

PSYCHD

A heuristic inquiry in two parts exploring experiences of silence described by novice and clinically experienced psychotherapists and any implications for the therapeutic encounter

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Award date:
2022

Awarding institution:
University of Roehampton

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**A heuristic inquiry in two parts exploring experiences of
silence described by novice and clinically experienced
psychotherapists and any implications for the therapeutic
encounter**

- “Do therapists talk too much?” -

By

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**A thesis submitted in partial fulfilment of the requirements for the
degree of PsychD
Department of Psychology
University of Roehampton
London
2019**

**“This silence, this moment, every moment,
if it's genuinely inside you, brings what you need.
There's nothing to believe.
Only when I stopped believing in myself did I come into this beauty.
Sit quietly and listen for a voice that will say “Be more silent”.
Die and be quiet. Quietness is the surest sign that you've died.
Your old life was a frantic running from silence.
Move outside the tangle of fear-thinking.
Live in silence.”**

(Rumi)*

**For
my mum, my mother-in-law
and my aunts,
inspiring women, who grew up at a time, when further or higher
education, having a career and a chance of a more independent life was
not an easy option, if at all**

Thank you for your love and support

***Scott, B (2009)**

Abstract

This study explores experiences of silence described by novice and clinically experienced therapists and any implications for the therapeutic encounter. Working as a therapist the researcher noticed an emphasis on speaking rather than silences. With increasing clinical experience attitudes towards silences started to change. The question arose, of how therapists ascribe meaning to their experiences of silence and whether this might change with clinical experience.

The literature review revealed that silence is a multifaceted phenomenon that can be used as a tool, compared to allowing silences to emerge. A research method was required which could illuminate more elusive dimensions of silences which might be beyond words. The study was conducted employing heuristics developed by Moustakas (1990), focusing on tacit knowing. This method enabled 8 novice therapists in part one, and 9 clinically experienced therapists in part two to speak of their experiences of silence, which developed into themes, including: Qualities of silences, sociocultural context, anxiety, training, theory, intervention and clinical experience.

The findings indicated that novice therapists are inclined to be apprehensive about silences and seem to regard silences as anxiety provoking. This anxiety was linked to negative personal experiences, sociocultural backgrounds that rarely tolerate silences in an ordinary social context and the tendency to use silences as a tool. Clinically more experienced therapists appeared to be more open to own experiencing, more able to

tolerate anxiety, letting silences emerge and allowing silences in the therapy room. This opened possibilities for the somewhat elusive and mysterious phenomena of silence to be revealed and allowed for a more authentic meeting in the therapeutic encounter. To conclude, using silences as a tool can be seen as getting in the way of accessing profound silences of the inner self as a source of wisdom, which could be integrated into therapeutic praxis.

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Acknowledgements

A big thank you to the 17 co-researchers who brought this study to life!

I would like to express thanks and gratitude to Professor Del Loewenthal, Head of the Research Centre for Therapeutic Education at the University of Roehampton; Dr Julia Cayne, my Supervisor; Dr Onel Brooks, my Supervisor and Director of Studies; Dr Dennis Greenwood, Dr Richard House and Dr Anastasios Gaitanidis, who gave feedback to part one. Thank you for your invaluable support, encouragement and guidance. It has been an incredible personal and professional journey!

A big thank you also to Professor Ann R David, VIVA Convenor; Professor David Murphy, External Examiner and Dr James Davies, Internal Examiner for an open and engaged VIVA discussion, a “VIVA dream team”.

Many, many thanks to Susan Reid, my son Tom Wismayer, Dr Bahareh Haghghat-Khah, Dr Anne Guy, Betty Bertrand, Trish Talens and the fellow students from the research seminar. You miraculously found ways of keeping me going!

I would also like to thank the members of the Research Degrees Board for granting extra time, so I could take care of my health.

Thank you all for your support, love and care, without you this piece of research would not have been possible.

Chapter 1: Introduction

This heuristic study aims to illuminate experiences of silence as revealed in interviews by 8 novice and 9 clinically experienced psychotherapists, whose training was informed by Rogerian theory. The idea for this project emerged during my training, when I became more aware of silences in my practice and as a client in therapy. Reflecting on the fact that psychotherapy is referred to as the *talking cure*, I began to wonder about the role of speech in therapy and whether more thought could be given to silences as part of the therapeutic process. The training course began with Rogerian theory and with increasing experience as a therapist, in particular learning to be more open to experience when sitting with a client, my attitudes towards silence began to change. Initially, I would feel quite uncomfortable, when faced by a client being silent, as if something was wrong and I was not doing my job as a therapist properly. I remember the sheer horror of my very first session as a trainee therapist being faced with a female client who would remain silent for a large part of the time, playing with her bracelets, barely looking at me and only responding with one- or two-word answers to any of my questions, trying to encourage her to speak. At the time my anxiety was soaring, my heart was pounding as if my life was at stake. Gradually, I learned to develop a more open attitude towards silences. It allowed me to ease into and stay with any silences in the therapy room including my own. I became curious about my understanding of silences and the impact it might have on my practice. The question arose, of how therapists ascribe meaning to their experiences of silence and whether this might change with clinical experience.

Many factors, such as sociocultural differences, including the role silence might play in language, could have an impact on our experience of silences. Training programmes drawing on particular theoretical orientations, could be influencing therapists' notion of silence, offering guidance on how to intervene, if at all. Thus, therapists might be predisposed to certain understandings of silence which could have implications for their experiences of silence in the therapeutic encounter. Rogers (1967:23,24) pays particular attention to experience. He gives primacy to own experiencing over any influences or ideas. In his view being open to and returning to experience again and again, allows for corrections and development in understanding. This study aims to encourage novice and clinically experienced psychotherapists to reflect on their experiences of silence and explore how they ascribe meaning to their experiences of silence and any factors, which might influence their understanding, in particular, whether their understanding might change with clinical experience.

As a novice therapist with little clinical experience the emphasis in client work tends to be on speaking, such as encouraging clients to speak, listening and making comments on what they are saying. Talking seems to be a more adequate and comfortable place to be when communicating with a client. Storr (1979:30) points out that in ordinary social interchange we seldom tolerate silences for long. It is argued that a therapist being silent could breach a social contract which implies that each person should take turns talking (Pressman 1961). Being a member of a certain culture and social environment might involve acquiring an implicit understanding of silences and suggests that therapist and client may have varied experiences of both talking and silence related to their personal and sociocultural background. Any impact on communication in therapy could easily be overlooked, misconstrued (Kenny 2011:49), misused (Huey-li Li 2001), or avoided (Javier & Herron 2002) and points to important possible differences in how a therapist

might approach the idea of silence in the therapeutic encounter, possibly influencing the process of therapy.

Psychotherapy is often referred to as the *talking cure*. Speech seems to be the environment of therapy (Lacan 1991). This is indicated by the fundamental rule of free association advocated by Freud (1913:372) which encourages the client to say what comes to mind. Kris (1996:3) argues that a patient able to complete his free associations, is likely to experience a sense of satisfaction, whereas interruptions or interferences tend to lead to a sense of dissatisfaction. He describes the role of the therapist as facilitating the expression of the patient's free association. A patient remaining silent could therefore be viewed as an interruption of the free association process, which needs to be avoided. Silence could thus be seen as an absence, the absence of words and an impediment to the therapeutic process.

Rather than seeing silence as a hindrance to the practice of therapy, D'heret (1978:141) and Scott (2010) regard silence as a valuable presence within speech and an integral part of establishing meaning within language, offering to be with others in a more authentic way (Gale & Sanchez 2005:212). As such the therapist's depths of listening and ability to dwell in silence can have an impact on the therapeutic encounter (Wilberg 2004). Gadamer (in Grondin 2003) claims that silence might go beyond words. This could point to Polanyi's (1983) notion of tacit knowing. Authors such as Wittgenstein (2007) discuss limitations of language and value silence to refer to the unsayable, whereas Merleau-Ponty (Mazis 2016:xiii) refers to the interwovenness of silence and language. This might point to the view that speech is surrounded, held by silence Mazis (2016), which could make it the environment from which speech emerges (Rohr 2014).

Apart from exploring sociocultural backgrounds and how silence might be viewed within speech and language, therapists' understanding of their experiences of silence could also be influenced by theoretical modalities. In the early years of psychoanalysis silence was often seen as an indicator of resistance or a transference struggle (Urlic 2010). Later on, theorists suggested that certain forms of silence in psychotherapy can be productive and valuable (Akhtar 2013). The *use* of silence was thus considered as an important therapist intervention (Greenson 1967 in Ladany 2004). This points to viewing silence more as a technique. Coming from a person-centred perspective and emphasising intersubjectivity, silence is not so much viewed as a technique, but is associated more with emotional attunement (Gendlin 1996). Within existential/post-existential thinking Miller (1992) questions the focus on theorising in therapy and aiming to know. He describes silence as “lingering and waiting patiently”, until a true meeting can occur. There seems to be a spectrum from viewing silence as a technique that can be artificially introduced to seeing silences as naturally emerging phenomena, which could be an opportunity for the therapist *to be with* the client. It opens up the question of how much therapists' theoretical orientation and a possible focus on theorising might influence their understanding of silences, and any implication this might have for the therapeutic encounter.

Empirical work on silences seemed to have initially focused on measuring periods of silence within sessions and then analysing this silence as representative of a singular process of clients' resistance to therapy or levels of anxiety, often associating silence with therapy outcome (Levitt 2001). There has been some qualitative research aiming to investigate silent *processes* in more depth. Levitt (2001) and Frankel (2009) suggested that silences in psychotherapy can no longer be regarded as homogeneous occurrences, but rather as complex multifaceted phenomena. Ladany (2004) presented a study,

examining the *use* of silence from a therapist's perspective indicating that silence occurs relatively infrequently across theoretical approaches, is used for a variety of reasons and seems to have both facilitating and inhibiting effects. There seems to be a paucity of research which does not limit the phenomenon of silence to the *use* of silence in the therapeutic encounter. *Using* silence as a multifunctional intervention might indicate that it is seen as a technique, whereas this study intends to explore silences more openly and in more depth.

Devereaux (1967) suggests that all psychological research topics are chosen because they hold an unconscious meaning for the researcher. Further thought is therefore given to my personal experience of silences. Initially, when asked why I had chosen heuristics as the method for the inquiry, I had some sense of a personal relevance of silences, but was strangely unable to explain what it was. I remained silent. Apart from discomfort when sometimes remaining silent or being faced with silences in my client work, or in my personal therapy, any personal implications seemed hazy and unclear. Yet I was drawn to the topic and was keen to further reflect on my personal experience as part of the research process, seeing it as an opportunity to embark on a journey of discovery. Moustakas (1990:13) describes the topic of heuristic research as “something that has called to me from within my life experience, but whose nature is largely unknown. The mystery summons me and lures me to let go of the known and swim in an unknown current.” As a child I became used to not being heard. I felt silenced by parents and other primary care givers and learned to withdraw when the outside world became overwhelming or too difficult to bear. I learnt to dissociate from my feelings and sometimes ended up with a sense of having completely disappeared. At those times I have a sense of being left with a somewhat superficially functioning shell, trying to adapt in order to cope with what I experience as external demands and expectations,

often until my body starts complaining by producing physical symptoms and I become unwell. As an adult I have started seeking silence and value meditation or being out on my own in nature, finding it soothing and invigorating. I seem to have an ambivalent relationship with silences which might account for the anxiety I have experienced at times when being reluctant to make space for silences in the therapy room, recognising a need to fill in any gaps rather than staying with what might emerge. This study could be described as a journey of becoming more aware of my experiences of silence and how it has been shaping my understanding of silences, including finding and holding on to my voice and any implications this might have for my practice as a therapist.

Since this inquiry emerged from my experience of silences as a psychotherapist and as a client in personal therapy, heuristics, a qualitative research method developed by Moustakas (1990) has been chosen for this investigation. It allows the researcher to participate in the research process as a co-researcher together with the research participants.

It is suggested in the literature that novice therapists find it difficult to endure silences (Gilliland & James 1993). This view could be supported by various influencing factors. Coming from a social environment that might not tolerate silence for long and/or engaging in training and a theoretical orientation that focuses more on speaking, could predispose a novice therapist to be uncomfortable with silences. With further clinical experience therapists might learn to tolerate their discomfort and be more open to their experience of silences which in turn might change their attitude towards silence. As such, learning can be described as being more open to experience and not just viewing experience through the lens of previous experience (Rose 2005:453). With this emphasis

on lived experience, participants will be selected whose training was informed by Rogerian theory, based on Rogers (1967:23,24) giving primacy to experience.

In order to explore whether over time therapists become more aware of any influences and attitudes to their understanding of silences and in turn learn to be more open to their own experiencing, the research project will be carried out in two parts. Two groups of therapists will be interviewed: Part one will explore experiences of silence described by 8 novice psychotherapists, part two will illuminate experiences of silence described by 9 clinically experienced psychotherapists. The data gained from the interviews and my self-search will be analysed using heuristics (Moustakas 1990) as the chosen research method.

To summarise, the purpose of this research, having emerged from a personal connection with silences, can be described as a journey to develop an increased awareness of experiences of silence and together with the co-researchers participating in this project aims to illuminate experiences of silence in their many facets in order to explore how therapists ascribe meaning to their experiences of silence and any factors which might influence that understanding, in particular if therapists' understanding might change with clinical experience, and any implications this might have for the therapeutic encounter. As such this study is offering a contribution to existing research investigating therapists' experiences of silence which might add to and enhance understanding within the field of psychology and in turn might be beneficial for the provision of psychotherapy.

Having described how the research question arose, and having identified the purpose of this study, the introduction concludes with an outline of the remaining chapters.

