether those meanings expressed personal or interpersonal/ intersubjective material, as well as material that might be considered transpersonal; and the measures they took to avoid imposing their meanings on others and to work tentatively and responsibly with reverie. My own sense-making with participants during the research has also been reviewed. My discussion with Sam about his anger reverie, for example, suggests a number of ways in which meanings can be sought, *post-hoc,* in reverie, which may be relevant both to supervision and qualitative interviewing. They include the use of micro-phenomenal

questioning to explore reverie in detail in a measured, unhurried way, and paying careful attention to para- and nonverbal means of expression such as gesture, which McNeill (2005) views as the very 'materialization of meaning' (p.58).

Bion (1963) describes clinical sense-making as a matter of forging links between formerly disparate perceptions to form a 'constant conjunction' (p.89) of alpha-elements. One effect of this 'matching-binding' (Symington & Symington, 1996, p.54) process, of which I have been aware repeatedly whilst writing this chapter, is its tendency toward reduction rather than complexity, convergence rather than diversity, and the smoothing out of inconvenient differences to make a neat scheme. One must tread very softly indeed to resist this tendency. Thus, I want to end by emphasising divergence in participants' and my own reverie meaning-making, which my tidy themes and sections may sometimes have obscured. So, whilst I do believe that participants sought meaning at personal, interpersonal and transpersonal levels, those levels may never have been truly separate. Like petrol mixing with water in a puddle, personal meanings spilled into intersubjective and transpersonal senses, and cognitive ('TβK' (Bion, 1965, p.163)) and experiential ('become' (*Ibid.*)) states of understanding ran into each other. As a result meanings were 'not solid and…not rigid' (C1:82), as Candace said, but instead formed and re-formed constantly within a single continuum, akin perhaps to that in Figure 5-6 (p.100).

Chapter 8 Conclusion: 'Pied Beauty' in the Soul of the Work

The psychoanalyst Christopher Bollas chose, as the subject of his PhD, Melville's novel *Moby-Dick*. When it was complete, he realised he had selected, intuitively, a subject that not only interested him, but also 'allowed [him] to be dreamed by it' (Bollas, 1992, p.57). Reverie, as we have seen, is a kind of dreaming, and in choosing it as the subject of this study, I have allowed myself to be dreamed by or to become it (Bion, 1970; 1965), in night-dreams - like my doorstep nightmare and dream of 'pied beauty' (Manley Hopkins, 2001, p.265), described in Chapter 4 - and also in wakeful reveries, such as those the participants and I experienced during the study. For Romanyshyn (2013), the researcher's dreams and reveries, like these, can reveal not only material of subjective significance, but also what he calls the 'soul of the work' (p.60) - the very heart of a piece of research - which has broader, collective meanings, relevant to many readers. This work, too, is intended to speak to many readers from diverse therapeutic and research backgrounds, and I want to end the thesis by summarising the contribution I believe it can make to their practice, from the vertex of its collective 'soul' (*Ibid.*).

I begin, in section 8.1, by using the themes that have emerged from the study and my research dreams of dread and 'pied beauty' (Manley Hopkins, 2001, p.265) to review reverie's 'soulful' therapeutic implications, particularly its ability to foster heart-felt connection at many levels (personal, interpersonal/intersubjective and transpersonal), and its associated capacity to heal trauma. I go on, in section 8.2, to summarise what I have learned about reverie's potential as a qualitative research tool, again focusing on the theme of connection, this time with research participants and meanings. Throughout this thesis I have tried to report findings tentatively, and to acknowledge the limitations of my account. In section 8.3 I review these limitations, and make recommendations about how they might be overcome, at least partially, in future research. I end, in section 8.4, by letting the work go, 'hand[ing] it back, hand[ing] it over' (M2:210), as Martha suggests, to you, reader, and thereby concluding this thesis.

8.1   Implications for Therapeutic Practice and Supervision

In Chapter 4 I wrote about my experience of dread just before I began interviewing participants for this study, culminating in two vivid dreams about darkness and light. First, I dreamed about being trapped in the house of a participant, who appeared

harmlessly 'light' but was, in fact, dangerously 'dark', like my childhood *bête-noire*, the wolf in the tale of *Little Red Riding Hood*. Second, I had a dream about the potential for darkness and light to unite in shades of grey, in which my own fingers and toes were dappled black and white, and a deep-grey cradle stood, empty, in a pale-grey room; a dream that I linked with Manley Hopkins' (2001) anthem to divergence – the poem 'Pied Beauty' (p.265) - in which he praises 'All things counter, original, spare, strange' (*Ibid.*) and contrasts such multiplicity with its unchanging source, which he calls God and Bion (1970) calls 'O': 'ultimate reality, absolute truth, the godhead, the infinite, the thing-in-itself' (p.26).

Romanyshyn (2013) claims that the 'soul' (p.60) of a work may be expressed by dreams like these, peopled by archetypal ancestors or 'others' (p.151) - like the wolf lurking behind my first dream - who speak not just to the researcher but, potentially, to many readers. He suggests that one reaches these 'others' by asking: 'Who has a voice in this work?' and 'Whom does it serve?', and waiting in a receptive state of negative capability for a response. It seems to me that since embarking on this study, I have been waiting for a response to these questions; waiting, perhaps, for a baby – a new soul - to be born, who could rest in the 'dark-light' (p.30) cradle of my dream. Perhaps this thesis is that baby. If that is so, what collective messages does it convey? What is the 'unfinished business in the soul of the work' (p.60), which might fuse participants' and my horizons (Gadamer, 1960/2004) with those of our readers?

8.1.1   Reverie and Connection

I hope I 'tread softly' on this ground when I suggest that this work's 'soul' is associated with transcendence and connection, and the notion that darkness in light need not be a beta-horror (a deadly wolf in grandmother's clothes, as my doorstep nightmare implied), but the very means by which we connect at many levels in reverie with others. Indeed, Jung suggests that new ways of being - new souls (like the new soul of this work) - are born from the marriage of darkness (the black alchemical '*nigredo*' (Jung, 1946a/1954, p.279)) and light (the white '*albedo*' (*Ibid.*)) within the transcendent function, creating a 'union of opposites' (p.280) which brings:

> light, as always, out of the darkness of night, and by this light it will be possible to see what the real meaning of that union was. (*Ibid.*).

I propose that the 'real meaning' in the soul of this work concerns the union or interconnection that reverie can provide in all its 'pied beauty' (Manley Hopkins, 2001, p.265): a connectivity that exists *within* individuals, where it generates

openness to all kinds of natural, felt, relational connections with others, as outlined in Chapter 5; in empathic, intuitive and containing connections *between* individuals, described in the themes 'Imagining the real', 'Clothing the invisible' and 'Dark and ok' in Chapter 6; and in the meaningful connections we forge from reverie when we 'tread softly' with each other, which can rise *above* each party's individual understandings to create a common 'totality of meaning' (Gadamer, 1960/2004, p.483), as explored in Chapter 7.

A certain quality of acute, yet open phenomenological attentiveness, which Martha called 'being in a zone' (M1:14; see also p.93), is critical to all of these connections, because without it, they remain outside our awareness. We have seen many times in this work the extraordinarily complex, subtle layers of relational information revealed in participants' reveries by that attention; layers that require many words to describe but are experienced in seconds. I have tried to encourage readers to access this 'zone', by reflecting on your own ephemeral experiencing as you have read this work, but those unfamiliar with reverie, as June told me she had been before the study, might share her trepidation about being able to recall such teeming, fleeting complexity 'on my own, without help' (J2:838), in their everyday practice. A recommendation arising from the research, therefore, is for supervisors to encourage supervisees to reflect on the detail of their inner experiencing with clients, to access the rich data contained within their reveries. They could, for example, use micro-phenomenal questioning to explore supervisees' memories of their experiencing, paying careful attention to para- and nonverbal expressions as well as words, as Sam and I did when we reviewed his 'match' reverie (see p.145).

One might assume that such acute attention to the other can only be exercised in the bright light of explicit consciousness. Bion (1973), however, claims that this is not so. According to him, a more complex, transcendent 'dark-light' (Romanyshyn, 2013, p.30) is needed, which is both piercing and unfocused, on the edge between consciousness and unconsciousness; a 'beam of darkness' (Bion, 1973, p.20) so absolutely dark - so lacking in memory and desire - that even objects which would otherwise appear utterly obscure emerge against its rays in infinite gradations of grey (rather than the choking, uniform blackness I feared at the start of the study). I write more, in section 8.1.2 below, about what it can mean for therapists to go into that darkness, and about the risks and potential for healing involved in such a journey, but first I want to delve deeper into the kind of 'pied' connections reverie offers, which are part of the soul of this work, taking as my guide the following passage, in which Bion (1965) explores ways in which our knowledge ('K') and unprocessed experience ('β') of reality ('O') can be transformed ('T'):

> Transformations in K may be described loosely as akin to 'knowing about' something whereas Transformations in O are related to becoming or being O or to being 'become' by O… Assuming a direction O→Tβ, O can be said to 'evolve' by (a) becoming manifest (or 'knowable') TβK→ (b) by becoming a 'reminder', an 'incarnation' or 'embodiment' or an 'incorporation'. → (c) by becoming TβO or, 'at-one-ment'. (p.163).