Chapter 2 starts with definitions of terms and then examines the literature surrounding the research topic of *therapists' experiences of silence and any implications for the therapeutic encounter*. It will place the research inquiry in the context of the literature, focusing on types and meanings of silences, examining possible sociocultural influences on therapists' understandings of silence, including how silences are viewed within the context of language and discussing the role of silence within different modalities of therapy. It seemed to emerge that novice therapists, whose cultural background might favour speech and *doing*, could find it difficult to endure silences in the therapeutic encounter. They might tend to apply silences as a tool within theoretical concepts, possibly to the detriment of a more attentive engagement with the client. Whereas, based on a more phenomenological view and on Rogers (1957, 1983) way of learning from experience, therapists might learn to be more open to their experience of silences, possibly leading to a change in understanding with growing clinical experience.

Chapter 3 describes the journey of finding a research method that would be suited to investigating *therapists' experiences of silence and any implication for the therapeutic encounter*. Considering the wider philosophical debate around ontological and epistemological issues in relation to research within the field of psychotherapy, it will be explored why qualitative research was favoured over quantitative research. In this context phenomenology and hermeneutics will be discussed as possible research paradigms, and the heuristic research method developed by Moustakas (1990) is chosen as a suitable research method that fulfils the purpose of this inquiry, because of its emphasis on lived experience, pre-reflective knowing and the importance of the researcher's the personal experience as a source of knowledge.

Chapter 4 demonstrates carrying out this investigation using the heuristic research method, beginning with a summary of the researcher's self-search. In order to illuminate therapists' experiences of silence, in particular to explore how clinical experience may impact on therapists' understanding of silences, 8 novice psychotherapists, with clinical experience from 6 months to 5 years, in part one and 9 clinically experienced psychotherapists, with at least 10 years of clinical experience, in part two, will be interviewed. Their training was informed by Rogerian theory. It will be shown how heuristics presented a valuable guide on the researcher's journey of discovery, while allowing space for a creative application, employing inner resources, such as intuition and tacit awareness. To illustrate the researcher's personal engagement and immersion into the topic of silences, the first-person mode of writing will be used to show the involvement of the researcher's personal experience. This is supported by Wolcott (2009:17) who suggests that any personal involvement of the researcher should be acknowledged in the reporting.

Chapter 5 presents the findings that result from the analysis of the material gathered from the researcher's initial data and the interviews with 8 novice therapists in part one and 9 clinically experienced therapists in part two of the project. Core themes which emerged from the analysis of both parts included: Meaning, qualities of silences, sociocultural context, language, anxiety, training, theory, intervention, self-awareness, and clinical experience.

The findings of part one indicated that therapists' understanding of silences developed and changed during their training and with clinical experience. Some therapists focused more on their experiences of silence, whilst others saw silence more as a technique, possibly *using* silence as a tool that can be learnt and applied. The findings of part 2 also

suggest that therapists' understanding of silences started changing during training and with further clinical experience. Within group two therapists tended to become more grounded within themselves and seemed to rely more on their own experiencing rather than resorting to theoretical concepts for guidance. Such a phenomenological, hermeneutic approach, might allow therapists to stay with anxiety that silences can generate and immerse themselves in uncertainty and ambiguity when aiming to attend to a client, possibly leading to a more authentic engagement.

Chapter 6 reflects on the process of the research project. It includes a discussion of the findings in light of previous research and the literature presented, followed by a critical reflection on the heuristic method used. It will describe the researcher's personal journey and some of the struggle of staying with lived experience, while needing to proceed with the more technical requirements involved in the application of the heuristic method. It turns to limitations of heuristics, including the difficulty of capturing and representing experiences of silence and the interpretative stance that is being taken. The discussion will offer suggestions for future research and closes with thoughts on the value of silences and any implications for the therapeutic encounter. It will be shown that engaging in silence is a way to get in touch with lived experience that cannot be spoken of. It will be suggested that “only when we know how to be silent will that of which we cannot speak begin to tell us something” (Fiumara 1990:99). However, there seems to be the *non-communicating self*, a core level of experience as part of the true self that remains hidden, permanently unknown and forever silent, in order to defend against violation (Winnicott 1965).

Chapter 2: Literature review

Chapter 2 begins by introducing key terms used to describe this inquiry into *therapists' experiences of silence and any implications for the therapeutic encounter*. This is followed by highlighting the emphasis of this project on therapists' *experience*, in particular whether therapists' understanding of silences might change from being a novice therapist to being a therapist with clinical experience, which leads this study to be conducted in two parts. This chapter then aims to place this inquiry in the context of research and literature available on phenomena of silence and their possible impact on the therapeutic encounter. Turning to the extensive material on the multifaceted phenomenon of silence in the literature, the researcher was forced to be selective on what material to include within the limited scope of this project. As this study focuses on how therapists might ascribe meaning to their experiences of silence, a selection of factors which might influence their understanding will be presented. As such sociocultural implications, including how silence might be seen within language will be discussed. This is followed by an exploration of how silences are viewed within theoretical modalities, including psychoanalytic, person-centred and existential/postexistential perspectives. It will be considered how theorising might influence therapists' understanding of their experiences of silence.

2.1 Definition of terms

The purpose of introducing the key terms used to describe the research topic is to give the reader an idea of how these terms are understood in this inquiry. It seems worth noting that there are no general definitions for the terms presented. In fact, it is

questionable whether such definitions are possible or even desirable. Derrida (Sarup 1993:33) advocates to be cautious about general meanings, when he sets out his view of language, arguing that the signifier and signified, word and thing/thought, never become one. “Signifier and signified are continually breaking apart and reattaching in new combinations.” Thus, Derrida posits that when reading a sign, meaning is not immediately clear, but is continually moving on a chain of signifiers and cannot be pinned down. One word, one sentence, leads to another and so on (Sarup 1993:33). Following Derrida’s view, there is an infinite search for meaning in a changing context. Acknowledging the infinite possibilities inherent within the terms used, this study does not aim for definitions or general meanings but offers some thought on how these terms are understood for the purpose of this inquiry.

2.1.1 Psychotherapist

For the purpose of this study a *psychotherapist*, also referred to as *therapist*, practices *psychotherapy*, referred to as *psychotherapy* or simply *therapy*. *Psychotherapy* is described by the United Kingdom Council for Psychotherapy, UKCP (2017) as one of the *talking* therapies used to treat emotional problems and mental health issues.

However, there is currently no legislation which defines or regulates the profession and the practice of psychotherapy other than ethical guidelines for practice and criteria set out for registration with professional organisations, such as UKCP, BPC and BACP. The former often include the successful completion of recognised training in one or more of the theoretical modalities available for psychotherapy, personal therapy and supervised practice hours leading to a recognised qualification. A psychotherapist is then usually a trained/qualified member of a psychotherapeutic training body recognised by one of the major accrediting bodies (Davis 2009:17).

Relying on theoretical training and knowledge as the foundation of psychotherapy is criticised by Spinelli (1994) and Loewenthal (2011:175) who emphasise the *relational* element of therapy. According to Spinelli (2006) the therapeutic relationship itself becomes the principal means through which the client's presenting issues are disclosed as direct expressions and outcomes of the client's overall *way of being* rather than as isolated and disruptive impediments. He argues that the actual relationship that emerges between psychotherapist and client allows clients a comparison of this lived experience with that of their *wider world* experience, so that they can find the means to reconsider and reconstruct their ways of *being*. Lapworth & Sills (2010:4) describe relational psychotherapy as a way of working which aims to integrate the exploration of unconscious, intrapsychic dynamics, whilst giving priority to the co-created, authentic relationship as the central vehicle for change. As such therapy is seen as a much more intimate place where, as Winnicott (1989) posits, a patient can move to a state of being able to play.

For the purpose of this study *psychotherapy* is considered to be inherently *relational*, stressing the importance of the relationship between therapist and client. In the foreword to Loewenthal (2011:xx) Cooper summarises the relational perspective of psychotherapy as "holding open this *space between* as a realm of possibility and unknowing: an opportunity for reflection, consideration, and mystery, without the fixed answers and certainties that can foreclose dialogue".

Emphasising the relational aspect of therapy, this project turns to Rogers, who developed the person-centred approach away from technical skills and instead valued the presence of certain attitudes in the therapist (Rogers 1957), promoting a way of

being and emphasising the importance of the client's phenomenological world as basis for self-acceptance, growth and change (Mearns and Thorne 2005 and 2013). Such emphasis on intersubjectivity and moment-to-moment interaction encourages the development of self-awareness and a focus on experience. It is such lived experience, in fact, therapists' experiences of silence, this study is aiming to explore, in particular, whether therapists' experience of silences might change with clinical experience. Since Rogers (1967) pays particular attention to own experiencing, therapists will be recruited whose practice is being informed by Rogerian theory.

2.1.2 Client/patient

When referring to a person seeking or engaging in therapy, the term *client* or *patient* tends to be used. The term *client* seems to be seen more as a generic term, whereas the word *patient* is used more within psychoanalytical modalities of therapy. It is often used in hospital or GP settings and could be seen as being grounded within a biomedical model, rather than a more psychosocial model. For the purpose of this study the term *client* will be used unless views are represented where the term *patient* is more customary.

2.1.3 Therapeutic encounter

Therapeutic encounter is understood in this inquiry as a meeting between two people, therapist and client, designed to enhance the well-being of the client by, as Loewenthal (2006:48) posits, allowing the client to explore “their view of the world in their striving for existence”. This description intends to acknowledge the infinite possibilities of therapy, but also means to contain them within a secure environment, creating a unique space and relationship between therapist and client. Similar to the term *psychotherapy* the relational aspect is stressed here. As Spinelli (1994) points out, the term *therapeutic encounter* can be seen to shift the focus away from *doing* to *being* and positions it in a more contextual frame of reference.

2.1.4 Silence

This project aims to investigate *silences* and is faced with the dilemma of speaking and writing about something which is by its very nature beyond words, including those that attempt to describe it (Sabbatini 1991). Ross (2014:1) wonders whether this paradox is essential to understanding phenomena of silence. She sees silence as opposite to speech, not linear and self-reflexive like language, and claims that to apprehend silence in its truest sense consciousness is not helpful and ideally needs to be suspended. She (2014:1) suggests “to observe one's mind at work with the silence, to discover its permutations, its portals, and its gifts; and to realise the trans-figuring effects that deepest silence can work in us”. It seems in order to discover this deep silence an open, patient attitude is required. Ross (2014:2,12) describes it as “waiting receptively, without striving”, opening ourselves to a vast, silent thinking mind and a source of

knowledge which is out of sight and beyond control. Encouraged by Ross (2014) not to be disheartened by paradox, this research approaches silences as somewhat elusive and mysterious one cannot easily get hold of. Or as Rohr (2019) puts it: “I see mystery not as something you cannot understand; rather, it is something that you can endlessly understand! There is no point at which you can say, ‘I’ve got it.’ Always and forever, mystery gets you!”

Phenomena of silence seemed to be referred to as *silence* or *silences*. Both terms will be used interchangeably for the purpose of this research. In the literature silences are described in a number of ways. In their empirical work Ladany (2004:80) refer to silence as “a pause in the dialogue where neither therapist nor client is speaking”. Levitt (2002:333,346, 348) qualifies silences as “silent moments” and the “unvoiced” and distinguishes silences from a client hesitating, whereas Ronningstam (2006) talks about silence as “spaces between the words”, while Sabbadini (1991:233) addresses silence as “space for words that can't be spoken”. There seem to be multiple ways of thinking about silences within the wide spectrum between verbal and nonverbal expressions. McBourney (2018) goes as far to say that there is no such thing as silence or a void, there is always something. Even when we stop speaking, there is sound in people's lives everywhere. The presence of sound does, however, not exclude experiencing the moment as silence. Ladany (2004) and Frankel (2009) conclude that silence is a complex, multifaceted phenomenon that is difficult to define. Montiglio (2000:7) also points to the complexity of silence and warns that any study on silence risks squeezing it into a classification grid.

Thinking about silences and how their possible impact on psychotherapy is viewed in empirical and theoretical work available is a substantial part of this project. It is aimed

to investigate what silences might mean in different contexts and from different theoretical perspectives with a view to illuminate how therapists might ascribe meaning to their experiences of silence and any implications on the therapeutic encounter. At the end of this enquiry, it might be possible to say more about the possibility of a definition and whether silence is a phenomenon that can or should be conceptualised.

2.1.5 Experience

Frie (2003:1) points out that “experience is not easily described and always exceeds our attempts to define it in words or concepts”. This seems to be the case because it is seen as “multifaceted, multi-layered” and interwoven with other experiences, which makes it difficult to pinpoint and conceptualise (Boud 1993:7). For the purpose of this study experience is seen within the notion of phenomenology, a philosophy that is critical about imposing theory on experience. Merleau-Ponty (1999:83) writes that phenomenology views the world “as *always already there* as an inalienable presence which precedes reflection”. A phenomenological approach to epistemology is thus aiming to see phenomena of the world as given in experience (Moja-Strasser 1996). According to Brooks (2012) phenomenology therefore “approaches experience conscientiously, trying to stay with the phenomenon itself”. Its founder Husserl (1859-1938) describes this as “going back to the things themselves as they present themselves in a given moment.” Trying to approach experience is then not so much aiming for an explanation or analysis, but more a description of experience, as “an account of space, time and the world *as lived*” (Merleau-Ponty 1999:83) in a given moment, a way of aiming to “avoid all misconstructions and impositions placed on experience in advance” (Moran 2000:4). Willig (2013:11) posits that “there is no such thing as *pure experience*”, suggesting that accounts of experience collected as data in research do not

provide fixed information about how things really are in the world, and advocates a thoughtful exploration of experiences which she argues are constructed within a sociocultural context. As such one could argue that experience always says less than it wishes to say. She (2013:12) refers to a phenomenological position which would regard experience as always interpreted and therefore constructed and flexible, but “nevertheless *real* to the person who is having the experience”. The aforesaid points to the difficulty of describing therapists' experiences of silence because of the multifaceted nature of the notion of experience, in particular being constructed within sociocultural contexts and being expressed within confines of language.

The notion of experience seems to intriguingly mirror the notion of silence, both are multifaceted, elusive phenomena that are difficult to describe and to conceptualise. This study aims to reveal therapists' experiences of silence and needs to keep in mind the difficulty of conceiving the multifaceted and somewhat elusive phenomena of silence, when experience, the means by which silences will be approached, is multifaceted and difficult to describe as well. On the other hand, openness and flexibility is what a phenomenological approach to experience allows for, focusing on describing experiences as multifaceted as they present themselves, not aiming for fixed explanations, which seem to make it well suited to catch a glimpse of the somewhat mysterious phenomena of silence. Having given some consideration to the key terms used for the question of this inquiry, this chapter turns to describe why this study will be conducted in two parts, focusing on novice therapists in part one and therapists with clinical experience in part two.

2.2 Novice therapists and clinically experienced therapists

This project aims to investigate *therapists' experiences of silence and any implication for the therapeutic encounter*. It entails exploring how therapists might ascribe meaning to their experiences of silence and any factors which might influence such understanding and whether this might change with clinical experience. It is suggested in the literature that novice therapists find it difficult to endure silence (Gilliland & James 1993). This view might be supported by various influencing factors. Coming from a social environment that might not tolerate silence for long and/or engaging in training and a theoretical orientation which might focus on speaking, could predispose a novice therapist to be uncomfortable with silences. Gilliland and James (1993) point out that novice therapists have only just started learning about what they call *processes* underlying speech, referring to silence in a technical manner, leading to the assumption that they might view silences as a *tool* that can be *used*. Such an implied notion of silences might have an impact on novice therapists who are learning about silences, possibly leading them to think that silence can be applied, rather than being more open and waiting for it to emerge. Wilberg (2004) claims that novice therapists initially tend to hear what they are trained to hear; often keen to apply skills correctly to the detriment of *listening* to the client (Wilberg 2004) and a more attentive engagement. Wilberg (2004) expresses concern that the novice therapist might view silence as a prelude to the therapist offering a helpful verbal response, which could lead to being pre-occupied with finding the *right* thing to say. As such novice therapists might be predisposed to staying within a more technical and theoretical frame viewing silence as inferior to speech and regarding it as a *tool* that needs to be applied correctly.

With further clinical experience therapists might learn to tolerate their discomfort and be more open to the experience of silences, which in turn might change their attitude towards silence. As such, learning can be described as being more open to experience and not just to view experience through the lens of previous experience (Rose 2005:453). Rogers (1983:286) confirms that if a person becomes more open to own experiencing, significant changes can begin to occur allowing a review of set attitudes and values which might have been internalised in the past. This study aims to explore, whether over time therapists become more aware of any influences and attitudes to their understanding of silences and in turn learn to be more open to their own experiencing, possibly leading to a change in understanding, such as allowing for silence to emerge. In this context clinical experience does not just refer to the passing of time but to an opportunity of having different experiences which might shift understandings of silences over time.

In order to explore whether therapists' clinical experience has an impact on their understanding of silences, this study will be conducted in two parts:

In part one novice therapists with clinical experience between 6 months and 5 years will be interviewed about their experiences of silence and in part two therapists with at least 10 years of clinical experience will be recruited.

Having highlighted the emphasis of this study on therapists' *experiences* of silence and being particularly interested in exploring whether any factors contributing to their understanding might change with clinical experience, this chapter turns to a review of the literature and previous research around the topic of silences.

2.3 Previous research

Following searches of the literature diverse theoretical explorations on the subject of silence were found. In contrast, not much empirical work was sourced that examined meanings of silence and any implications for the psychotherapeutic encounter. Levitt (2001:222, 2001a:295) reports that despite conflicting interpretations of silence in the theoretical literature, empirical investigators in the past tended to consider silence as a homogeneous phenomenon, often measuring seconds of silence within sessions, quantifying silences and viewing periods of silence as representative of resistance related regression. Levitt claims that because of the focus on measuring seconds of silences, different qualities within periods of silences have been overlooked, suggesting that research findings from these studies have been contradictory and incomplete, associating silence with therapy outcome (Braehler & Overbeck 1976, Cook 1964, Wepfer 1996 in Levitt 2001) and levels of in-session anxiety (Mahl 1956, Siegleman 1967 in Levitt 2001), thus offering unclear guidance for the therapist. More recent examples of quantitative research are presented by Stringer (2010), a study coding psychotherapy sessions for silences that reflect processes of client disengagement, Nagaoka (2013), a study quantitatively analysing the duration of pauses and utterances of a therapist and a client during psychotherapy sessions and Daniel (2018) investigating in-session silences as indicator of client attachment insecurities and therapy outcome.

Levitt (2001) welcomes the emergence of qualitative methods, making a more direct inquiry into subjective experiences of silences possible, offering an exploration of their possible meanings and contribution to therapeutic change. As a result, she (2001,

2001a, 2002) adopted a more qualitative approach in her own research exploring silences in more depth. Her grounded theory based analysis of clients' experience of silences indicates that silences in psychotherapy can no longer be regarded as homogeneous occurrences, but rather as complex multifaceted phenomena. She recognises that the majority of the work on silences in the literature is from a psychodynamic perspective (Levitt 2001:221) and seems to base her findings within that framework, saying that "the psychodynamic literature has associated silences in psychotherapy sessions with a variety of processes". The result of her research points to the variations of experience found, possibly based on different relational contexts (Levitt 2001a:305). Her findings identified seven different types of silences, falling in three categories: productive silences, neutral silences and obstructive silences (Frankel 2009:173). Her research studies come to the conclusion that "while some silences may alert therapists and researchers to processes potentially hindering progress in psychotherapy, other silences may signal engagement in change and growth" (Frankel 2009:173). Levitt (2002:348) suggests that the productive pauses clients identified might indicate that both, the voiced and the unvoiced, are needed for productive change and need to be explored in order to develop an appreciation of the process of psychotherapy.

Levitt's (2001) empirical work seems to frame silences within technical language referring to the *use* and *processes* of silence, which could suggest that their exploration of silences is based on such an understanding of silences viewing silence as a *tool*. Levitt's (2002; Frankel 2009) findings identify different types of silences, which seem to be guided by the level of how productive silences are in therapy. This could mean that silences are viewed as an intervention, as *doing something* to help achieve productive change, rather than allowing silences to emerge. It can be argued that her findings

mainly fall within psychoanalytic theory, and that she is using the data to develop categories of silences within that framework. McLeod (2011) confirms that grounded theory requires the development of organising systems or *theories* of the phenomenon being investigated.

A more recent study on the client's perspective of silence is presented by Regev et al (2016), exploring the effect of silence on the therapeutic process in art therapy, analysing semi-structured interviews with 10 clients based on the consensual qualitative research method. The study is particularly interested in investigating silences in relation to the use of art material as another level of communication. Their findings indicate that clients had both positive and negative experiences of silence, but all participants had more positive experiences of silences when art materials were used. "The artwork... was reassuring and made it feel less threatening...there is a sense of *doing* in the room.". One way of understanding these findings is, how difficult it is to stay with silences and that other levels of communication, such as art material, are required in order to experience silences as positive. Similar to Levitt, Regev et al's (2016) empirical work seems to be focused on the *use* of silence, suggesting that silences are seen as a technique. Their work is limited on the specialist area of art therapy where art material is introduced in addition to verbal communication.

By exploring *therapists' experiences of silence and any implications for the therapeutic encounter* the aim of this study is to take up Levitt's and Regev et al's concerns and explore the multifaceted phenomenon of silence in more depth, illuminating whether silences have a place as the *unvoiced* in the therapeutic encounter, but from a therapist perspective. Instead of viewing silences as a tool or technique, and without introducing another form of communication such as art material, this inquiry aims for a broader

exploration allowing for the multifaceted phenomena of silences to emerge. Rather than staying with a mainly psychoanalytic paradigm for silence, this study attempts to have a more relational perspective, interviewing therapists whose practice is informed by Rogerian theory. Furthermore, instead of aiming to arrive at concepts for silences as attempted by Levitt's (2001, 2001a, 2002) grounded theory approach, this inquiry aims to find a research method that is more open.

Examining available research on silence, Hill (1986) and Hill et al (1981, both in Ladany et al 2004:80) identified silence as a relatively infrequent therapist response across theoretical approaches, whereas Tindall and Robinson (1947 in Ladany et al 2004) found that therapists used silence to organise their thoughts prior to speaking, force the client to contribute to the therapy situation and to end a phase in the therapy exchange. According to Ladany et al (2004) research also refers to higher client perceptions of rapport (Sharpley 1997 in Ladany et al 2004) and increased insight in the client's immediate response following a therapist's silence (Hill et al 1983 in Ladany et al 2004). Conversely to these investigations Ladany et al (2004) point to Davis (1977 in Ladany 2004) who relates therapist silence to an increased client drop out from therapy and to perceptions of the therapist as unempathic (Matarazzo and Wiens 1977 in Ladany et al 2004). Ladany et al (2004) conclude that silence is used infrequently in therapy and seems to have both facilitating and limiting effects on therapeutic work.

Similar to Levitt (2001, 2001a, 2002) their empirical study aimed to further investigate silences in therapeutic work, but from a therapist's perspective. Psychologists, randomly chosen from the US National Register of Health Care Providers, were interviewed about their experiences on *using* silence in therapy, based on a consensual qualitative research method (CQR). Their clinical experience ranged from 10-25 years.

Their (Ladany et al 2004:80) findings reveal that therapists were typically “using silence to convey empathy, facilitate reflection, and challenge the client to take responsibility, facilitate the expression of feelings, or take time for themselves to think of what to say”. It was indicated that a sound therapeutic alliance was necessary before *using* silence and that therapists would educate their clients about how they intend to use silence. Therapists did not typically use silence with clients who were psychotic, highly anxious, or angry. According to Ladany et al (2004:83, 84) these results suggest that silence is regarded by therapists as a multifunctional intervention. However, no clear patterns in terms of when to *use* silence emerged. From the findings of Ladany et al (2004) it follows that contextual factors such as the relationship or the task on which therapist and client are working, might be important to consider.

Similar to Levitt, Ladany et al (2004) seem to have limited their research question to the *use* of silence, regarding silence as a multifunctional intervention, possibly viewing it as a *tool*. This study aims for a broader investigation by asking therapists to describe their *experiences* of silence, a more open question, aiming to illuminate the multifaceted phenomenon in more depths. In particular, the researcher wishes to explore how therapists attribute meaning to their experiences of silence and any factors which might influence this understanding. Such an exploration seems to be supported by Ladany et al (2004:88) who suggest further research and consider the possibility that therapists’ personality and family-of-origin experiences with silence might moderate their ability to *use* silence effectively, which points to sociocultural factors this study might reveal. Used mostly for the therapeutic benefit of the client, Ladany et al (2004:83) also found that some silences occurred because of therapists’ level of anxiety, being distracted or not knowing what to do. Feeling anxious, some therapists used silence less, whereas

others resorted to it more. However, with experience some therapists used silence less or were more willing to interrupt silences they thought were unproductive. These findings suggest that the level of clinical experience might play a part in how therapists understand silences, indicating that therapists might change their attitude towards silence over time. This study proposes to illuminate how therapists ascribe meaning to their experiences of silences and whether their understanding might change with clinical experience.

Further research is presented by Barber (2009). He undertook a qualitative study using thematic analysis, interviewing newly qualified therapists with clinical experience of up to 18 months post diploma qualification. The interviews were led by a protocol of questions covering the following areas: experience of silence as a client, experience of silence as a therapist, response to silence, training in silence and value of therapeutic silence. The discourse from the interviews was coded into 5 themes: silence as felt experience, cognitive experience, as central mechanism in childhood, silence as therapeutic skill and silence as seen as adding to the therapeutic process. Barber found that in silent moments newly qualified therapists struggle with what they could or should be doing but became more comfortable with silence as they gained more experience. Also, their past experiences and training played a part in their use of silence. It seems that these findings suggest that therapists' understanding of silences changed with growing experiences over time. However, Barber's findings seem to present a limited exploration of experiences of silence from a therapists' perspective, since only part of the interview questions were focused on it and more experienced therapists were not interviewed. Also, a number of pre-determined questions were asked. Rose and Loewenthal (2006:135) warn that asking more than one question, can be seen as taking

away from the participants' lived experience by filtering their experience through what the researcher wishes to know, possibly hindering a more diverse expression of experience by the participants. Asking only one question will allow this project to illuminate the multifaceted phenomena of silences and will focus in particular on therapists' understanding of their experiences of silence and whether their attitude towards silences might have changed with clinical experience. ¹

Following the review of previous research, this chapter turns to background literature found on the topic of silence. Since this inquiry is interested in how therapists might ascribe meaning to their experiences of silence, some factors will be explored which might influence such understanding, beginning with possible sociocultural contexts.

2.4 Sociocultural contexts

Levitt (2001:221) suggests that in most other conversational contexts sustained pauses are rare, often indicating discomfort. Storr (1979:30) points out that in ordinary social interchange we seldom tolerate silence for long. Some argue that a therapist being silent could breach a social contract implying that each person should take turns talking (Pressman 1961). However, Ronningstam (2006:1278) and Huey-Li (2001) posit that silence is seen more as a complex cultural phenomenon, illustrating the many different ways silence can be experienced and interpreted across and within different cultures giving examples from harmonious to insulting. In order to explore the many facets of silence, different types and fields of silence other than psychotherapy will be presented, followed by describing issues of *silencing*. The exploration of sociocultural perspectives concludes with a discussion on how silences are viewed within speech and language.

1 After submission of this thesis Michael R Montgomery (2021) completed a research project on silence, 'The Shifting Sound of Silence: A Grounded Theory Study' exploring the experience of psychotherapists' use of silence in the clinical setting.

2.4.1 Types of silence

Kenny (2011:5) offers types of silence he considers as broad enough to encompass many daily experiences of silence. Some of them are: wise, modest, cunning, eloquent, dumbfounded, culpable, ceremonial, idle and dead silences. Kurzon (2007) also refers to different types of silence. He argues that conversational silences can be *intentional* or *unintentional*. He claims that *intentional* silence may be caused by a desire to avoid conflict, or causing offence, or the desire to reflect upon a topic before discussing it or a lack of knowledge about a topic being discussed. *Unintentional* silences are seen as more *naturally occurring* silences and may be caused by boredom, awe, social inhibition, preoccupation, astonishment, fascination or overwhelming emotion (Kurzon 2007). Huey-li Li (2001) summarises that both intentional and unintentional silences have multiple meanings which are open to varied interpretations.