We have already encountered elements of this passage in Chapter 7 (p.137), where a distinction was made between Bion's first category (a), which relates to cognitive or 'TβK' (Bion, 1965, p.163) transformations in understanding, and categories (b) and (c), associated progressively with his concept of 'becoming' (*Ibid.*). That concept has had profound significance throughout this work, particularly in terms of its role in enabling us to gain a felt perspective on others' emotional experiencing (as outlined in section 6.1 from p.102). But it has been referred to, so far, as a more or less unitary phenomenon, whereas in the above passage Bion offers a refinement, describing its evolution over two categories.

The first, (b), involves 'becoming a 'reminder', an 'incarnation' or 'embodiment' or an 'incorporation'' (*Ibid.*), and is at work, I suggest, in reveries in which memories or other representations are triggered to help us gain a personalised, embodied perspective on the other's experience (to 'remind' us of our own, more or less equivalent experience). Reveries infused with becoming of this kind have been encountered frequently in this work: the memory of her own former sexual partner that came to Martha when working with a client who needed to talk about sexuality is one example (M1:50, see p.85).   The role of gesture in nudging therapists into such reverie has been emphasised by Grotstein (2007; 2005); this study augments his concept with a real-time exploration of the nudging process itself, as it took place between the participants and me in the 'gestural field' (Romanyshyn, 2002, p.53) of the interviews. The study also adds to existing thinking by applying gesture research, especially McNeill's (1992) typology of gesture, to the nudging process, thereby pointing to the central role of iconic gestures, especially C-VPT and O-VPT gestures, in generating category (b) reveries that act as incarnations (see section 6.1.1, p.107).   In each case, the findings suggest a link between becoming and gesture, and highlight the importance of attending closely to gesture in clinical and supervisory sessions and research interviews to generate vivid, 'lived' forms of empathic understanding.

But Bion does not stop there. He adds another shade of grey in category (c): 'becoming TβO or, 'at-one-ment' (Bion, 1965, p.163). Here, he moves from knowable/'K' forms of transformation, and even from embodied incarnation, towards

experiencing that is profoundly connected with reality, because it incorporates 'O' itself, and involves ''being' that which is 'real' (p.148). Deep connections of this kind (as well as cognitive and incarnative category (a) and (b) connections) are in the soul of this work. Examples include Seth's healing experience of 'oneness' (Se2:130, p.151) with clients and Grace's notion of 'taking the [client] *with me*, like they are *in* me' (G1:694-696, p.128). For Bion (1970), experiencing of this kind is an 'act of faith' (p.41) which reaches beyond the purely material into the sublime, like Jung's (1958/1970) *participation mystique* (p.452) and Rogers' concept of presence, in which one's 'inner spirit has reached out and touched the inner spirit of the other' (Baldwin, 1987, p.50). Here, I suggest that reverie may transcend even empathy and flow into spiritual or transpersonal concerns, including forms of love: 'the ultimate which is become, not understood' (Bion, 1991, p.183).

A feature of this flow for the participants in this study and for me, is that it seems rarely to move entirely in one direction - there is complexity and 'pied beauty' (Manley Hopkins, 2001, p.265) even here - making the boundaries between different forms of reverie shifting and porous, so that representational reveries and embodied forms of communication, like gesture, can evoke ineffable spiritual experiences, including feelings of love and oneness. Like West (2004), who acknowledges that he is 'quite content to leave a vague boundary between advanced empathy, intuition and something more explicitly spiritual' (p.148), I propose that reverie experiencing exists within such vague boundaries, something like that the fluid continuum illustrated in Figure 5-6 (p.100). On the continuum states interpenetrate each other, from finite to infinite, representational to non-representational, intentional to unbidden, and even from experiencing that, whilst located in a specific time and space, moves to what is beyond it; to what Romanyshyn (2013) would call its 'soul'.

8.1.2 Reverie and Trauma

When we experience reverie on this broad spectrum, the study suggests that it may be possible to contain and transform clients' painful and traumatic emotional experiencing (see, for example, p.127). In other words, reverie can work towards healing trauma. Indeed, Bion's approach can be understood, to some extent, as a working out of his own traumatic experience of war (Brown, 2012; Grotstein, 2007; Likierman, 2012). And yet, as Altman (2016) points out, through his work Bion transcended that experience and transformed it into a theory of healing:

> Bullets and shells whizzing by, the chaos of war, are transformed into the bombardment of sensory stimulation by which the newborn can be overwhelmed, into the infant's nameless dread, its fear of being

> dropped and falling forever…From that starting point, Bion could realize the indispensability of a human mediator if one is to re-enter the land of the living, a living person who could receive and transform terrifying dead objects. (Altman, 2016, p.172).

Mediation and healing of the kind Altman (2016) refers to, in reverie, form another facet of the 'soul' of this work. Such healing is not achieved simply by replacing dark beta-pain with pleasant, light-filled alpha-images (a misapprehension under which I laboured to some extent at the beginning of this study), but by dwelling with another, passionately yet equanimously, in 'very dark spaces… really damaged spaces' (G1:430) - in spaces of 'pied beauty' (Manley Hopkins, 2001, p.265) - 'living, not… reliving' (Bucci, 2011, p.263) trauma. Here, where one is able to be with pain rather than flee from it, one can experience the deep darkness of trauma as a potentially lighter 'new event in a new emotional context' (p.263), with new responses available.

I have written in this thesis about times in my own interactions with others, however, when I tried unconsciously to avoid the dark side of reverie out of fear, not by ignoring or dismissing the other's feelings, but by attempting to stop my *own* deep pain (like the dread I wrote about in Chapter 4) being triggered in response.   Far from having faith ('F') that this pain could be entered, ethically, alongside the other as way to connect with them and begin to heal their (and my own) trauma, I believed it to be entirely mine and unconnected to the other, and aimed to eliminate or at least avoid it. I displayed such avoidance when I split darkness and light in my misquotation of Sam's phrase 'dark and ok' (Sa1:296) as 'dark *but* ok' (Sa1:330, see p.127), attempting to maintain a safe distance between the two states. But, when one is motivated unconsciously by fear, in this way, instead of sharing with others a 'way of believing that there's nothing inside us that's actually going to floor us' (Se1:454-456), which is intrinsically containing and healing, one embodies, to a greater or lesser extent, 'dark and *not* ok', and thus shies away from deep interconnection with the other (a process that differs from *choosing* consciously not to connect with others because we do not judge it appropriate to work with them, for ethical or other reasons).

This is not simply a personal issue for me (or anyone else): wider theoretical, societal and political beliefs may also foster avoidance of this kind. Risq (2016), for example, explores such avoidance in a UK IAPT service, where difficult (dark) feelings of distress were split off into the abject, alien 'Other' (p.75) – including, in the cases she examines, a service-user and a trainee therapist - as a defence against organisational anxiety, rather than viewed as shared (transcendent, 'pied')

states which can be contained collaboratively. Grace, too, pointed to a similar dynamic in contemporary Western practice when she said:

> We're not helped to understand the connected nature of us and so we don't *hold* the people that we are supporting…it's almost like in some areas it's unbearable to think that they might be *inside* us and there's some *failure* in *allowing* that processing. (G2:472).

Several participants confessed that they felt cautious about sharing their experiences of reverie with me during the study, perhaps at least partly because those experiences run counter to dominant paradigms of the kind Grace challenged. Seth, for example, was 'not sure I feel secure… talking about this' (Se2:18) when we met, partly because he felt 'it sounds a bit esoteric... sounds a bit sort of woolly... but it *wasn't* woolly' (Se2:20), while Candace admitted: 'I have sometimes wondered: 'Are you being a bit weird … or actually is this quite normal?' (C2:644). Candace explained (C2:646) that talking about reverie with me helped her to own her experiencing more fully, as I hope this work may help readers to own *your* reverie, in turn, no matter how counter-cultural (woolly, weird) you may feel it to be.

It is no easy thing, in the face of strong internal and external pressures like these to allow one's own 'darkness' and pain to be used in reverie to connect rather than disconnect with others. And yet we have seen such acts of 'dark-light' (Romanyshyn, 2013, p.30) generosity many times in this work, as when June connected with a despairing client through a reverie that linked with a time when she herself felt utterly helpless (J1:216-244, see also p.61). That act caused June real pain – indeed, it caused her pain even to review it with me during our interviews – although it was a different hurt from that which she had experienced originally, owing to the processing she had undertaken since then. Because of that processing, she was able to use her trauma creatively and compassionately to empathise with another suffering human being, and to contain his pain. Even so, she concluded, with some relief: 'I'm so glad I don't have to experience it every time' (J2:492).