Scott (2010) refers to Saville-Troike (1985) who describes the role of silence in communication as *institutionally*, *collectively* or *individually* determined. Examples for institutionally determined silences include locational silence (in courtrooms, libraries), ritual silence (during academic exams, religious services). Collectively determined silences include situational silence (during meetings or gatherings) and symbolic silence (as collective expression or group statement). Examples of individually determined silences are interactive silence (indicating role, status, thoughts, feelings of an individual) and non-interactive silence (such as contemplative-meditative and inactive silence). This study aims to illuminate whether therapists might draw on any of these so called types of silence for understanding their experiences of silence in the therapeutic encounter and whether their understanding might change with clinical experience.

2.4.2 Fields of silence other than psychotherapy

There are various areas of life in which silences can play a role. In the arts silence may be manifest in many different forms, enhancing the meaning and enjoyment of a piece of creative work (Kenny 2011:87). On the stage silence can be deployed to great effect, creating suspense or contrast, and highlighting or taking emphasis away from what is said (Kenny 2011:98). Rothko, would want his paintings to go beyond words, to go to emotion, into an area that perhaps would be seen as spiritual (Mullins 2018). In poetry, many poets have engaged in the richness of silence (Kenny 2011:93). Like a poem silence, or the pause between words, has the potential of creating tension, a space that can have the quality of transporting us into a state of wonder, where, through joint effort, understanding and meaning of experience can be arrived at (Moja-Strasser 1996:98,99). This study might reveal whether therapists draw on areas such as art for their understanding of silences, and whether their understanding changes with clinical experience.

Meditation is another area of silence. In Western culture it is often referred to as sitting or kneeling in silence (Kenny 2011:14). To some it is a way to calm and clear the mind. To others it is a way to get closer to their god or higher universal forces. Du Boulay (2014:20) refers to the method of meditation found in the Bhagavad Gita (500-200 BC), seen as the corner stone of the Hindu faith: "Day after day, let the Yogi practice the harmony of his soul..." She describes meditation as "simply a matter of going within, finding the still centre at the heart of one's being...a way of leading our attention from the phenomenal, outer world...to the still place within each of us...a state beyond thought...a state of *pure Being*...a time of peace, a time for energy to find its centre" (Du

Boulay 2014:23-24). Kenny (2011:216) explains that in the Upanishads of ancient India (800-500 BC), it was said that true spiritual freedom and sense of self can be achieved through meditation. However, for many meditators feelings of equilibrium are not the true objectives of spiritual practice, instead primacy is given to compassion and the care of others (Kenny 2011:227). The idea of meditation with its objectives for spiritual practice might influence therapists' attitudes towards silence and could give rise to implications for silences in the therapeutic encounter which this study might illuminate.

Huey-li Li (2001) argues that in educational settings, silence is still accepted as a form of discipline, aiming to establish an ordered milieu for effective teaching and learning, thus seen as sustaining a hierarchical power relationship within educational institutions. On the other hand, silence is used to allow time for reflection, which facilitates more meaningful interactions between teachers and students. In this context silences seem to have ambiguous meanings offering the opportunity for learning while at the same time indicating a possible misuse of power and authority. This study might reveal whether therapists' understanding of their experiences of silence might have been influenced by silences in an educational setting and any implications this might have on the quality of the therapeutic relationship.

2.4.3 Issues of *silencing*

Some thoughts are given to *silencing*, a form of silence which according to Houston and Kramarae (1991:388) tends to be “used to isolate people disempowered by their gender, race and class”. Ellis and Cooper (2013) write that Black and Asian counselling students often complain that their difference and experience is ignored in counselling training and despair at the silence and lack of understanding when they try to voice their experience. Houston and Kramarae (1991:388) talk about the many ways women have been silenced. Appio (2013:155) expresses concern that in a therapeutic context social class frequently remains unacknowledged. Such social differences and similarities, if not talked about, can lead to silencing the issue. A therapist aware of how social norms might be enacted in therapy is more likely to be able to raise with the client whether the dynamic is being recreated between them and create a space that allows for a discussion of social differences affecting the therapeutic relationship. Silencing, not talking about such issues, might communicate therapists’ ignorance or own anxieties in discussing these concerns (Javier & Herron 2002), including their shame about their own privileged social position, or fears of being ineffective. This study offers an opportunity for therapists to explore if silences might be a way of avoiding difficult issues in the therapeutic encounter.

To summarise, it seems that silences are interpreted differently depending upon the culture, the status of the people involved and the particular situation (Houston and Kramarae 1991:388). It follows, that therapist and client usually have more or less complex experiences of both talking and silence (Ronningstam 2006:1280) related to their personal and sociocultural background. These contexts of silences might influence

communication in therapy and points to important possible differences of how a therapist might approach silences in the therapeutic encounter, possibly influencing the process of therapy (Levitt 2002:345). Bearing in mind possible personal and cultural differences, the impact of silence in communication may easily be overlooked, misconstrued (Kenny 2011:49), misused (Huey-li Li 2001), or avoided (Javier & Herron 2002). Following Soysal (2005:1302), who suggest investigating the role of silence in our life and any positive and negative meanings that were given to silences, in order to be aware how this affects the role of silences in the therapeutic encounter, this study aims to illuminate such contextual experiences of silence and their possible influence on therapists' understanding of silences, in particular if such understanding has changed with clinical experience.

Finally, part of sociocultural perspectives of silence is how silence is viewed within language. What role, if any, silences might take up within speech and language will be explored next.

2.4.4 Silence within speech and language

Psychotherapy is often referred to as the *talking cure* and places the process of therapy within speech and language. “Psychotherapy, as part of Western culture, privileges speaking”. (Levitt 2002; Gordon 1999:72). It is not surprising therefore that most current psychotherapy models rely on therapeutic conversation as the primary vehicle for change (MacDonald 2005). This is indicated by the fundamental rule of free association advocated by Freud (1913:372) which encourages the patient to say what comes to mind. Within the fundamental rule of free association, the analyst's goal is seen as aiming to enhance the expression of the patient's free associations by helping

them to recognise and address any interferences and diversions, such as their associations coming to a halt or their ordinary language breaking off (Kris 1996:3). Thus, the patient's silence tends to be viewed as an indication of resistance (Freud 1912), whereas the analyst's silence is meant to be used to facilitate the patient's associations and is seen as an important intervention (Greenson 1967 in Ladany 2004). A patient remaining silent could therefore be seen as an interruption of the free association process.

However, Jung (1978:9-10) points to Freud's observation that a patient will reveal the unconscious background of his ailments, not only in what he says but also in what he deliberately omits saying. Kris (1996:12,77) also recognises that the verbal sphere of free associations is subject to many variations of form that may carry meaning. A patient being silent can be seen as part of these varieties, and a therapist interrupting free associations can be enhancing them. Bravesmith (2012) posits that a patient pauses in order to allow for an act of internal creation, she finds is worth waiting for. Kris (1996) concludes that patient and analyst resolve to immerse themselves in uncertainty and ambiguity by following the free association method rather than focus on the mechanical application of principles (Kris 1996:77). His view suggests that within the fundamental rule importance is given to speech as well as silences.

In the literature silence is thought of in the context of speech but is often seen as an absence of talking (Soysal et al 2005), or at best as a necessary punctuation (Lacan 1977). In fact, therapists are often trained to think more about the words than the spaces between them (Ronningstam 2006:1278-1279). Hence silence is viewed by some as an interruption and a hindrance to the therapeutic process that needs to be avoided to keep the dialogue going (Gale & Sanchez 2005:206).

However, some thinking within the literature suggests that far from being an impediment to psychotherapy, silence has a significant role to play in the therapeutic process (Gale and Sanchez 2005:205). It is argued that silence can be seen as a valuable part of language able to take part in a meaning making process within the therapeutic encounter. Saussure (1974) posits that meaning is produced in language rather than reflected by it. Language is a way of making sense of our *Being-in-the-world* (Gordon 1999:81). If “being that can be understood is language,” (Gadamer in Gale & Sanchez 2005:208) “it is only in language that silence can be experienced; silence is implicit” (D’herf 1978:141) and as such would have the possibility of being valuable in establishing meaning (Gale & Sanchez 2005:209). Within this view silence is seen as an integral part of language and a component of speech (D’herf 1978:141). This idea is supported by Scott (2010) who refers to Schmitz (Scott 2010:12) and claims that: “Silence is not merely an absence of speech. It is also a presence within speech. Indeed, in some cases it may be a mode of speech.”

The view that silence can be seen as a valuable part of language might be supported by Heidegger (1962:204) who talks about the wider notion of discourse as the expression of intelligibility of being-in-the-world, and that *meaning* articulated in discourse gets expressed in language. Heidegger (2001) posits that since language is not just the exchange of words, but part of *Being-with*, it does not have to be verbal, as long as its aim is understanding (Cohn 2002:43-44). This suggests a notion of language as a mode of being with the other that does not solely rely on words (Staehler 2016:373). Drawing on Heidegger (1962:204), who writes that “hearing and keeping silent are possibilities belonging to discursive speech”, Gale & Sanchez (2005:212) claim that all speech involves being with others in an exchange of hearing and listening as well as talking.

Silence can therefore be seen as an integral part of language and a component of speech. According to Heidegger (1971:207) authentic “language speaks as the peal of silence”. Thus, “our silent response makes it possible for us to be with others, connected to them in an authentic way” (Heidegger (1962) in Gale & Sanchez 2005:212). Such authentic language invites participants “to cultivate a waiting sense, listening to what the word can say in the context” (Scott 1990:206,207). Crethien (2004: 42) distinguishes authentic language from *chatter*, which he describes as “the speech that speaks for the mere sake of speaking,” and warns that “the disappearance of silence devastates speech and turns it into a desert”. Heidegger seems to have similar concerns. He contrasts authentic language with everyday language of *idle talk* and seems to see silence as a way to achieve authenticity, a way to hear oneself (Gale & Sanchez 2005:216), by speaking from it and responding to it (Sundararajan 1995:260). Silence can thus be seen as an opportunity *to be with the other* as part of an attentive, authentic engagement. It has the quality of possibility, and “essentially always is a choice” (Gale & Sanchez 2005:213). Scott (2009) claims that speech is more likely to be therapeutic when it emerges from silence. This view is supported by Wilberg (2004) who argues that it is the therapist's depths of listening and ability to dwell in silence that will primarily have an impact on the therapeutic encounter.

Gordon (1999:78) illustrates the interplay of speech and silence referring to silence in music and to the pianist Arthur Schnabel: “I don’t think I handle the notes much differently from other pianists, but the pauses between the notes – ah, there is where the artistry lies.” Illich (1973) goes so far as to say that much more is relayed from one man to another through silence, “it is not so much the other man’s words as his silences which we have to learn in order to understand him” (Illich 1973:41) and suggests a delicate openness to silences. As such the therapist could be seen as anticipating the

possibility for the client to have silent moments in which they are allowed to connect to their own truth (Moja-Strasser 1996:99).

The notion that silence might go beyond words is expressed by Gadamer (Grondin 2003:328) who claims that “we can never say everything we would like to say”. This view might relate to Polanyi (1983:5) who talks about *tacit knowing* and posits: “We can know more than we can tell.” *Tacit knowing* will be further discussed in chapter 3 - methodology.

The idea that some things cannot be expressed in words is also taken up by Wittgenstein (in Gale & Sanchez 2005: 211,212) and his transcendental approach to the *unsayable* referring to things that are somehow hidden because they cannot be expressed in words, as such pointing to the mystical realm (D'hert 1978). It leads Wittgenstein to say, “whereof one cannot speak, thereof one must be silent” (Wittgenstein 2007:108). He seems to reflect on the limitations of language, which makes Steiner (1985:39) wonder “whether reality can be spoken of, when speech is merely a kind of infinite regression, words being spoken of other words.” Reflecting on Wittgenstein's statement Fiumara (1990) remarks that when authentic or maieutic silence is seen as an attempt to give space to the inexpressible, Wittgenstein's comment seems to impose limits to that endeavour. The notion of *maieutic* silence implies to help give birth to the inexpressible (Fiumara 1990 and Scott 2009). However, Fiumara (1990:98) posits that within this notion of silence considerable patience might be required, before such inner experience, which has been inexpressible, can be spoken of in some way. She (1990:99) suggests that Wittgenstein's statement might mean “that only when we know how to be silent will that of which we cannot speak begin to tell us something”.

Scott (2009:61) argues that Wittgenstein's intention was to highlight the mystical as a

phenomenon instead of ignoring it, just because it cannot easily be put in to words. The unsayable and the limits of language in psychotherapy lead Heaton (1972) in Scott (2009:60) to claim, that “showing rather than saying is the essence of psychotherapy,” thus describing and giving a clearer view to a situation a patient is troubled with, rather than explaining it. Scott (2009:61) suggests “perhaps we can find peace and solace in a mystical silence when we realise that we can say no more on a certain topic.”

Merleau-Ponty seems to give further insight into the delicacy of the interplay and interwovenness of silence and language. According to Mazis (2016:xiii) he offers an understanding of silence as being not simply an opposite to language, but as being its other side, and that there is a sense that the pre-reflective and reflective transform each other continually. Before the acquisition of verbal language, the body is relied on to express meaning, offering a range of non-verbal expressions, such as the infant starting to babble as a spontaneous response to language in its environment. One can conclude that therefore, fundamentally, meaning is always embodied, and speaking can be seen as nothing else than more refined pre-verbal behaviour (Moja-Strasser 1996:94). Silence can help to reveal bodily connectedness and meaning. “In short, we must consider speech before it is spoken, the background of silence which does not cease to surround it and without which it would say nothing. Or to put the matter another way, we must uncover the threads of silence that speech is mixed together with” (Merleau-Ponty 1964c:46, Mazis 2016). Chretien (2004:57) thus advocates “to listen in silence to silence, with all my silence, such indeed is the preface to every speech that is not mere chatter, a preface which is thus always begun again.” It seems it is the attendance to the silence which allows authentic verbal expression to emerge. It says something about the possibilities within the therapeutic encounter and how attending to silence might not only transform the quality of listening and speaking between therapist and client, but

also suggests that listener and speaker get somewhat intertwined. Merleau-Ponty (1974:19) describes this as follows: “When I am listening..., the conversation pronounces itself within me. It summons me and grips me; it envelops and inhabits me to the point that I cannot tell what comes from me, and what from it.”