Connecting with others in the 'pied beauty' (Manley Hopkins, 2001, p.265) of reverie, then, involves going into the darkness itself (the other's and one's own pain) and letting one's eyes become accustomed to it, so that one can make out the many grey gradations there. This does not mean re-playing our own unprocessed trauma with clients, which is therapeutic neither for them nor ourselves, and it is essential to 'tread softly' on this delicate ground, taking robust ethical measures to protect them and ourselves, as outlined in section 7.3 (p.152).   Even so, entering

that darkness when it is appropriate to do so is a courageous act in which one may suffer – as June did - no matter how much therapy, training or support one has. Reverie takes place, therefore, in a truly 'grey area' that is dark *and* light, and which has risks *as well as* healing potential. It should not be entered into lightly: rather, it should be entered *dark-lightly*, with care and with openness to all its facets.

Yet, given the potential suffering involved, why would one 'become' (Bion, 1965, p.163) darkness and pain of the kind June felt alongside her client or, indeed, that I felt at the beginning of this study? For Seth, like Bion (1962), the most important reason is love; that non-possessive, unconditional love for the other (and oneself), which is sometimes called 'agape' (Van Deurzen, 2016, p.16):

> I… can *feel* that sort of feeling when a client is going through some real shit…you know, sharing something really hard, something really traumatic. There's something of the *cathartic* nature of what my client's experiencing which somehow connects with *m::e* in a sort of feeling of…*love* or, or something like that. (Se1:350-352).

And so I want to end this section by telling you a final story about my own experience of 'pied beauty' (Manley Hopkins, 2001, p.265) during this study, which concerns reverie's capacity to heal trauma through the transcendent connections, like love, which are in the soul of this work.   After reflecting, as I wrote Chapter 6, on my experience of containment in my first interview with Grace, linked to my doorstep nightmare, a sudden realisation came to me. I remembered another 'doorstep nightmare' - a nightmare that I did not dream but lived through - which seemed to fit with the depth of dread I felt at the beginning of the study. Six years before the interviews, just prior to training as a counsellor, I stood for what seemed like hours on the doorstep of my father's house, while the lock was removed. He was not answering the door, although the lights were on in his home. When the lock finally gave way and I entered the house, I discovered him dead in his bathroom. He had died from alcoholic cirrhosis, a death which involved haemorrhage and choking on blood.

That dark day was a long time ago, now, and I thought I had processed it fully, but after writing in Chapter 6 about the transcendent notion of 'dark and ok' (Sa1:296), a new sense came to me that this might be my *original* doorstep nightmare, involving, as it did, waiting in fear on a doorstep and making a dreadful and unexpected discovery - my dead father - that threatened to hurt me, just as in the dream I encountered a threatening, ambivalent (male) figure, which in turn drew on my childhood terror of the wolf in *Little Red Riding Hood,* and the theme of darkness masquerading as light. I wonder, then, if echoes of both childhood dread

and my adult horror at finding my dead father attached themselves to this research, underlying and intensifying my anxieties at the beginning of the study. I have even asked myself if my experience of gagging under hypnosis and dread of 'choking' in panic in the interviews might represent an (unconscious) connection in me with the manner of his death. Whilst this may have happened because I hoped, at some level, to contain and transform my fear through the research, I believe it also offers a way to connect with collective meanings in the soul of the work, through the archetypal images of father, wolf and 'pied beauty' (Manley Hopkins, 2001, p.265), which may have wider relevance for readers.

And so, as I reflect on the 'original' nightmare of finding my father now, I am aware that I feel differently about it. I no longer sense that I found a horror that day, a slavering wolf in grandmother's clothing, as it were. I found only my dad. This new feeling resonates with Bion's (1970) notion of negative capability, Sam's 'dark and ok' (Sa1:296) state, and my own dream of 'pied beauty' (Manley Hopkins, 2001, p.265), in that it contains pain *and* acceptance, darkness *and* light. It moves me to think that this transformation originated in a liminal, doorstep meeting with a participant who chose the pseudonym 'Grace'; one definition of her name being a freely and lovingly offered influence (which some might interpret as divine, and others as transcendent in different ways) operating within and between us to strengthen and heal. I offer my story to readers in the hope that it may cast reverie's 'dark-light' (Romanyshyn, 2013, p.30) on such healing in your own practice and life.

8.2   Implications for Qualitative Research

As well as exploring therapeutic aspects of reverie, I aimed in this study to examine its potential as a qualitative research tool, by reflecting on my use of reverie during data collection and analysis. I have shared my reflections throughout this work; indeed, so they are so closely woven into themes and passages that primarily concern clinical or supervisory reverie that it may be helpful here to disaggregate them and summarise separately what I have learned about reverie's research implications, which are also part of the soul of this work.

Throughout the study, it has been my experience that reverie in research has the same fundamentally connective foundations as therapeutic reverie. Grace drew attention to these foundations when she reflected on her experience of our research interviews as:

> a connected *inter*action, which is not one-way, it becomes… a *shared* experience, which gives me a sense of how I've been perceived, if what I've perceived has a place to connect to. (G2:654).

I suggest, therefore, that reverie's implications for qualitative research can be encapsulated within the same broad themes that apply therapeutically. Thus, bringing one's own felt, natural, relational experiencing into awareness (in the 'zone') during data collection and analysis can help us empathise with participants and imagine their realities in subtle, evocative detail. I encountered this aspect of reverie when I explored with June feelings of loneliness and despair in her work with a client (J1:220; see p.114). The researcher's reveries may even 'clothe' aspects that might otherwise be invisible or unspoken as, for example, my 'upstairs room' (Se1:268, see p.113) reverie evoked notions of home and love that resonated with Seth, but which we had not yet discussed explicitly. The 'dark and ok' (Sa1:296) equanimity or 'negative capability' (Bion, 1970, p.125) of reverie is also relevant to researchers, not because it helps us to contain and transform participants' pain (which is not the aim of research, generally, unlike therapy), but because through it we can be more open and accepting of the other's alterity, and less defensive about our own views: issues of critical importance for researchers.

The themes of sifting for meanings in reverie during and after interactions; attributing such meanings; and treading softly apply equally to research as to clinical practice. Participants, for example, talked about how 'sifting' with me in the interviews helped them to understand their own experiencing more deeply, as Sam and I did when we reviewed his 'match' reverie (Sa1:229-236; Sa2:233-252, see p.145). Rose, too, noted that the research had helped her to:

> become aware of my own inner processes in all different ways, not just in the counselling room or… reflecting on client work, it's just… all the time… I'm becoming more and more aware of what happens for me. (R1:532-534).

Using my reverie in the interviews and inviting participants to do likewise seemed to deepen our interactions by revealing more of their immense complexity and nuance than may otherwise have been available to us. I think it made us more vulnerable, too, which was not always a comfortable experience, as June found when she recalled the reverie that reminded her of her own trauma (see p.61), and as I discovered when I felt dread before meeting Grace (see p.130). Such vulnerability is, I believe, a by-product of using reverie, whether in therapeutic practice or research, linked to the way it transports us, unbidden, into powerful emotional experiencing.

Using reverie in research, then, comes with risks and benefits as in therapy. Participants encouraged to experience reverie during research (as the participants in my study were) may feel strong and even painful emotion and I recommend that researchers take great care to be sensitive and ethically-minded, 'treading softly' in the tentative, gentle way that Martha suggested (M1:255-263, see p.152) especially if participants are not experienced in processing such feelings (as my participants were). In practice, this could involve warning participants as clearly as possible of risks before they give consent (although one can never describe them fully in advance, given the complex, idiosyncratic nature of reverie), making it clear that they can pause or stop at any point during interviews, or withdraw during and after interviews. It may also be helpful to identify alternative sources of support in information sheets.

There are risks to the researcher, too, as I found out in my period of dread, and expressed in my reflective journal:

> I am so tired and worn down by it and wondering if I should even have done a PhD. I had no idea it would bring me to this, no idea I would feel so afraid and so hard to go on. (McVey, Reflective Journal, 26/10/15).

I wrote these words after I had completed my forms for ethical approval, where I had noted confidently my readiness to enter reverie during the study and the skills I would use to process whatever came up for me. I thought I was prepared, but I was not prepared for the anxiety and panic that leaked into every aspect of my life, nor for very personal matters, like my father's death, to come into this. I believe, now, that these experiences were a necessary aspect of the work, connected with its soul, but they caused me pain at the time, as Romanyshyn (2013) warns:

> With soul in mind, one truly does 'suffer' the work. One bears it, and one endures its cost. (p.157).

I hope, by sharing my story with readers, to help them be more prepared than I was for the upset that can come with deep explorations in reverie of emotive topics, and to make sure they have the right support. I did have such support, in particular from my doctoral supervisors, who contained my dread and encouraged me to be curious about it and open to its possible connections with the research. Emotionally-supportive supervision of this kind is, in my view, as important to qualitative researchers 'with soul in mind' (*Ibid.*) as it is to therapists.

Transformational research with reverie does not only have the potential for risk, however, but can also produce significant benefits. For the participants in this study, these benefits included an opportunity to spend time reflecting in detail on

their practice. Sam, for example, appreciated having the 'thinking-time' (Sa2:476) to 'wrangle with some questions' (Sa2:480) about his work, and June was glad to have had 'the space to reflect about… clients' (J2:738), and drew attention to the way such reflection on reverie developed her self-awareness:

> I think it's very helpful to become aware of these images, of th::e effect or impact of them a:::nd [it] gave me insight into *myself* as well… So for me it's very rich to know all of this, you know, for my own *awareness* and relating to my clients. (J2:738-742).

I myself have benefitted profoundly from engaging in the research. Not only has my theoretical understanding of reverie developed greatly, but the transformation has extended, too, into my clinical and research practice and personal life (for example, my dread of speaking in public, told in Chapter 4, has decreased and in recent months I have presented fairly confidently). I am in a moving place, in every sense of that word, where I do not feel stuck in the dark and where I am able even to think of my own darkness not as weakness to be deplored, or a horror I need to flee, but as part of the 'dark stuff that carries [my] substance' (Ronnberg & Martin, 2010, p.274); a tool of 'pied beauty' (Manley Hopkins, 2001, p.265) that I can use to understand and relate lovingly with others and with myself, as the participants related to me.

I end this section with a note about methodological innovation in the work, in particular concerning the way reverie and its non- and para-verbal context have been integrated within data collection and analysis. Video-recording the interviews, rather than simply audio-recording them, and using IPR (Kagan *et al.*, 1969) to review video-clips from the first interviews gave me access to rich, 'real-time' data on gesture and facial expression, which greatly enhanced my understanding of how these behaviours can nudge (Grotstein, 2007; 2005) us into reverie and help us imagine the real (Buber, 1965) of the other's experience (see, especially, section 6.1.1, p.107). IPR also thickened my understanding because it involved participants as engaged and uniquely knowledgeable co-analysts.   Recording para-verbal information, such as pauses and intonation, had a similar effect and the transcription system I used – a simplification of Jefferson's (2004) comprehensive scheme – facilitated the contextualisation of these data within transcripts, and their subsequent analysis as integral elements of my interactions with participants. The use of video has generated, too, a wealth of imagery in the form of video-stills from the interviews, some of which have been used to illustrate this work. I hope readers have found they add to the text, but I acknowledge it to be a limitation of the study that they are only of me. It would add considerably to the field were therapists' and

clients', or supervisors' and supervisees' gestures to be filmed and analysed in a similar way.

I also draw attention to the way I have integrated participants' and my own reveries into the study's methodological approach. In the interviews participants and I entered the reverie 'zone', which, as Martha suggested, involves being '*open* to the way in which your mind is wandering and seeing if that is connected' (M1:14) to the conversation and to each other. We found often that our experiencing *was* so connected, when we 'trod softly', and were thus able to take advantage of reverie's potential to develop relational understandings. And, when we could find no such connection, we moved on, in the same light spirit Sam mentioned, when he talked about retrieving situations where clinical reveries did not seem to fit (Sa1:535-537; see also p.156). I took a similarly integrative approach during data analysis, adding a focus on inner experiencing to the descriptive, linguistic and conceptual issues that are commonly analysed in IPA studies (Smith *et al.*, 2009). As well as analysing the reveries the participants and I experienced and discussed during the interviews, I included new reveries that came to me during the analysis itself (being as clear as I could about *when* a reverie originated). Overall, I believe this approach can deepen the embodied, emotional and imaginal dimensions of the IPA method, and – like each of the methodological innovations recorded here - may be of interest not only to psychotherapeutic researchers, but to other reflexive, qualitative researchers who seek to explore emotional experience.

8.3   Limitations of the Research

Owing to the complexity of human relational experiencing, it has been suggested that qualitative research reports on the subject can be no more than 'partial-renderings done from within the standpoints of the life experience of the researcher' (Erikson, 2011, p.54). I acknowledge the 'partial' nature of this research in both senses of the word. First, the study is of a small-scale, exploratory nature and it does not and cannot address comprehensively every aspect of reverie, and second, it is coloured by my own partiality or 'fore-meanings and prejudices' (Gadamer, 1960/2004, p.271). Although I have tried to follow the hermeneutic call to challenge those prejudices and remain open to alternative perspectives (assisted greatly by the critical inputs of others, especially the participants and my supervisors), I have needed to grapple frequently with my bias. I have acknowledged (see p.124 and p.156) how at times my fascination with my own reverie, for example, limited my ability to 'tread softly' during the study, causing me to privilege my views over those

of the participants. However, I believe my bias took its most powerful form in my unconscious reluctance, especially at the beginning of the study, to enter the grey area where reverie shades into my own fears and pain. That reluctance has limited the research in some ways. For instance, I think it restricted to some extent my understanding and following-up of 'dark' examples of reverie given by participants in the interviews, and in retrospect I believe it would have been helpful to consider more specifically with participants how they contained deeply distressing experiencing and the effects on clients or supervisees and themselves. Such explorations might have addressed more fully than I have done here issues of vicarious traumatisation and the limits of containment; issues that might usefully be investigated in future reverie research, with crisis and trauma therapists for example.

I have aimed, in this work, to produce transferable (rather than generalisable) research, which readers can apply to their own practice if they judge it appropriate (Flyvbjerg, 2011). Producing such research depends on presenting accounts that take place in contexts similar enough to readers' own to have relevance for them. Whilst the professional contexts and theoretical backgrounds of the participants in this study were more diverse than those reported in much of the reverie literature (which is based predominantly on single case-studies written by experienced, US-based psychoanalysts), several contexts are not represented here. Transferability might be enhanced by conducting research in some of these 'missing' contexts, investigating, for example, the reveries of CBT specialists who share the recent 'third wave' interest in therapist inner experiencing; of mid-career therapists; and, given that most participants in this study described themselves as practising integratively in some way, of therapists trained solely in single 'schools'. Transferability might also be extended by carrying out reverie research with therapists working in employment contexts not represented here, such as specialist services (most participants in this study offered general counselling, for example through the IAPT scheme and private practice), or with practitioners from other fields who seek to understand clients'/patients' emotional experiencing, such as social workers or mental health professionals.

One group of practitioners who were included within the study was counselling supervisors: five of the seven participants carried out this role, as well as that of therapist. However, owing to a lack of time, we tended to focus on clinical reverie in the interviews and I did not explore with those participants if they were aware of differences between clinical and supervisory reveries. This represents another limitation of the study. In retrospect, it might have been more realistic to limit its

scope to clinical and research reverie and to exclude supervisory reverie, which, however, has rich potential as a source of future research, given that it is even more sparsely investigated than its clinical counterpart.

Participants not only practised in diverse professional contexts, but they also had different ethnic, cultural and linguistic backgrounds. Two, for example, did not define their ethnicity as White or White British, one told me English was a second language, and some drew on practices like meditation and mindfulness that have Eastern origins. Even so, they all worked in English in a Western (UK-based) context, and I have interpreted the data from my own English-speaking, Western perspective too, drawing on literature that often comes from a similar context. I acknowledge this limited perspective and its impact on the links I have made in this work between language, gesture and reverie. Future research might usefully be extended to non-Western, non-English speaking contexts, and involve investigating the ways in which reverie nudges (Grotstein, 2007; 2005), including gesture and metaphor, are culturally and linguistically determined.

Finally, although it was outside the scope of this study, I believe it would enhance our understanding of reverie greatly were the reveries of therapists *and* clients working together to be explored (provided measures were taken to minimise intrusion on the therapeutic relationship), perhaps by video-recording clinical sessions and using IPR (Kagan *et al.*, 1969), as in this study, to help both parties recall their experiencing.

8.4   Letting the Work Go

At the end of a study 'that keeps soul in mind' (Romanyshyn, 2013, p.3), when researchers have identified the 'unfinished business in the soul of the work' (p.60) by becoming it 'through the powers of reverie and imagination' (p.12), Romanyshyn advises them to 'let go of it' (*Ibid.*).

It is time for me to let go of this work now.

I let the work go to you, readers, with the aim of inspiring your clinical practice and/or research. Notwithstanding the limitations outlined above, I hope the study has relevance for many readers and may help you to recognise, as Seth said, that transcendent inner experiencing like reverie is:

> more usual and more normal than the literature would let on and than therapists are actually allowing themselves to understand. (Se1:684-686).

And so I end, as I began, by asking you, reader, to reflect on your experience of this work. What 'magical, imponderable streaming' (James, 1890, p. 550) have you experienced here and what has it meant for you? What 'pied beauty' (Manley Hopkins, 2001, p.265) have you encountered, if any, and how can you use it to connect with others? For June, the connection offered by reverie:

> helps you… to get more understanding and then check: yes, no. Is it this way: no? So it helps you to make the path towards what your client is… experiencing ((moves hands forwards in a sinuous zig-zag, palms parallel and a few inches apart, as if tracing a winding route)). (J1:592-594).

As I listened to June in our interview, her twisting metaphoric gesture triggered in me a reverie-image of a bright path, weaving away into the distance. I wanted to follow that path and find out where it led. I leave it with you, now, to follow if you wish.