In order to give silence the attention it deserves Ross (2014:1) invites us to explore our edge of awareness. She views silence as opposite to speech, “in that language is linear and self-reflexive, while silence in its truest sense means that self-consciousness is elided or suspended”. She advocates to become more familiar with the liminal spaciousness of our mind, the edge of our awareness, in order to restore the circulation between silence and speech, as we seem disconnected from the “wellspring of silence, necessary for human beings to thrive” (Ross 2014:11,12). For Cotter (2006) silence then becomes a way out of isolation “...and the awful experience of uttering words that seem meaningless...” He advises: “Start with silence and let the words rise out of the depths of silence and fall back into silence.”

Rohr (2014:1-3) seems to take up the idea of 'wellspring of silence'. He comes from a more spiritual position seeing silence at the very foundation of all reality. For him silence precedes and grounds everything, it “surrounds every 'I know' event with a humble and patient 'I don't know'.” He claims that unless we learn how to go there, the rest - words, events, relationships, identities - all become without depths or context.

In light of the above discussion this project aims to illuminate how silence is viewed in relation to speech and language by novice and experienced therapists, in particular whether their attitudes changed with clinical experience. It will be explored whether silence is seen more as a hindrance to therapy that needs to be avoided to keep the

dialogue going, or whether there is space for silences. As such silence could offer a valuable choice within language, possibly offer meaning beyond words and things that cannot be spoken of. This inquiry might highlight an interplay and interwovenness between silence and language and point to a sense that the pre-reflective and reflective might inform each other. As such attendance to silence might be regarded as allowing authentic verbal expression to emerge, offering an opportunity *to be with the other* as part of an attentive engagement.

The literature review now turns to any theoretical implications which might influence how therapists might ascribe meaning to their experience and understanding of silences. An exploration of how silences are viewed within some of the major modalities of therapy follows next. As recognised by Levitt (2001) the majority of literature was located within the psychoanalytical approach and will be discussed first. This is followed by a review of material sourced within person centred and existential/post existential orientations. A flavour of the many views expressed will be offered with emphasis on a phenomenological approach to therapy, prioritising the relational aspect of the therapeutic encounter, drawing on different modalities in an attempt to attend to what emerges in the therapy room.

2.5 Psychoanalytic perspectives

In the early years of psychoanalysis, silence was often seen as an indicator of resistance (Freud 1912, Urlic 2010:346) or a transference struggle (Flies 1949, Urlic 2010:351, Streaun 1993, Sabbatini 1991). Silence is also seen as regression (Winnicott 1965) or as an expression of rage (Zeligs 1961). This classical psychoanalytic understanding of silences tends to be governed by a desire to maintain the fundamental rule of free

association (Freud 1913:372, Bravessmith 2012). In this context the patient's silence was seen as the patient's concern about the therapist's interpretations, leading to a halt of associations and was viewed as an interruption of the therapeutic process (Gale & Sanchez 2005).

Reik (1926:181) was one of the first theorists to point out that “the emotional effect of silence had been completely overlooked” (Lane et al 2002:1092). Later on other theorists suggested that clients communicate in spite of the resistance of silence, that silence can be seen as a form of communication (Greenson 1961, Serani 2000) and that certain forms of silence in psychotherapy can be productive and valuable (Akhtar 2013). Sabbadini (1991:229) writes about silences as complementary to words in general and to analytic free association in particular and of silence as a container of words that cannot be uttered. The use of silence was thus considered as an important therapist intervention (Greenson 1967 in Ladany et al 2004). This could be pointing to viewing silence as a technique. For Anagnostaki (2013) it seems clear that every silence is different, and that the therapist has to question why a client is silent at a particular time and how to respond to it. It is thus argued that, whilst some of these interventions of silence may hinder the therapeutic process, other silences may be beneficial (Frankel and Levitt 2009).

Examples from a facilitative standpoint show that silence has been viewed as a way to allow clients to reflect upon their thoughts and feelings, manipulate levels of anxiety, promote communication, and to convey respect or empathy (Reik 1927; Basch 1980; Blos 1970, Hill and O’Brian 1999 in Ladany 2004). Hill, Carter and O’Farrell (1983 in Levitt 2002) find that silences often precede client insights. Silence can help generate a transference situation (Levitt 2001) and can also be like a respite, a retreat or a space for

resolving dilemmas that words cannot comprehend (Kurz 1984 in Ronningstam 2006). Examples for a hindering effect show that clients can experience silence as insulting, withholding or critical. They might perceive it as stressful or heightening their fears of abandonment (Reik 1927; Basch 1980; Greenson 1967, Blos 1970 in Ladany 2004).

The diverse effects interventions of silence can produce, in particular adverse effects experienced by clients, have encouraged further developments on the understanding of silence within the analytic approach.

Among these, Prince (1997:551) criticises therapists who prefer to remain silent rather than speak in order to foster transference or free association. He claims that their distant posture and passive behaviour can create a barrier to contact and also imposes the therapist's set of assumptions on to the client. He encourages the therapist to be more responsive to the client's needs. Prince concludes "that therapist and client need to aim for an encounter from which the work can be mutually defined" (Prince 1997:554), advocating a more considerate approach, where the focus is not so much on intervention but on the meeting between therapist and client.

Reik (1949) had a similar considerate approach. He recognised the importance of listening and advocated that the analyst not only hears what is in the patient's words, but also hears what the words do not say, listening to his own inner voices. He called it "listening with the third ear". He commented that what is spoken in psychotherapy is not the most important thing. It seems more important to recognise what speech conceals and silence reveals (Reik 1949:125-6). Connor (2014) suggests that for Reik listening meant to wait, to rely upon intuition and attentiveness before making any interpretations and calls it a deliberate deafness to whatever appeal there may be for a

response. Similarly, Bion (1967,1970) advocates that therapists restrain from their memory, desire and understanding in order to let intuition emerge.

Notions on how best to respond to a client remaining silent, might be influenced by Winnicott's (1965) concept of the *non-communicating self*. The concept of self runs through Winnicott's theory of human nature and development, the ego finding form and gradually developing and maturing from infancy into adult life (Jacobs 1995:46). Eventually the ego replaces the containing mother, acting as a window on the world (Jacobs 1995:46). However, according to Winnicott (1965:187) "the core self never communicates with the world of perceived objects." As such the true self remains hidden to some degree (Jacobs 1995:46). Winnicott suggests that the individual knows that it must never be communicated with or be influenced by external reality (Winnicott 1965:187). He explains, although individuals enjoy communicating, it is equally true that "each individual is an isolate, permanently non-communicating, permanently unknown, in fact unfound" (Winnicott 1965:187). Thus the core of the personality remains hidden to defend against violation, the threat of being altered and found (Winnicott 1965:187, Jacobs 1995:47). Winnicott goes on to say: "...this (incommunicado element) is sacred and most worthy of preservation" (Winnicott 1965:187). He claims a right for the core of the self to not communicate in order not to be infinitely exploited and asks therapists to allow such communication which is forever silent as a positive contribution (Winnicott 1965:188).

Winnicott can thus be seen as supporting the value attributed to silences in the therapeutic encounter by suggesting that significant relating and communicating is silent and that silence is a means to open up space for real experience in a *self*-preserving way. For the client, silence can thus provide a space for accessing this private, non-

communicative core self (Gabbard 1989). The poet and mystic Rumi (1995:37) might touch on something like the non-communitive element when he writes:

“But we have ways within each other
that will never be said by anyone.”

Balint (1968:174-175) attributes value to silences in the therapeutic process for patients regressing to a stage in human development which he terms *basic fault*, experienced on a pre-verbal or unremembered level where “words cease to be reliable means of communication.” Epstein (1995:173) positions Balint's notion of basic fault within psychic remnants of absence. He argues that dependent as we are on the nuclear family, the attention of, at best, two overcommitted parents, and orientated to the development of independence, our culture tends to foster the internalisation of whatever absence was initially present. Thus, if the relationship with a parent is strained, or if the child is forced to grow up before he or she is ready, there remains in that individual a gnawing sense of emptiness, a flaw that the person perceives as lying within themselves, rather than in early personal experiences. These psychic remnants of inadequate childhood attention, often neglect, are experienced as a kind of inner emptiness.

In these situations Balint (1968) claims that patients are unable to *take in* therapist's interpretations and perform the process of *working through*. He thus suggests bearing with the regression, so that the silence allows the patient to reach himself, realising and accepting “that there is a scar in himself, his basic fault, which cannot be *analysed* out of existence” (Balint 1968:177-180). Epstein (1995) feels that during those silences the therapist's ability to fill the present moment with relaxed attentiveness is crucial. He believes patients need this kind of attention in order to let themselves feel the gap within themselves, which would be too anxiety provoking and threatening otherwise.

Both Balint and Winnicott seem to talk about areas of human existence where silences seem to be essential for self-discovery and even self-preservation.

Ogden (1997:107) advocates silence as a space for the *reveries* of analyst and analysand. “It is in this space occupied by the dialectical interplay of states of reveries that one finds the music of psychoanalysis”. Reverie is described by Bion (1962, 1967, 1970) as a state characterised by the absence of *memory and desire*, a state of mind that is able to wait without reaching for the solution or understanding. Ogden (1997:9) believes that the analytic pair has the capacity to enter into some kind of relatedness in which it is possible for both to get a sense of the *unconscious* jointly created in the therapeutic encounter, which he terms *the analytic third*. He (Ogden 1999) likens the way he listens to a patient to reading a poem. He is not primarily engaged in figuring out what lies *behind* the poem's words or *beneath* a patient's life event. The emphasis is more on attempting “to listen to the sound and feel of *what's going on*, to *the music of what happens*” (Ogden 1999:979). According to Ogden (1999:979) this can be achieved by “means of the analyst's attending to his own reverie experience.”

This study aims to explore whether therapists' understanding of their experiences of silence is influenced by psychoanalytic theories and use silences more as an intervention or whether they see silences more as a relational aspect of the therapeutic encounter, in particular whether their attitude has changed with clinical experience.

2.6 Person-centred perspectives

Within the person-centred approach to therapy Rogers (1957) stresses the importance of the *core conditions* focusing on maintaining a therapeutic environment that allows the

client to change and reach their full potential, thus emphasising *intersubjectivity*. Silence is therefore not so much viewed as a technique but is associated more with emotional attunement (Gendlin 1996). Gendlin (1978,1996) advocates the practice of *focusing*. It allows clients to develop their self-awareness, in particular, it helps accessing *edge-of-awareness* experience (Thorne 2002:6). As such clients are encouraged to sustain silent contemplation in order to attune to their internal experience, their inner felt sense (Gendlin 1978, 1996). Thorne (2002:7) describes these silences as secular meditations and wonders whether a therapist focusing on *facilitating* greater self-awareness might avoid the challenge of entering into the kind of relational depth where greater spiritual truth can be encountered and could deprive the client of the ultimate I-Thou encounter “where the liberating mystery of being is experienced”.

Rogers (1980:216) states that some of the most beneficial times in therapy for him have been during five- or ten-minute silences, “when – even though I didn't know it – the almost tangible peace was because we were experiencing together.” Cooper (2017:29) confirms that often most in-depth moments of relating occurred without words. Sanders (2010) wonders what minimum conditions must be met for relational therapy to be possible. He refers to a client who remained silent for the first 7 sessions before first speaking in session 8. Sanders describes: “I hung on in there...Every moment was pregnant with the possibility of his first utterance. He was at the centre of my attention and I concentrated on his every move.” He concludes that sufficient human transaction must have occurred in silence for the client to return every week and to finally speak (Sanders 2010:239).

Sundararajan (1995:259) shows that the Rogerian “reflective listening” is a “speech which maintains silence” and that the therapeutic potential in *attending* to the client lies

not so much in attending to his speech, but in nourishing the silence in his voice (Sundararajan 1995:260). Therefore, “the therapist’s discourse is speech perforated with silence, a speech ever ready to self-destruct, to become silence again and again, not as the mere opposite of speech, but as the open space in which the client’s voice may be heard” (Sundararajan 1999:152). As such reflective listening aims to open up space for the unsaid, the unsayable, in other words silence (Sundararajan 1995:262). This kind of silence is described as a momentary opening between words that reminds us of the *void of unknowing*, which according to Bialik (1979 in Sundararajan 1995:260, 267) is concealed by everyday language. (Sundararajan 1995:267). Reflective listening allows a lingering and gives the opportunity to arrive at this *silent edge of more*, silently waiting for the next *step* to come (Sundararajan 1995:267). In this context Rogers (1980:41) comes to mind, who acknowledges Eastern thought as input to his learning and refers to a saying of the Chinese sage Lao-tse:

“It is as though he listened
and such listening as his enfolds us in a silence
in which at last we begin to hear
what we are meant to be”

Thorne (2002) points to the spiritual dimension of relational depth in person-centred practice. By *spiritual* he means an inter-connectedness of the created order and refers to the existence of human beings as ultimately mysterious (Thorne 2002:6). He claims that the person-centred approach to therapy offers hope in a world of technology where people talk and communicate incessantly, but fail to confront the void beyond the words. (Thorne 2002:1). He refers to the core conditions and argues, that a client being validated in an existential way, places person-centred therapy in the arena of spiritual and transcendental activity (Thorne 2002:3). Finding the means in the therapeutic relationship to confirm the infinite value of a human being can reveal resourcefulness and connectedness within the cosmos (Thorne 2002:4). Such connectedness Rogers

(1980:92) dared to call a continuing sense of identity beyond death. It seems to link in and possibly extend Cooper (2017)'s view that moments of such relational depths are often experienced in silence.