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List of Abbreviations

BACP	British Association for Counselling and Psychotherapy
BCPSG	Boston Change Process Study Group
BFT	Post-Bionian Field Theorists
CBT	Cognitive Behavioural Therapy
C-VPT	Character viewpoint gesture
IAPT	Improving Access to Psychological Therapies
IPA	Interpretative Phenomenological Analysis
IPR	Interpersonal Process Recall
O-VPT	Observer viewpoint gesture
PTI	Projective transidentification

Quotations from the interviews are referenced in the following way. At the beginning of each reference are letters that relate to participant pseudonyms:

C	Candace
G	Grace
J	June
M	Martha
R	Rose
Sa	Sam
Se	Seth

The pseudonym letters are followed by number 1 (first interview) or 2 (second interview), a colon and the transcript row number. Thus 'Sa2:46' refers to a quotation from the 46th row in the transcript of Sam's second interview.

Appendix 1 Literature Search

The main literature search is outlined in the table below, and was restricted to materials in English. In addition texts were identified through subsidiary searches on associated concepts such as fantasy, daydreaming, imagination and empathy, the work of key authors like Bion and Ogden, and through reference lists.

Sources searched	Date of search	Search term used (in title, abstract or keyword)	Total Results Found	Comments
AMED 1985 – present; EMBASE 1947 – present; Medline 1946 – present; PsycINFO 1806 – present; The Philosopher's Index 1940 – present.	08/10/14	reverie*	740	Search of all works in which the term 'reverie' was used, including many outside psychological fields. I identified 21 articles directly relevant to this study, which I had not previously encountered.
	14/09/16 (2014 to present)	reverie*	108	Refreshed review and identified 2 relevant articles not previously encountered.
	14/06/17 (2016 to present)	reverie*	67	Refreshed review and identified 12 relevant articles not previously encountered.
Scopus (psychology subject area)	04/12/14	reverie*	305[23]	Conducted separate search in Scopus, specifically in psychology subject area, and identified 4 relevant articles not previously encountered in the wider search.

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[23] This search included publications in English only and included those published before 1962. The 274 publications on reverie cited in Chapter 2 (p.13), by contrast, relate to works in *all languages from 1962 to present* (Scopus search, 13/09/17), to illustrate publications world-wide since Bion's (1962) seminal work. The latter, all-language search was used to generate the graphs on the following two pages.

| Scopus (psychology subject area) | 13/09/16 (2014 to present) | reverie* | 125 | Refreshed review and identified 10 relevant articles not previously encountered. |
| | 04/09/17 (2016 to present) | reverie* | 39 | Refreshed review and identified 4 relevant articles not previously encountered. |

Summary of reverie-related publications 1962-2017
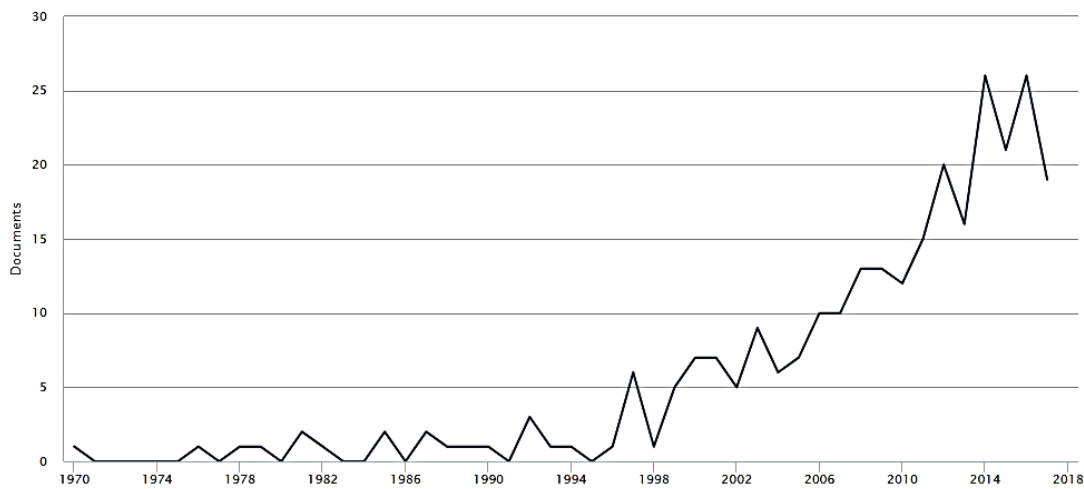
From search performed on 13/09/17 for 'reverie*' in title, abstract or as a keyword in *Scopus*, psychology subject area, all languages, 1962-2017.

Summary of reverie publications 1962-2017 *by country*
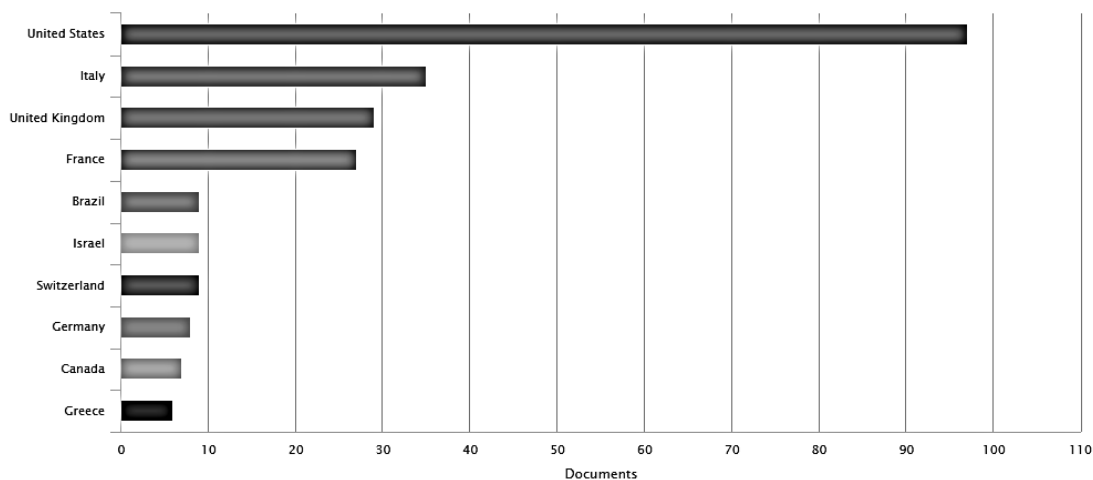
From search performed on 13/09/17 for 'reverie*' in title, abstract or as a keyword in *Scopus*, psychology subject area, all languages, 1962-2017, showing 29 publications from the UK during that period.

Summary of Bion-related Publications 1962-2017

From search performed on 13/09/17 for 'Bion*' in title, abstract or as a keyword in *Scopus*, psychology subject area, all languages, 1962-2017.

Appendix 2 Research Flyer

University of Leeds School of Healthcare

Developing an image of the other:

A research study exploring psychological therapists' inner experiencing in reverie

You are invited to take part in a research project exploring therapists' inner experiencing, sometimes called 'reverie', when working with clients or supervisees.
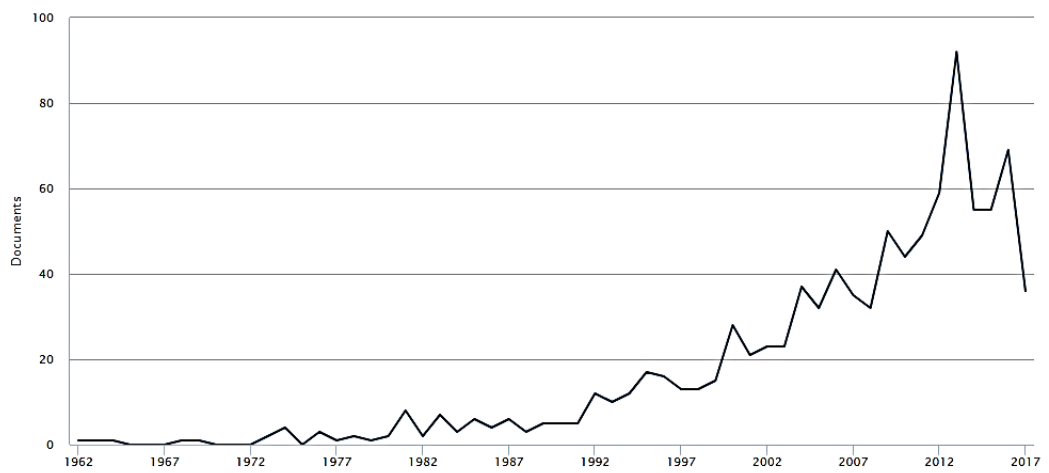
What's the research about? This research aims to explore in detail your inner 'reverie' experiencing when you are with clients or supervisees, what sense you make of it and how you use it in your practice. It also aims to develop awareness of reverie's potential to enhance clinical practice and research. It will consider issues like: how do you form an image or impression of your clients/supervisees? What is happening inside you as they talk? Are you aware of images, thoughts, memories or imaginings? How, if at all, does this affect your practice? Theorists suggest that therapists' moment-to-moment awareness of such experiences can help them to track and develop empathic relationships with clients and supervisees, and although single case studies exist, few studies investigate the reveries of groups of therapists in the UK, as this research will do. It is being carried out by Lynn McVey, a PhD student in counselling and psychotherapy at the University of Leeds' School of Healthcare.

Who's being asked to participate? Professionally qualified psychological therapists with any theoretical background or level of experience who are interested in exploring their inner reverie experiencing. If you're not sure if you meet these criteria, please ask the researcher.