Silence as seen from a person-centred perspective seems to be viewed as a way to attend to the client. This study aims to explore how much therapists owe their understanding of silences to this modality and whether silence can be seen more within the context of relational attunement.

2.7 Existential and post-existential perspectives

The literature review appears to show that most conceptualised views around silence emerged from within the psychoanalytic paradigm. It could be argued that conceptualising and theorising is a reflection of a more Cartesian notion that sees the individual as an autonomous thinking agent, able to make sense of himself and the world around him (Cohn 2002:3). This idea would encourage striving for concepts of silence, viewing it as a tool a therapist can apply. Coming from an existential perspective Gordon (1999) points to the danger of such *knowing*. He warns that the adherence to theory and concepts gets in the way of *experiencing* and *being with* the other. He points to Heidegger (1987 in Cohn 2002:24), who posits that “existence consists of *mere* potentialities”. The emphasis on possibilities and openness of existence speaks against objectifying silence and viewing it as a technique. Instead he advocates a more phenomenological approach (Cohn 2002:24).

Within this spirit silence is seen as “lingering and waiting patiently”, until a true meeting can occur (Miller 1992). Similar to Bion (1962) and his idea of *reverie* Miller (1992) and Gordon (1999) refer to the innocence from agenda and desire, advocating patient curiosity, a willingness “to wait until form and meaning emerge from the shadows” (Miller 1992:34). Epstein (1995) has found that he never needs to dig very much. He simply waits, not in a detached sense, but, as he has learned from meditation, in a non-attached way, a willingness to be present with whatever unfolds in the moment. This relates to the notion of *beginner's mind* in Zen Buddhism (Gordon-Graham 2014:22, Suzuki 1970) which advocates being open to many possibilities. Welwood (2000) describes it as an *unconditional presence*, an ability to stay with lived experience

away from any “conceptual or strategic agenda”. In this context of attending to silences Yalom (2005) also posits that “silence is never silent” pointing to its many possible meanings both in the here-and-now and as a representative of the patient’s typical way of relating.

More post-existential thinking advocates approaching clients as *other* and therefore unknown, even unknowable. “Indeed, if one cannot tolerate uncertainty, not knowing, one can’t allow other people to exist freely” (Miller 1992:35). This is a kind of radical waiting that does not aim to arrive at meaning. The poet Keats (1973:539) called this attitude *negative capability*, an ability “of being in un-certainties, mysteries, doubts, without any irritable reaching after fact & reason.”

In this context silence as *reverie*, as described above, is not seen as an intervention positioned within psychoanalytic concerns aiming to return to concepts such as the *unconscious* as posited by Ogden (1997), but relates to “imagination, daydreaming and the poetic” and is “not concerned with representing being but accomplishing it as a creative act,... an awakening” (Cayne and Loewenthal 2007:211). Reverie could thus be associated with the importance of relatedness between therapist and patient (Cayne and Loewenthal 2007) in their interplay of dialogue and silence.

It could be argued that viewing silence as waiting, lingering, as *reverie* links in with Levinas’ (1969:156) idea of *dwelling*. In his view “To exist means to dwell, in the sense of a recollection, a coming to oneself, a retreat home with oneself as in a land of refuge...” It could be concluded that silence opens the opportunity to gain greater understanding of oneself and of existence including the limitations and constraints of the world we are thrown into and overwhelmed by (Gale & Sanchez 2005).

This study aims to reveal whether such existential/post-existential thinking might influence therapists when forming an understanding of their experiences of silence and whether such understanding might change with clinical experience.

2.8 Dichotomy between *theorising* and *experience*

The discussion in the literature opens up the question of how much therapists' theoretical orientation might influence their understanding of silences and might hinder staying with lived experience of silences. Stanton (1991:135) refers to Ferenczi who warns against the overvaluation of theoretical insight, regarding such generalisations as an interruption of the sequence of lived experience in therapy. He claims that patients respond better to "real sincere sympathy", rather than intellectualisation. Drawing on Ferenczi Cayne and Loewenthal (2007:206) argue that theorising could be "the result of often uncertain and confusing circumstances in which theorising helps to reduce the anxiety of unknowing."

Brooks (2012:183) also sees a connection between theorising and trying to reduce anxiety, writing that having plans, assumptions and theories can help therapists with what might make them feel anxious. He points to Freud (1915:168), the theorist, who seems to advocate going beyond the limits of direct experience and construct a successful procedure when meaning can be gained by it. Brooks (2012) questions this assumption and refers to Khan (1989) who argues that our *metapsychological vocabulary* can be a *hindrance* and recommends giving a true phenomenological account of the clinical encounter without closing down any ambiguities that might be emerging in the between, by forcing them into metapsychological preconceptions. As

such Brooks (2012:185) wonders whether therapists by translating their experience into theoretical terms, might restrict staying with describing what happened. He follows Freud, the practitioner, (1912a:324) who advises to “keep our attention freely hovering and warns that if we follow our expectations, we will find what we already know, and if we follow our inclination, we will falsify what we perceive.” Brooks (2012:187) thus argues that “pursuing understanding in terms of psychotherapeutic theories may be a way of looking away from what we need to pay attention to, a way of continuing with business as usual, without allowing the experiences of others to disturb us”.

The danger of not fully paying attention to the client leads to Gordon (2009) who claims, that searching to understand and reaching for theories and frameworks can get in the way of real attunement. Instead, we hear what we think we ought to hear, what fits in to our preconceptions. “We try to impose a meaning before such meaning becomes clear, emerges organically as it were” (Gordon 2009:19). As such the external world can seem safer if it is processed and interpreted (Greenwood 2008:27). It could be argued that phenomena of silence might provoke such a reaction and it might be safer framing them within theoretical concepts that can be known rather than staying with lived experience.

Stanton (1991:60) adds a political perspective to the discussion when he refers to Ferenczi's critic of psychoanalysis, highlighting power structures such as the danger of analysts adopting a position as “the powerful adult”, making it easy to assume their authority and “special hold of knowledge”, opening the door for patients to expect them to know and “administer the right treatment”. Ferenczi (1994:160) points to the limitations of theoretical modalities and claims that adhering rigidly to certain theoretical constructions can lead to fostering authority and complacency, losing sight of

attending to the patient. Instead, he promotes *co-operation* and the appreciation of *difference*, thus leading to multiple and more flexible techniques able to adapt to particular contexts. Gilbert and Orlans (2011:5) argue that reflections such as these point to the political nature of modality constructions rather than considerations about what might be best for the patient. Considering the power and status of psychoanalytic knowledge Ferenczi (in Stanton 1991:66, 141) argues that this does not contain simply intellectual insight (*Einsicht*) but also experience (*Erlebnis*), which gets obstructed by it. He posits a technique of interpretation is needed, which will heighten the conflict between *experience* and thoughts that cover it, aiming to break down such obstructions rather than reinforcing them by endless theorising (Stanton 1991:141).

Struggling with anxiety of not knowing when experiencing silence might be a particular issue for novice therapists. Compte (2009:40) suggests that silences are difficult for many novice therapists to endure. He argues that silence tends to cause discomfort because it heightens projections. Novice therapists might experience a sense of ineffectiveness or a feeling of being judged. Compte claims that therapists need to be comfortable with their own silence in order to allow clients to own their silences. Gordon (2009:12) warns that trainings might instil the idea that there are right things to do or say in therapy, rather than helping novice therapists to think for themselves about what might be helpful in the encounter with the client. Thus, novice therapists might reach for theoretical concepts and for example, if theoretically so inclined, might hide behind an *analytic silence* as a way of dealing with their anxiety, which could be seen as a way of not knowing what to do or how to manage their fear of doing something wrong (Basch 1980). Increased anxiety might threaten the therapeutic alliance, another reason, why novice therapists can struggle allowing silence (Murphy and Lamb 1973). It opens up the question, if clinical experience impacts on therapists' understanding of silence,

suggesting that more clinically experienced therapists might be more able to tolerate the effects of their own anxiety and could be more open to experiences of silence. This project aims to explore how therapists, whose training was informed by Rogerian theory, understand silences and whether their attitude might have changed with clinical experience. In particular, whether factors such as theorising might play a part in such a learning process and any implications this might have for the therapeutic encounter.

2.9 Summary

There seem to be two positions emerging from reviewing literature and research. One position views phenomena of silence within a more technical frame of reference, possibly *using* silence as an intervention or tool that can be learnt and applied. Alternatively, a more open view is being adopted approaching silences more in a phenomenological, hermeneutic way. This study aims to follow the latter approach, which might be more suitable to illuminate the somewhat elusive phenomena of silence, a way of being open to own experiencing of silences and any implications this might have for the therapeutic encounter.

Previous research showed silence is acknowledged as a complex multifaceted phenomenon, however, quantitative research measuring the duration of pauses without focusing on the quality of silences are still popular. The small number of qualitative studies available have started to investigate silences in more depth, finding that silence is being used as a multifunctional intervention that has both facilitating and limiting effects on therapeutic work. The more technical language used, referring to the *use* and *processes* of silence, however, suggests an understanding of silence as an intervention that can be learnt and applied, as *doing something*, aiming for *productive* silences to

help achieve change, rather than waiting receptively and allowing silences to emerge, possibly foreclosing some of their qualities.

Research showed that silence is an infrequent therapist intervention across modalities pointing to apprehension around silences. This seems to be confirmed by a study investigating silences within art therapy, showing that clients found silences more positive when art material as an additional level of communication was involved. One could argue that the addition of artistic material was needed, because silence was used as a tool and had lost some of its quality of being experienced as sustaining and creative by itself. Like a poem silence has the potential of creating tension, a space, that can have the quality of transporting us into a state of wonder, where, through joint effort, understanding and meaning of experience can be arrived at (Moja-Strasser 1996:98,99). It is questioned whether such creative qualities are likely to emerge, when silence is used as a technique.

Apprehension towards silence seems to be reflected by sociocultural contexts. Despite multifaceted aspects, numerous types and fields of silences outside psychotherapy, illustrating the many ways silences can be experienced and interpreted, silences are rarely tolerated for long in ordinary social interchange, unless silence is sought in practices such as meditation. This lack of silence might point to how silences are seen in western culture, a culture that focuses on speech and *doing*, and sees listening and silence or *being*, as a passive or preparatory phase before verbal expression (Scott 2009:57). Since experience always happens in context and needs to be seen in relation to the possibilities and limitations of *Being-in-the-world* (Moin-Strasser 1996:92), going against such cultural customs, silence could be regarded by therapists as uncomfortable and anxiety provoking. This might lead in particular novice therapists to *using* silence as

a technique based on their theoretical modality, rather than letting silences emerge in the therapeutic encounter.

Looking at silence within language, some authors regard silences more as a hindrance to therapy that needs to be avoided to keep the dialogue going, focusing on speaking as a way of *doing*. Whereas for others silences can be seen as meaningful in the therapeutic encounter. As such silence is regarded as a valuable part of language, having a presence within speech and having meaning beyond words and things that cannot be spoken of. It is argued that there is an interplay and interwovenness between silence and language, pointing to a sense that the pre-reflective and reflective inform each other. As such silence can link to intuitive and tacit knowing.

Going beyond words and attending to silence is regarded as allowing more authentic verbal expression to emerge, offering an opportunity *to be with the other* as part of an attentive engagement, which is seen as more likely to be therapeutic than simple chatter or idle talk. This might require becoming more familiar with our edge of awareness in order to possibly discover and tap into the wellspring of silence at the very foundation of reality. It is argued, there is a chance that by allowing a different form of consciousness and by extending our search for knowledge “into the furthest realms of cosmic relatedness, *being* acquires new depth” (Delio 2015:147-148). May be silence offers a portal to such mysterious, hinted at, unspoken truth, “that must be searched out, struggled with and taken to heart” (McKenna and Cowan 1997:66). Or as Williamson (2002:68) puts it: “In a noisy world seek the silence in your heart. And through the power of silence, the energies of chaos will be brought back to harmony – not by you, but through you, as all miracles are”.

Therapists' understanding of their experiences of silence might be impacted by a dichotomy between *theorising* and *experience*. Ferenczi (in Stanton 1991:135) argues that the overvaluation of theoretical insight can be seen as an interruption of the sequence of lived experience in therapy. Drawing on Ferenczi Cayne and Loewenthal (2007:206), posit that theorising could be “the result of often uncertain and confusing circumstances in which theorising helps to reduce the anxiety of unknowing”.

Apprehension around silences might lead to such a response. It is argued that therapists by translating their experience into theoretical terms, might be “looking away from what we need to pay attention to” (Brooks 2012:187). Instead, we hear what we think we ought to hear, what fits in to our preconceptions. Therapists might end up imposing “a meaning before such meaning becomes clear, emerges organically as it were” (Gordon 2009). It might be safer framing phenomena of silence within theoretical concepts that can be known rather than staying with anxiety provoking experience. Moja-Strasser (1996:99) promotes staying with anxiety, since anxiety “is an essential component of any act of creativity”.

Rigid adherence to theoretical constructions could also lead to therapists' complacency and authority and affect the power relationship between therapist and client. It is argued that leaning on theoretical knowledge and skills might get in the way of a genuine dialogue and encountering the client in a more intuitive way. As such it is suggested that rather than focusing on finding answers, therapists are encouraged to adopt an almost childlike attitude “and in its naivety cultivates a sense of wonder” (Moja-Strasser 1996:90), staying with experience and not succumb to the temptation “to go beyond the phenomena presented and search for causes and explanations” (Moja-Strasser 1996:93).

In conclusion it does not seem surprising that novice therapists, whose cultural

understanding might favour speech and *doing*, find it difficult to endure silences in the therapeutic encounter. It can be argued that they tend to be pre-occupied with finding the *right* thing to say and are more likely to apply silences as a tool within theoretical concepts, possibly to the detriment of a more attentive engagement with the client. Based on a more phenomenological view which gives primacy to experience, and following Rogers' (1957, 1983) way of learning as being more open to own experience, therapists might learn to be more open to experiences of silence, possibly leading to a change of understanding with growing clinical experience. One position to take is, that therapists might learn to stay with the anxiety that silences can generate and immerse themselves in uncertainty and ambiguity when aiming to attend to the client, rather than avoid or focus on a mechanical application of silences.