What's involved? It is up to you to decide whether or not to take part. If you're interested in participating, the researcher will send you a more detailed information sheet, and you'll be invited to an initial 10-15 minute meeting at your workplace or the University of Leeds to discuss the research, sign a consent form, and provide basic demographic information (age range, ethnicity, years since qualification, theoretical background and general work context). Over the next few weeks, after working in your normal way with clients or supervisees, you will be asked to think about your own inner experiencing when you were with them, to discuss with the researcher.

Some weeks later, you will be interviewed individually at your workplace or the University of Leeds at a mutually convenient time, for around an hour, about your reveries with clients/supervisees and about what you experience during the interview when you are with the researcher. Interviews will be video-recorded.

You will also be invited to a second interview of around an hour's duration soon afterwards to review extracts from the video of the first interview, observe your experiencing 'in action', and reflect on its nature and meaning. There is no obligation to participate in the second interview and you can take part in just the first interview if you wish.

The full video recordings will be used to generate transcripts and inform the research analysis, and no-one outside the project will have access to them. Selected still images and clips from the recordings, featuring the researcher *only*, may be used in the thesis, presentations and publications (e.g. to illustrate facial expression and body language). No information that could identify you or your client/supervisees will be included in these images and clips, such as your voice, face, name or other identifying details, and their backgrounds will be blurred so they are unidentifiable, if they are filmed in your workplace.

How do I find out more? If you're interested in participating, would like more information or have any questions or concerns about the study please email the researcher, Lynn McVey, at hc09l2m@leeds.ac.uk on a no-obligation basis.

Ethical approval granted by the University of Leeds' School of Healthcare Research Ethics Committee (ref: SHREC/RP/533, 17 September 2015). Flyer Version 2, date 16/09/2015

Appendix 3 Information Sheet

University of Leeds School of Healthcare

Developing an image of the other:
Psychological therapists' inner experiencing in reverie

Participant Information Sheet

You are invited to take part in a research project exploring therapists' inner experiencing, sometimes called 'reverie', when working with clients or supervisees. Reverie has been described as the thoughts, ideas and feelings that stream through therapists' minds when they are with clients and supervisees, sometimes on the edge of awareness. Before you decide it's important to understand why the research is being done and what it will involve. Please take time to read this information carefully and discuss it with others or the researcher if you wish. Ask the researcher if anything is not clear or if you'd like more information.

What is the purpose of this study? The study aims to explore in detail your inner 'reverie' experiencing when you are with clients or supervisees, what sense you make of it and how you use it in your practice. It also aims to develop awareness of reverie's potential to enhance clinical practice and research. It will consider issues like: how do you form an image or impression of your clients/supervisees? What is happening inside you as they talk? Are you aware of images, thoughts, memories or imaginings? How, if at all, does this experiencing affect your practice? Theorists suggest that therapists' moment-to-moment awareness of such experiences can help them to track and develop their empathic relationships with clients and supervisees, and although single case studies exist, few studies investigate the reveries of groups of therapists in the UK, as this research will do.

Who is doing the study? The study is being carried out by Lynn McVey, a PhD student at the University of Leeds' School of Healthcare, supervised by Dr John Lees and Dr Greg Nolan. It will form the basis of a PhD thesis in psychotherapy & counselling.

Who is being asked to participate? Professionally qualified psychological therapists with any theoretical background or level of experience who are interested in exploring their inner reverie experiencing are welcome to participate. It is hoped to recruit 6-8 participants in total, including therapists of any first language who are

able to talk about their experience in English. If you're not sure whether you meet any of these criteria, please ask the researcher. It's up to you to decide whether or not to take part.

What would taking part involve? If you decide to participate you'll be invited to a 10-15 minute meeting at your workplace or the University of Leeds during which you'll be able to ask questions about the research and will be asked to sign a consent form. Basic demographic information will be taken (your age range, ethnicity, years since qualification, theoretical background and general work context). Over the next few weeks, after your sessions with clients or supervisees, you will be asked to think about your own inner experiencing when you were working in your normal way with them, to discuss with the researcher. It is up to you to choose which experiences to discuss and to take whatever measures you feel appropriate to safeguard your own and your clients'/supervisees' anonymity and wellbeing (and the researcher will also protect your anonymity, as outlined below).

Some weeks later, you'll be interviewed at your workplace or the University of Leeds at a mutually convenient time. The interview will last around an hour and will be semi-structured, which means you'll be asked open-ended questions about your experiencing when you are with clients/supervisees. You will also be asked to reflect on your experiencing during the interview itself, including any reveries you're aware of as you talk with the researcher, and the researcher may do likewise, with the aim of exploring such experiencing as it happens. The interview will be video-recorded.

You will be asked if you'd like to take part in a second video-recorded interview for around an hour soon afterwards, to review extracts from the video of the first interview, observe your experiencing 'in action', and reflect on it with the researcher. You are under no obligation to participate in the second interview. The researcher will analyse the recordings, including your accounts and her own responses, to identify study-wide themes, whilst also highlighting the diversity of each participant's experience.

The video recordings will be used to generate transcripts and inform the research analysis, and no-one outside the project will have access to them. Still images and clips from the recordings, featuring the researcher *only*, may be used in the thesis, presentations and publications (e.g. to illustrate facial expression and body language). No information that could identify you or your clients/supervisees will be

included, such as your voice, face, name or other identifying details. Backgrounds to images and clips will be blurred so that they are unidentifiable, if they are filmed in your workplace.

What are the advantages and disadvantages of taking part? Whilst it's not possible to compensate you financially for your time, it is hoped you will benefit from taking part by developing awareness of your inner experiencing and its potential relevance to your practice, which could contribute to your professional and personal development. The researcher would be happy to give you a copy of the study findings too. In terms of possible disadvantages, the maximum time commitment is around 2.5 hours, or around 1.5 hours if you participate in only one interview. Although every effort will be made to help you feel comfortable during the interviews, it's possible that you may feel strong emotions if you're discussing responses to difficult work or in need of further guidance. For this reason only qualified therapists can participate, because unqualified/trainee therapists may find such material more difficult to process. If you need help, you're advised to use your professional support networks, such as clinical supervisors.

Can I withdraw from the study at any time?   You can withdraw from the study during the interview(s) and any time up to 4 weeks following your first or second interview. Withdrawal will not be possible after this time because anonymised data analysis will be underway. You don't have to give a reason for withdrawal and your interview recordings and any associated data will be destroyed immediately. You can also ask for the interview to be stopped or paused at any time or not to answer any question.

Will the information I give be kept confidential? All personal, identifiable information collected about you and your clients/supervisees will be kept strictly confidential, *unless* you give information that suggests you and/or others could be seriously harmed, in which case the researcher may need to speak to a third party (e.g. doctoral supervisors) for safeguarding purposes. Study data will be securely stored at the University, accessible only to the researcher and her supervisors, and will be destroyed 3 years after data collection or 2 years after publication (if applicable), whichever is longer. Your name, face, voice, contact details, specific place of work and your clients'/supervisees' names and any other identifiable details will not be recorded in the thesis, presentations or publications (you will be referred to under a pseudonym, which you will choose from a list, and only the researcher and her supervisors will know the link between your identity and

pseudonym) and any potentially identifiable descriptions you give will be disguised. You and your clients/supervisees will not be able to be identified in reports, presentations or publications. Data handling will be in accordance with the Data Protection Act (1998).

What will happen to the results of the study? The results, in which participant responses will be fully anonymised, will form the basis of a PhD thesis to be submitted to the University of Leeds' School of Healthcare, which will be available *via* the University Library and White Rose eTheses OnLine. Data from the study may also be submitted for publication to peer-reviewed journals or form the basis of research presentations.

Who has reviewed this study? Ethical approval has been granted by the University of Leeds' School of Healthcare Research Ethics Committee (ref: SHREC/RP/533, 17 September, 2015).

If you wish to take part, would like more information or have any questions or concerns please contact Lynn McVey at hc09l2m@leeds.ac.uk, Room 3.35 Baines Wing, University of Leeds, Leeds, LS2 9JT.

Thank you for taking time to read this information sheet.

Ethical approval granted by the University of Leeds' School of Healthcare Research Ethics Committee (ref: SHREC/RP/533, 17 September 2015). Information Sheet Version 3, date 14/09/2015

Appendix 4 Interview 1 Indicative Topic Guide

University of Leeds School of Healthcare

Developing an image of the other: Psychological therapists' inner experiencing in reverie

Briefing*: remind participants of issues surrounding informed consent that were explained when they signed the consent form, including consent to video-record the interview; right to withdraw; procedure if they give information that suggests that they and/or others may be at risk of serious harm. Explain they can stop or pause at any point or decline to answer any question.*

Thank you for agreeing to take part in this interview. During the interview we are going to look at your inner experiencing when you are with clients or supervisees. If you become aware of any experiencing as we're talking, I'd like to hear about that too, and you can mention it at any time. I may also share my experiencing with you, so we can build a detailed picture of what's going on.

1. First a general question: can you describe the way you normally form a mental image or impression of your clients/supervisees? *Prompts: what do you experience as you form this impression? Does the process feel mostly cognitive, emotional, imaginative, empathic, a mix?*

2. How would you define 'reverie'? What does the term mean for you?

3. Now, thinking more specifically about your recent experiencing since we last met, do you have an example of your inner experiencing with clients/supervisees we can discuss in detail today? *If YES, ask questions 4-11. If NO, ask questions 12-13.*

If YES:

4. Thinking about that example, can you tell me first about the background and how the experience arose?

5. Please tell me about the experience in as much detail as you can remember. What was happening inside you: what were you thinking, feeling and experiencing? Nothing is too small to be included. *Prompts: did you experience any mental images? Bodily sensations like colour or smell? Memories? Emotions? Thoughts or imaginings? What was the quality of your experiencing: vague, vivid, a mix? Did you feel fully present in the experiencing or distanced from it?*

6. Go back over the experience carefully in your mind: is there anything you'd like to add?

7. What sense did you make of this experience at the time? What meaning did it have for you and/or your client/supervisee, if any? Have you made further sense of it since, including now as we discuss it? If you don't make any sense of it, why do you think that is?

8. How, if at all, was the experience helpful in clinical work? How, if at all, was it unhelpful?

9. Did you use this experience in your clinical work and if so, how? If not, why do you think that is?

10. If you think about your experiencing *now* as we talk, what is happening inside you now? *Prompt: thoughts, feelings, images, memories etc. Vague, vivid, a mix? Do you feel fully present in it or distanced from it?*

11. Is there anything else you would like to tell me about your reverie experiences in clinical work or today that we haven't already covered?

If NO:

12. What are your views on why you didn't identify any reveries? You don't have to answer this or any other question today, but I would be interested in your reasons if you are happy to share them with me.

13. Have you ever experienced reveries with clients/supervisees (i.e. not just over the period since we last met)? If YES, do you have an example you could share with me (*then ask questions 3-10 in relation to that example*). If NO, do you have any views on why that might be?

Final question for all participants: what was the experience of being interviewed like? Is there anything you need to talk through more?

Check if participants would like to see/comment on tentative research findings, and/or be sent a pdf of the final thesis or abstract.

Thank you for taking part in this research.

Ethical approval granted by the University of Leeds' School of Healthcare Research Ethics Committee (ref: SHREC/RP/533, 17 September 2015). Indicative Topic Guide (1) Version 1, date 13/07/2015

Appendix 5 Interview 2 Indicative Topic Guide

University of Leeds School of Healthcare

Developing an image of the other: Psychological therapists' inner experiencing in reverie

Briefing*: remind participants of issues surrounding informed consent that were explained when they signed the consent form, including consent to video-record the interview; right to withdraw; procedure if they give information that suggests that they and/or others may be at risk of serious harm. Explain they can stop or pause at any point or decline to answer any question.*

Thank you for finding the time to participate in a second interview. Since we last met I've reviewed the video of our first interview, looking for points where our experiencing seemed particularly marked. I have picked out 1 or 2 points and today we will go over them in the video and reflect on:

- what was happening inside us at the time;
- what's happening now;
- what meaning, if any, it has for us.

If there are bits you remember as significant that I haven't picked up, tell me and we'll find those and go over them too.

1. For each excerpt: try to break the experience down into separate moments if you can and tell me about each moment in as much detail as you can remember. What was happening inside you: what were you thinking, feeling and experiencing?

- *Prompt: did you experience any mental images? Bodily sensations like colour or smell? Memories? Emotions? Thoughts or imaginings?*
- *Prompt: What was the quality of your experiencing: vague, vivid, a mix? Did you feel fully present in the experiencing or distanced from it?*
- *Prompt: is this what you were experiencing at the time, or is it being triggered now, in this interview? If now, what's going on inside you now; what are you thinking, feeling and experiencing?*
- *It may help participants focus on their experiencing by plotting it on a timeline, moment by moment.*

2. Go back over the experience, moment by moment, in your mind: is there anything you'd like to add?

3. What sense did you make of this experience as it was happening? Have you made further sense of it since, including now as we discuss it? If you don't make any sense of it, why do you think that is?

4. How, if at all, was the experience helpful to you during the interview in exploring what you were thinking and feeling or in any other way? How, if at all, was the experience unhelpful?

5. As you reflect on our experiences in the two interviews, are there any ways you believe it might inform your clinical work? What are these? If no, why do you think that is?

6. Is there anything else you would like to tell me about your reverie experiences today or with clients that we haven't already covered?

If there appear to be no significant moments to review:

7. Why do you think there didn't seem to be any points in our first interview where we could identify inner experiencing? You don't have to answer this or any other question today, but I would be interested in your reasons if you are happy to share them with me.

Final question for all participants: what was the experience of being interviewed this time like? Is there anything you need to talk through more?

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Thank you for taking part in this research.

Ethical approval granted by the University of Leeds' School of Healthcare Research Ethics Committee (ref: SHREC/RP/533, 17 September 2015).

Indicative Topic Guide (2) Version 1 13/07/2015

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Appendix 6 Transcription Symbols Used in the Text

The following transcription symbols, used throughout the text, are derived from the Jefferson (2004) transcription system used in Conversation Analysis.

(.)	Pause of less than 1 second
(1.0)	Minimum countable pause (1 second)
Cu-	Dash denotes sharp cut-off
Hh	Speaker's audible breath
Italics	Italics for emphasis
((Laughs))	Double brackets enclose non-speech sounds and body language
Lo::ng	Colons denote a drawn-out sound
Over[lap]	Square brackets denote start and finish of overlapping talk
Soft	** indicates speech noticeably quieter than surrounding speech
Underline	Underlining denotes speech noticeably faster than surrounding speech
Word↑	Rising intonation

Appendix 7 Master Table of Themes

1. Experiencing reverie				
1.1 Superordinate theme: Reverie as a felt, natural, relational form of experiencing. NIT (not in thesis) refers to examples given by participants in interviews, but not cited specifically in the text of the thesis.				
1.1.1 Sub-theme: Reverie as a felt form of experiencing				
Participant	**Visual Reverie**	**Sensory Reverie**	**Emotional Reverie**	**Memory Reverie**	**Cognitive/Verbal Reverie**
Candace	Image of marathon runner, C1:464 (NIT).	Hairs on arms prickle, C1:368-372, p.77.	Emotional charge in 'presence' reverie, C1:434-436, p.77.	Memory of taming birds, C1:398-404, p.78.	N/A
Grace	Image of client with extra pair of arms, G1:342 (NIT).	Feels reverie as bodily sensation, G1:568, p.139.	Feeling of shock in 'extra arms' reverie, G1:374-378 (NIT).	Memory of family visits, G2:248-252, p.105.	Altered way of thinking, G1:524-528 (NIT).
June	Image of living room, J1:140, p.82.	N/A	Feelings of isolation and loneliness, J1:140-148, p.82.	Memory of dolls, J2:108, pp.83-84.	N/A
Martha	Image of first sexual partner, M1:50, p.85.	Hairs on neck prickle, M1:223, p.140.	Feeling of grief, M2:206-210, p.116.	Memory of grief, M2:206-210, p.116.	'Sees' words, M1:134-148, p.85.
Rose	Image of cardigan, R1:44, p.86.	Sense of taste, R1:6-20, p.86.	Feeling of comfort, R1:112-114, p.87.	Memory of grandfather, R1:108-110, p.87.	N/A
Sam	Image of match being struck, Sa1:188, p.88	'Hears' match striking, Sa1:188, p.88.	Feeling of anger, Sa1:230, p.119.	Childhood memory in 'sonnet' reverie, Sa2:88-94 (NIT).	Line from sonnet, Sa1:104, p.103.
Seth	'Sees' light energy, Se1:102, p.90.	N/A	Feeling of love, Se1:200, p.90.	N/A	N/A

1.1.2 Sub-theme: Reverie as a natural form of experiencing			
Participant	**Examples**	**Transcript Ref.**	**Thesis Ref:**
Candace	'I can't imagine working without it'	C2:694	p.77
Grace	'I'm thinking to myself and experiencing *all the time*'.	G1:272	p.79
June	'I think: my! It's *impossible* to stop it!'	J1:310	NIT
Martha	'It feels *normal*….this is what we *do*'.	M1:379	p.85
Rose	'You *do* have all these fleeting thoughts and images *all the time'*.	R2:458	p.86
Sam	'It goes where it goes'.	Sa1:18	p.88
Seth	'I'm not thinking about it… it's just wo::::w'.	Se1:540	NIT
1.1.3 Sub-theme: Reverie as a relational form of experiencing			
Candace	'Relationally we got stuck into something which was then useful to use'.	C1:344	p.149
Grace	'Being engaged in the experience of the other and the various levels of connectedness or the ways of connecting that become experienced'.	G1:6-8.	p.131
June	'When my clients bring a deep feeling… for me this is what I use to relate'.	J2:490	p.82
Martha	'Something that's going on between us'.	M1:74	NIT
Rose	'I wasn't just a *distant listener*'.	R1:128	p.86
Sam	The 'sonnet' reverie enables Sam 'to be compassionate about the person in front of us who's *dying* by degrees because their work is so miserable'.	Sa2:62-68	p.104
Seth	'It's almost like it goes more into the *essence* of the nature of the experience between two people'.	Se1:74	p.90