From this review of the literature surrounding phenomena of silence the scene has been set for exploring *therapists' experiences of silence and any implications for the therapeutic encounter*. The next chapter describes the reasoning behind choosing heuristics as the method for conducting this study.

Chapter 3 - Methodology

Chapter 3 describes the journey of finding a research method that would be best suited to investigating *therapists' experiences of silence and any implication for the therapeutic encounter*.

Starting to think about research methodology Aveline (2006:5) comes to mind, who states that research is “the systematic investigation of an identified area of incomplete knowledge”. McLeod (2013:2) points, however, to the ongoing debate within the research community associated with different conceptions of what comprises valid research methods (McLeod 2003) and claims that within therapy research it is possible to spend a lifetime thinking about philosophical implications (McLeod 2015:9). This is because research is conducted within a wider philosophical discussion around the nature of *knowledge* and *reality*. It seems therefore an important starting point for the researcher to become more aware of her orientation to some of these underlying values and considerations; “since the researcher’s *orientation* is likely to determine both the choice of method and the way the data in the study is presented” (Merriam 1998:5). This is a journey that aims to find a way to illuminate therapists' experiences of silence, phenomena that are multifaceted and can be somewhat elusive and hidden. A method seems to be required that allows the researcher and her co-researchers to have the necessary introspection in order to reach toward an “inward clearing” (Moustakas 1990:25,40), to allow experiences of silence to emerge, and find a voice and a way to describe such experiences, which by their very nature might be beyond words and difficult to conceive and express.

The discussion begins with an exploration which led to a qualitative approach to

research being favoured over a quantitative approach and is followed by a search for a suitable method within the qualitative research paradigm, considering ideas around *phenomenology* and *hermeneutics* and deciding upon a heuristic approach to research (Moustakas 1990).

3.1 Qualitative or quantitative research

Historically research has been dominated by a scientific approach, with the underlying idea of a systematic inquiry as a way of generating knowledge about the world (McLeod 2013:39). Comte (1798-1857) is regarded as the founder of the *positivistic* philosophy of science, in which all phenomena can be explained and therefore objectively known by a set of universal laws in a linear *cause-and-effect* sequence (McLeod 2003:7, 2013:40-41). This kind of thinking flourished as the intellectual and cultural movement within the time known as the *Enlightenment*. Its philosophers tended to encourage people to think for themselves and arrive at rational answers rather than rely on Christian beliefs as a source of *truth* about the human condition (McLeod 2001:36, 2013:40). Thus, giving primacy to consciousness and reason, the *I*, in recognition of Descartes' (1596-1650) idea of the human being with a mind free to consider itself and the outside world (Loewenthal and Snell 2003:3). In summary, positivists contend that there is a reality out there to be studied, captured and understood (Denzin and Lincoln 2011:8). Thus, the more positivistic scientific approach to research is concerned with the *objective* definition of *truth* (Al Rubai 2006). This approach is associated with quantitative research, a largely positivistic, traditional approach to research which is looking for causal relationships between variables (McLeod 2003:179). Quantitative research tends to aim for the unbiased and standardised measurement of variables, that stand up to rigorous testing and requires the researcher to take a more detached,

objective role (McLeod 2003a:457). It can be seen as quantification of human experience (McLeod 2003:41) and is regarded as a controlled way of validating and refining theory and practice in psychotherapy (Aveline 2006:8).

When presenting existing research on silences in chapter 2, it was shown that past quantitative research, in particular outcome research that measured seconds of silence in sessions, contributed to the view of silence as a homogenous phenomenon. The purpose of this research project is to explore phenomena of silences from a more subjective perspective to allow for multifaceted meanings of silence to emerge. A search for an alternative methodological paradigm to a quantitative approach seemed therefore appropriate.

Qualitative research is based on a different philosophical stance. In answer to Descartes' (1968) primacy of the *I*, critics of positivistic thinking have argued that it is impossible to ever know what is independent of consciousness, when the only way to know this is through consciousness (Greenwood 2010:44). It is believed that in human affairs reality is constructed, implying that "we inhabit a social, personal and relational world", that is complex, multi-layered and can be looked at from many perspectives (McLeod 2001:2,6; Denzin and Lincoln 2011:8). As such, it is questioned whether a researcher is able to perceive the world, looking at it from a separate, objective position in order to examine and explain it by an independent mind. Instead, the researcher is situated within the world, subject to and enmeshed with a variety of historical, physical, personal, social etc. circumstances at any given time, co-creating it. This view reflects the realisation implicit in any qualitative inquiry that, ultimately, the human world cannot be fully apprehended in a traditional positivistic sense, only approximated. That is to say understanding is subjective, temporary and forever incomplete (McLeod

2001:4; Denzin and Lincoln 2011:8). All that can be arrived at is a *truth* that opens up possibilities for meaning and understanding rather than any form of certainty (McLeod 2011; Greenwood and Loewenthal 2007:106).

This relates to the activity of therapy where learning, gaining insight, personal development and emotional healing as ways of meaning and understanding is aimed for. (McLeod 2001:4,16 and 2015:9). The qualitative research paradigm tends to affirm intersubjectivity and allows findings to be created through the interaction between inquirer and participants, rather than through objective observation as often intended in quantitative research (Guba & Lincoln 1994:107). As indicated in the definitions of terms in chapter 2, the focus of this investigation is on the *relational*, stressing the importance of the relationship between therapist and client, and “holding open this *space between* as a realm of possibility and unknowing: an opportunity for reflection, consideration, and mystery, without the fixed answers and certainties that can foreclose dialogue” (Cooper, foreword to Loewenthal 2011:xx). This opportunity for moment-to-moment relating offers a space for reflection on how to be with the other in forever changing situations, which also positions therapy in a more contextual frame of reference. Since qualitative research affirms such intersubjectivity between researcher and participants, it can be seen as valuable in increasing therapists’ awareness of the process of therapy.

Bearing in mind that phenomena associated with therapeutic practice, such as silences, can be complex and difficult to determine, a research method is required that can cope with situations that, “tend to present themselves as messy, indeterminable and problematic” and do not lend themselves to researching within a positivist epistemology (Schon 1992:53). Van Maanen (1983:250) argues that qualitative research is more able

to reflect such chaos and incongruity of the social world “because *unexpected variance* is actually sought.” Thus, qualitative research offers a more descriptive and explorative approach to research (Greenwood and Loewenthal 2007:106) aiming to illuminate new insights compared to hypothesis-testing and searching for explanations (Cayne and Loewenthal 2007:202). It is in particular valuable, when the research question is open (Silverman 2000), like the question in this inquiry, allowing more of an exploration and illumination of the multifaceted meaning of silences, seeking for new dimensions and insights of experiences of silence in the therapeutic encounter to emerge.

Finally, qualitative research requires the researcher to reflectively engage with the data to produce the findings (Greenwood and Loewenthal 2007:106) and become aware of how her own expectations and needs affect the research process (McLeod (2015). The direct involvement of the researcher in producing descriptive data fits in with the purpose of this study. In this project the researcher aims to gain further awareness and understanding of the multifaceted phenomena of silence and how they might affect her practice; qualitative research seemed therefore more appropriate.

Having opted for the qualitative paradigm of research, the search for a method within the qualitative approach suitable for this investigation into *therapists' experiences of silence and any implications for the therapeutic encounter* follows next.

3.2 Phenomenology

The current practice in qualitative research is influenced by a number of research traditions. Husserl (1859-1938) is regarded as the founder of *phenomenology*, one of the prominent research traditions influencing qualitative research. He aimed to develop

phenomenological ideas first anticipated by Brentano (1838-1917) into a “science of the essential structures of pure consciousness” (Moran 2000:60). Husserl's phenomenology can be regarded as “the description of things as they appear to consciousness” (Moran 2000:6; McLeod 2011). As such phenomenology focuses on the multifaceted lived experience of everyday life and the insights that can be gained from paying attention to what is happening in the moment (McLeod 2011). Husserl took a critical stance towards some of Descartes' thinking (McLeod 2011; Greenwood 2008:24).

Descartes' (1968) scepticism about the reliability of what a person sees and then perceives led him to believe that only the existence of a person's thought could not be questioned and regarded this as the starting point for an understanding of *knowledge* (Greenwood 2008:24). His famous *cogito ergo sum*: “I think, therefore I am,” has led to the supremacy of consciousness, reason and the subject-object split in Western philosophical thinking, contributing to the notion that the mind is the defining characteristic of a person (McLeod 2011).

Husserl (Moran 2000), in contrast, does not question the existence of the external world. His *phenomenology* can be seen as an attempt to reunite the subject and object by “going back to the things themselves” (Miller 1992:35). However, giving primacy to the concept of *the transcendental ego*, which will be discussed below, still indicates a close affinity to Descartes' thinking. Husserl sees external things as phenomena experienced by means of perception (Greenwood 2008:25). “Going back to the things themselves” therefore does not imply a focus on rationality but on immediate perceptions as experienced in everyday life; a focus on things “in their appearing” (Miller 1992:36, 37; Langdridge 2007:11). Phenomenology is thus described as “the study of human experience and the way in which things are perceived as they appear to consciousness” (Langdridge 2007:10).

The endeavour of Husserl's phenomenology to focus on people's lived experience seemed to offer an appropriate basis for exploring *therapists' experiences of silence and any implications for the therapeutic encounter* and leads to a further investigation of the process of phenomenology.

Husserl advocates an exhaustive examination and description of the phenomena of everyday experience as they are given in order to arrive at an understanding of the essential structures of *the thing itself* (McLeod 2011). This process seems to place a great demand on the inquirer who needs to be striving for a *transcendental* attitude leaving aside the network of assumptions described by Husserl as *natural* attitude, which is usually employed to make sense of our everyday world (McLeod 2011).

Husserl describes this process as *eidetic seeing*, meaning "seeing the essential nature of things" (McLeod 2011). In order to achieve this, his phenomenology aims to establish a method based on the concepts of *intentionality* and *phenomenological reduction* which will be explored next.

Husserl's position was influenced by Descartes' ontology believing in the possibility of separating reflective consciousness from actual experience and striving for pure reflection by a *transcendental ego* (Greenwood 2010:46). For Husserl, however, consciousness does not create the world in an ontological sense, but "the world is opened up, made meaningful, or disclosed through consciousness" (Moran 2000:144). He claimed that the link between a person and an object is the essence of phenomenology (Greenwood 2010:46). He thus regards conscious reflection as the primary source of making sense of the world. It is argued that he therefore gives supremacy to the concept of *intentionality* moving away from focusing on the

individual experience of the object, the occurrent *Erlebnis*, to how this experience is interpreted and constructed by the observer, the contemplation of its essence (Moran 2000:134; Greenwood 2010:46). *Intentionality* is thus seen as the key feature of consciousness for Husserl (Langdrige (2007:13). It allows the *I* to process and make meaning of the experience of phenomena as they are being perceived. It is this relationship between the *I* and the world that is the focus of his phenomenology (Langdrige (2007:13). Due to Descartes influence it is argued that Husserl takes this idea of *intentionality* further believing that all *knowledge* depends on conscious acts (Moran 2000:143). The content of conscious perception should therefore be regarded as a given, regardless whether it directly relates to an external object or is fictitious, derived from imagination (Greenwood 2010:46). It could be concluded that Husserl gives primacy to *intentionality* to the exclusion of the real world, because “consciousness is precisely the reason why there was a world there for us in the first place” (Moran 2000:143).

Phenomenological reduction or epoche offers a method of how to arrive at “the things themselves.” It requires a change of orientation peeling off layers of assumptions and projections, also referred to as *bracketing*, that lead back to a transcendental standpoint from which the essence of a phenomenon can be experienced (McLeod 2011). This reduction is not simply reached through reflection but is experienced as “an enrichment of one’s subjective life – it opens infinitely before one” (Moran 2000:147) and refers to new horizons and new understandings to be aimed for that “gives our reality its extraordinary strangeness and abundance” (Miller 1992:37). It is followed by a *description* of the phenomenon, rather than explanation (Spinelli 2005:20). Finally, the rule of *horizontalisation* is applied, requiring equal attention to the items of description as they emerge (Spinelli 2005:21).

To summarise, Husserl's concept of *intentionality* and his *phenomenological method* stand for a phenomenological approach that aims to arrive at an understanding of the *essence* of everyday phenomena and is concerned with describing and understanding lived experience and the way people perceive and make sense of the world they live in including relationships between people. However, the idea of bracketing seemed problematic. Critics have challenged the possibility of ever achieving *epoche* (Langdridge 2007:18). A closer look at the differences between Husserl's phenomenology and a more hermeneutic and existential approach to phenomenology seemed imperative.

3.3 Hermeneutics and existential phenomenology

Husserl's ideas of phenomenology were further developed by Heidegger who challenged the concept of the *transcendental ego* (Langdridge 2007:16). Heidegger was interested in employing phenomenology as a "mode of access to the phenomena of concrete human life," "a way of thinking about human nature that remains faithful to the historical, lived, practical nature of human experience" (Moran 2000:227-228). This meant doing away with philosophical theories and systems and focusing on the matters themselves (Moran 2000:228). More generally, Heidegger's concept of *Dasein*, of "*being there*", describes an ontology of existence itself. It is understood to be grounded in an embodied being-in-the-world. For Heidegger human beings are *thrown* into a world from which they are not separable (Cohn 2002:25). This understanding emphasises an interconnectedness of human beings with "all that encounters and addresses" them in the world (Cohn 2002:25-26), all the activities and relationships human beings are engaged in and through which the world is seen and made meaningful

(Smith et al 2009). Thus being-in-the-world means being subject to it. In other words, human beings cannot perceive the world around them, without being influenced by the experience of existing in it (Greenwood 2010:48). Or as Gadamer (1975:290) posits: “Understanding is to be thought of less as a subjective act than as participating in an event of a tradition”.