1.2 Superordinate theme: 'Being in the zone': Bringing reverie experiencing into awareness			
Candace	'The sense I initially had, it did *slightly* subside but I was really aware of it'.	C1:384	p.96
Grace	'My inner self *notices*... so I'm *noticing* sensation, I'm *noticing* experience'.	G1:554-556	NIT
June	'You have to be *very aware of it*: don't let these images go because they pass and go!'	J1:512-514	p.93
Martha	'Being in a zone, where you're open to the way in which your mind is wandering'.	M1:14	p.93
Rose	'It's more the *sense* of him'.	R2:26	p.96
Sam	'So I stare out of windows a lot and just kind of be a bit blank but open'.	Sa1:10	p.93
Seth	'I sort of pick up something of what their presentation is, which generally isn't in the content of the words they say'.	Se1:48	NIT

2. Using reverie			

2.1 Superordinate theme: Using reverie to 'imagine the real' or 'become' emotional experience			
Candace	'I feel like there's something *here'*.	C1:128	p.142
Grace	'We can put a foot in the other world, you know, dimensionally, emotionally'.	G1:650-652	p.105
June	'It's like I'm feeling it'.	J1:252	NIT
Martha	'I remember the feeling so that I can hand it back, hand it over'.	M2:210	p.116
Rose	'It's as if I'm transported to her house'.	R1:78	p.105
Sam	'It's like it hits me in the guts and wakes me up'.	Sa1:118	p.103
Seth	The 'real' that Seth experiences appears to be at a deep level 'which is *greater* than each one of us'.	Se1:104	p.90

2.1.1 Sub-Theme: 'Imagining the real' in the gestural field			
Candace	Candace uses pointing gestures and gaze to recreate sensing a 'presence'.	C1:128-130	NIT
Grace	'So that person's giant wing smacks you in the face ((whips head back, smiling, then turns in chair to look over right shoulder))'.	G1:288	p.5
June	June uses gesture to recreate a client's attic bedroom in the interview room.	J1:192-196	p.107
Martha	Martha uses gesture to *become* (Bion, 1970; 1965) herself walking in a client's head.	M1:241-243	p.152
Rose	Rose uses gesture to evoke putting on and snuggling into a cardigan.	R1:52	NIT
Sam	Sam uses gesture to recreate his 'match' reverie.	Sa1:188	p.88
Seth	Seth uses gesture to evoke riding a bike, effortlessly.	Se1:540	NIT
2.1.2 Sub-Theme: 'Imagining the real' in the linguistic field			
Candace	Metaphor: 'It was a bit like a timid bird'.	C1:386-392	p.111
Grace	Metaphor: 'It's a spider's web'.	G1:788	p.81
June	Reported speech: 'I feel *s::o lonely'.	J1:220	p.114
Martha	Reported speech: 'I must remember that this is how true grief feels'.	M1:447	p.116
Rose	Effects of paraverbal language: 'It's more a wa::rmth↑ or a (0.2) or like a sigh, a sort of a:::a ahhhhhm'.	R1:180	NIT
Sam	Reported speech: 'He was beside himself with joy and excitement: *I can come and live with you*!'	Sa1:188	NIT
Seth	Metaphor: 'It's a bit like discovering a room, an upstairs room of your house'.	Se1:268	p.111

2.2 Superordinate theme: Using reverie to 'clothe the invisible' or intuit emotional experience			
Candace	'There was like a palpable hostility in the room and it… led me to be … really *mindful*'.	C1:376	NIT
Grace	'I remember saying to him possibly *very* close to the beginning of meeting, are you a twin? To which he was. And I *knew* that he was a *twin*'.	G1:154	NIT
June	'It's my way of… creating an image of somebody very isolated'.	J2:818	NIT
Martha	'So I turned my third ear on to think about what that could mean'.	M1:52	p.118
Rose	'Like a *formless* cardigan in a plastic bag, a dress *hanging* in a wardrobe. There's no *life* in them so it's pointing *out* the absence'.	R2:332-336	p.123
Sam	'It was a way of him knowing something he'd been not quite letting himself know'.	Sa1:210	p.119
Seth	'And in that moment somehow her father came to her'.	Se2:426	p.118
2.3 Superordinate theme: 'Dark and ok': Using reverie to contain and transform emotional experience			
Candace	Candace's 'presence' reverie is transformed in ways that reflects changes in the client. Its sensed location moves from the edge of the room to '*between* us…it was a more *inclusive* presence'.	C1:212-214	p.130
Grace	'I have *definitely* learnt how to go *into* a space, *very* dark spaces sometimes, *really* damaged spaces, and not be lost *in myself*. And even to come out and *retrieve* another person'.	G1:428-430	p.126
June	June's attic reverie contains her client's 'fear of when her parents die'.	J2:250	p.125
Martha	Martha uses her own experience of mourning to contain clients' grief: 'I remember the *feeling* so that I can hand it back, hand it over'.	M2:210	p.116
Rose	Rose contains her client's grief: 'I think it's helped me to really be with her and not try and rush her on at all'.	R1:250	p.130
Sam	'There was something… both very *dark* and also very *ok*'.	Sa1:296	p.127
Seth	'Something healing or transformational happens in… the connectedness of the two parties'.	Se1:86	p.128

3. Making sense of reverie			
3.1 Superordinate theme: 'Sifting' meanings: Exploring meanings in reverie			
3.1.1 Sub-Theme: 'Sifting' Meanings in the Moment			
Candace	'I will try almost to go through a bit of a sifting exercise'.	C1:628	p.138
Grace	'So I'm really…*listing* in a *sense* way my knowledge and experience'.	G1:568	p.139
June	'I think it was more than a cognitive realisation... it *changed* my body'.	J1:452-454	p.143
Martha	For Martha, 'sifting' involves being 'open to the way in which your mind is wandering and seeing if that is connected'.	M1:14	p.93
Rose	'It's *building up* lots of different *clues* and *ideas* and *ways of seeing* what's happening'.	R1:364	NIT
Sam	'I'll find myself wondering about something'.	Sa1:50	p.138
Seth	'We'll try and make sense of it and we'll talk about it'.	Se1:618	p.141
3.1.1 Sub-Theme: 'Sifting' Meanings After Sessions			
Candace	'That client experience has…gone to the supervisor…so it kind of lives beyond the session'.	C1:802-804	p.144
Grace	'I think afterwards there's a different sort of thinking and processing that happens'.	G1:668-670	NIT
June	June uses supervision to 'explore deeper in case there is something affecting me in any way'.	J1:480	p.144
Martha	Martha discusses reverie with her supervisor to find out 'what's that about and is there anything going on in my life that hits that?'	M1:499	p.144
Rose	'I love, like in supervision… to think, oh is there a link here? Is this significant?'	R2:256	NIT
Sam	'I think the best sense I make of it often is going to come later on'.	Sa1:557	p.144
Seth	'I always want to be comfortable about what's happening and make sure that stuff isn't happening that, you know, that I'm falling into or buying into'.	Se1:650-652	p.155

3.2 Superordinate theme: Attributing meanings in reverie			
Candace	The attributive process is, for Candace, 'not solid and…not rigid'.	C1:82	p.148
Grace	I am *really* mindful of the separatenesses… and then the places where we connect as well'.	G1:270	p.155
June	June attributes the meaning of a reverie to her own experience *and* the client's: '*That beginning* was *me*… And then I realised maybe it's *his* as well'.	J1:406	NIT
Martha	'The real skill is in knowing what's mine and what belongs with the client. And when you're not sure, being able to express that in such a way that the client can say no'.	M1:587-589	p.148
Rose	'You've probably always got a mix' [of client and therapist meanings].	R1:462	NIT
Sam	'Even if… *this* bit's predominantly mine and *that* bit's predominantly yours…nothing much's going to happen until we have a conversation'.	Sa1:511-513	p.149
Seth	'I'm not going to put anything extra *meaning* on it for *me* or for my client: let's see what *they* make of it'.	Se1:606	p.151
3.3 Superordinate theme: 'Treading softly': Working with reverie tentatively and responsibly			
Candace	'And that's how I was, kind of… so it was like I am going to be here; I'm not going to back off but I'm not going to make any sharp movements'.	C1:398-404	p.78
Grace	'That personal work, definitely… keeps me safe, definitely… keeps the client safe'.	G1:428	p.153
June	'Maybe we imagine something... in a different way and it's actually the opposite of how it is for them'.	J1:544	p.155
Martha	'The 'tread softly' thing is always in my mind'.	M1:263	p.152
Rose	'It does bring some feeling which brings you closer to your client…but then you probably need to step back'.	R1:496-504	p.156
Sam	'Stuff might come up and I think it's interesting a::nd it doesn't click for some reason…And I think those sort of things are retrievable'.	Sa1:531-535	NIT
Seth	'I always need to be very light around… what its meaning is at any one time'.	Se1:350	p.156