Heidegger’s ideas can therefore be seen as part of a hermeneutic movement beyond phenomenology, in that the aim of research is not to simply describe but to use the interpretation of lived experience to better understand the political, historical and sociocultural context in which it occurs (Crabtree and Miller 1992:23-25). Since human beings are seen as inseparable from the world they inhabit, totally bracketing off our assumptions in order to arrive at a description of the essence of a phenomenon, as Husserl suggests, seems therefore impossible (Moran 2000:160). Such a description would always be tainted by the interpretive context it is produced in (Langdrige 2007:27, 159). Instead, the focus is on “interpreting the meaning of the things in their appearing from a position that is always grounded in the things themselves” (Langdrige 2007:29). For Heidegger the impulse to research does not proceed from philosophical methods, but from the things themselves “letting what is to be seen show itself in the manner in which it shows itself” (Moran 2000:228).

As a result of the above discussion the researcher was persuaded by Heidegger’s concept of *Dasein* and that totally *bracketing off* her assumptions seemed impossible. Particularly, since the research question arose partly from her own personal experience of silences and desire for developing self-awareness of the topic in question. A research method that acknowledges a more hermeneutic approach to phenomenology and remains faithful to lived experience was therefore envisaged.

Since the employment of the researcher's own growing self-awareness of the topic is intended to contribute to the understanding derived from this study, a research method is required, that allows the researcher to reflect on personal experiences of silence as well as engaging with experiences of silence described by co-researchers. Moreover, this inquiry aims to illuminate the nature of the phenomena of silence, which by their very nature are beyond words (Sabbatini 1991). It points to a notion of language as a mode of being with the other that does not solely rely on words (Stahler 2016:373). The idea that some things cannot be expressed in words, seems to reflect limitations of language. A method is therefore needed which allows for an exploration beyond words, including intuition and contemplation of pre-reflective qualities of silences as discussed in chapter 2. The heuristic research method developed by Moustakas (1990) is therefore considered next.

3.4 Heuristic research

The term *heuristic* comes from the Greek word *heuriskein*, meaning to discover or to find (Moustakas 1990:9). It refers to the process of internal search leading to an inquiry with others through which the meaning and *essence* of significant human experience can be discovered (Moustakas 1990:9; Douglass and Moustakas 1985:40).

The endeavour to discover the nature and meaning of human experience locates heuristics within phenomenology (Patton 2002:107, 2015) “Whatever appears, what shows itself as itself, casts a light that enables one to come to know more fully what something is and means” (Moustakas 1990:10). A *description* of therapists' experiences of silence is therefore aimed for. However, instead of insisting on Husserl's phenomenological reduction, the heuristic process focuses on the personal experience and insights of the researcher (Patton 2002:107, 2015) and thus affirms imagination, intuition and self-reflection as valid ways in the search for meaning and understanding (Douglass and Moustakas 1985:40). The focus on personal experience is based on the assumption that the passionate involvement of the researcher will add such depth to an inquiry that will go beyond what could be achieved by the mere *use* of the methods of other phenomenological inquiries (McLeod 2011:206).

Moustakas (1990:12) points out that there is a strong connection between “what is out there in its appearance, and what is within me in reflective thought, feeling and awareness”. It could be argued that rather than following Husserl's concept of the *transcendental ego*, Moustakas' focus of reflective search is more on the phenomenon “as it exists in human experience” (Douglass and Moustakas 1985:42) and suggests a

link to a more hermeneutic phenomenology influenced by Heidegger's idea of *Being-in-the-world*. As Moustakas (1990:12) puts it; "It is I the person living in a world with others; I who come to know essential meanings inherent in my experience". Moustakas' view can be illustrated by giving importance to Merleau Ponty's (1962, 1964: xvi, 1964a:5) notion of *perception and bodily pre-reflective knowing* and Polanyi's (1983) *tacit dimension* (Douglass and Moustakas 1985:49). Polanyi (1983), similar to Heidegger, seems to acknowledge with his concept of *tacit knowing*, that the experience of living in the world directly influences the understanding of it (Greenwood 2010:48). Similarly, Merleau-Ponty (1964a:5) regards perception as a bodily phenomenon, claiming that "the body is our point of view on the world."

It is this focus on the human being in experience and that person's reflective search which constitutes the core of heuristic investigation (Douglass and Moustakas 1985:42) and thus requires the self of the researcher to be present throughout the process of research. Moustakas (1990:9) postulates that, while understanding the phenomenon with increasing depth, the researcher also experiences growing self-awareness and self-knowledge. This focus on self-search and personal experience as a source for meaning partly grew from Moustakas' interest in Rogerian theory, in particular the idea that each person has an inherent potential for growth, creativity and meaningful self-expression (McLeod 2011:205).

Since this inquiry arose out of the researcher's personal experience and her interest to further develop her understanding of silences, the heuristic method seemed suited for this investigation. Whereas Husserl's phenomenology encourages the researcher to be detached from the phenomenon under investigation, the emphasis in heuristics is on relationship and connectedness (Douglass and Moustakas 1985:42). This also resonates

with the focus of this study on the relational element in the therapeutic encounter. The heuristic method was therefore chosen to form the basis of this project. This chapter continues by illustrating some of the theory the design of heuristic research is based on.

3.4.1 Research design

Moustakas (1990:27) formulated six phases that serve as a guide of the unfolding investigation. They are: initial engagement, immersion into the topic, incubation, illumination, explication and creative synthesis (Moustakas 1990:27). These phases were designed as a helpful framework (Moustakas 1990:27). However, heuristic research does not follow strict rules (Douglass and Moustakas 1985:41). Instead, the emphasis is on flexibility and freedom in the investigation permitting the researcher to follow her own path, allowing the research process to be open to spontaneous shifts, thus aiming for a free flow of intuition and direct experience (Douglass and Moustakas 1985:41; Moustakas 1990:43).

Lomas (2005:14) describes intuition as “direct or immediate insight” achieved “without conscious awareness of a logical process or the application of theory”. As such being intuitive involves not to be inhibited by plans or preconceptions, but to give attention to the moment, a spontaneous activity that comes from the centre of us (Lomas 2005:123). This emphasis on the freedom of the researcher recognises the contribution that subjectivity and immediacy make to knowledge (Moustakas 1990:103). According to Douglas & Moustakas (1985) subjectivity is an essential condition of the real.

Consequently, aiming to illuminate the topic in question and allowing for the potential of new awareness and possibilities of knowing (Douglass and Moustakas 1985:44),

each phase of the heuristic inquiry utilises the researcher's tacit knowing, by focusing on her internal frame of reference, embracing self-dialogue and intuition (Moustakas 1990:16, 22-26). While the tacit guides the researcher to untapped aspects of awareness through internal focusing and self-dialogue in a way that is impossible to specify, the intuitive process draws on clues and hunches, inferred from tacit knowing (Moustakas 1990:23; Douglass and Moustakas 1985:49).

3.4.2 Tacit knowing

The focus on intuition and direct experience leads to the concept of *the tacit dimension* which according to Moustakas (1990:22) “underlies and precedes intuition and guides the researcher into untapped directions and sources of meaning.” Moustakas (1990:20) describes “the power of revelation in tacit knowing” as the base of heuristic discovery. What he describes as tacit is an everyday practical working knowledge, he regards as a necessary, functional part of being human (Greenwood 2010:48). Polanyi (1983:4) posits: “We can know more than we can tell,” referring to recognising a person's face in the crowd without being able to say how. Lomas (2005:118) argues that such an intuitive response is based on instantly drawing on all our experience of ourselves and others and linking this with the perception in question, or as Galgut (2002) points out, having a hunch, for which one cannot give any explanation even with hindsight, which makes intuition quite a complex phenomenon. Polanyi concludes that there is more knowledge inside a person than can be put into words (Polanyi 1983:4; Greenwood 2010:48) and describes this experience as immediate and holistic without any reasoning beforehand (Schon 1992:56). Polanyi (1983:25) argues that tacit knowing achieves new understanding by indwelling and gives primacy to the internal a person constructs in relation to the outside world; a personal judgement which influences perception

(Greenwood 2010:49, 50). He thus points to the indispensable nature of the tacit dimension, claiming that all possible knowledge consists of or is rooted in understanding, that was achieved through tacit knowing (Polanyi 1969:144; Douglass and Moustakas 1985:44). In short, “we arrive at knowledge through internal reflection” (Moustakas 1981:53).

3.4.3 Pre-reflective bodily knowing

Polanyi's *tacit dimension* of knowing resonates with Merleau-Ponty's notion of *pre-reflective bodily knowing* as part of giving primacy to perception, meaning that “the experience of perception is our presence at the moment when things, truth and values are constituted for us” (Merleau-Ponty 1964b:25). He (1964a:3) argues against those who insist on the autonomy of consciousness and claims that “the perceiving mind is an incarnated mind”. He regards perception as a bodily phenomenon; as such “we experience our own sensory states not as mere states of the mind, but as states of our bodies” (Carman 2008:80). For Merleau-Ponty it follows that “we have a pre-reflective understanding of our own experiences” (Carman 2008:81). Thus, “the body is our point of view on the world” (Merleau-Ponty 1964a:5). According to Carman (2008:101) such bodily understanding can be so basic and familiar to us that we are normally unaware of it. It is our ordinary intuitive understanding of ourselves and it also shapes our understanding of the cultural world we inhabit (Carman 2008:94,95,101,102). Merleau-Ponty (1962 in Staehler 2016:373) writes: “It is through my body that I understand people.” Thus, similar to Polanyi, Merleau-Ponty underlines the importance of a way of knowing that is inherent in experience.

There seems to be a link between tacit knowing, bodily pre-reflective knowing and

silences. Gadamer's (Grondin 2003:328) notion that silence might go beyond words, that "we can never say everything we would like to say", might relate to Polanyi's idea of having more internal knowledge than can be put into words. Similarly, Merleau-Ponty's idea of bodily pre-reflective understanding seems linked to silences in that silence might be involved to reveal such bodily connectedness and meaning. As such heuristics, which seems to embrace this pre-reflective and tacit way of knowing might be well suited to illuminate the multifaceted and somewhat elusive phenomena of silences. The difficulty of how such knowing inherent in experience might be expressed, will be explored next, leading the discussion to notions of language and the poetic.

3.4.4 Further epistemological considerations

Greenwood (2010:49) explains that a tacit way of knowing does not present a claim for objective truth but offers a more practical approach to epistemology. It suggests that tacit knowledge is arrived at by description and exploration, a pragmatic and potentially illusive process (Greenwood 2010:50). It follows that the unknown and a sense of mystery will always be crucial factors when it comes to the concept of meaning, human growth and change (Moustakas 1981). Cayne and Loewenthal (2007a:375) argue that the nature of the tacit points to the body and embodiment, "where knowing emerges through dwelling in some hitherto unknown experience." Tuning in to such experiences, can be seen as a way of knowing beyond words, a way of indwelling through our body, so integral to our being that it can only be known tacitly (Cayne and Loewenthal 2007a:375). This study aims to explore therapists' experiences of silence, phenomena beyond words that seem to reside in the realm of tacit, pre-reflective, bodily knowing, and can be difficult to get hold of and express.

Rowe (2003:2) recognises the struggle of expressing difficult emotions which seem to reside in a realm beyond words, when she asks, how can you possibly describe these experiences and convey their meaning to others, when you are in such an emotional turmoil, that it is impossible to know where to begin? So, she writes, it's better for people to remain silent (Rowe 2003:2). The researcher knows from personal experience that it can be easier to disconnect from your emotions and remain silent. It points to some of the difficulty of revealing experiences of silence. There is the additional dilemma of describing therapists' experiences of silence, when the words used to describe them, are likely to turn the experience into something else. Thus, on the one hand heuristics can be seen to embrace tacit and bodily pre-reflective knowing. On the other hand, exploring these possibilities might get lost, *using* the heuristic method which relies on words and language to express the lived experiences sought. It follows that *using* heuristics might make it impossible for the co-researchers to express their experiences of silence. For the researcher it might mean that experiences of being silenced might be perpetuated.

Aiming to explore the somewhat elusive phenomena of silences raises the question, whether language provides the necessary qualities to capture such experiences. A closer look at notions of language follows next.

3.4.5 Notions of language

Research methods within hermeneutic phenomenology tend to work with texts when analysing data (Willig 2013:94). Data collection techniques for the heuristic method mainly consist of the researcher's initial data revealed through an account of internal self-search and of interviews with the co-researchers. The data is communicated and analysed by means of language. As such, it is presupposed that language provides participants and researcher with the necessary tools to capture the lived experience sought (Willig 2013:94). It is discussed in the literature whether language has representational qualities. As argued by authors such as Saussure (1974) meaning is produced in language rather than reflected by it. Following Saussure, the words chosen to describe lived experience, only construct a particular version of that experience. Saussure (Thomas and Loewenthal 2011:75) comes to the conclusion that there is no possibility that unique, individual experience can be simply expressed in language, because it is structured exclusively by that pre-existent language. Instead, language adds meanings that are inherent in the words themselves (Willig 2013:94). As such all a research method can aim for is the way collected data talks about experience within a particular context, rather than about the experience itself (Willig 2013:94). Also, the analysis produced by the researcher just presents one of many possible readings of the data. This leads Lacan (Sarup 1993:6) to say that it is “language which constitutes us as a subject” and points to the limits of language expressing therapists' experiences of silence.

Merleau-Ponty (Thomas and Loewenthal 2011:75) takes up a different view, claiming that there is the possibility of experience external to and preceding language. He

(1993:59) distinguishes between speech [*parole*], consisting of spontaneous utterances and language [*langue*], the system of language that is immanent every time speech is used. He (1993:57) argues that it is the *act* of expression, that institutes such system (Carman 2008:24) and posits that the speaker goes beyond, what he already knows, claiming that “the language of things is not primary, but founded upon an expressive operation in which I appeal to the other people.” He (in Moja-Strasser 1996:94) claims that the body has expressive meaning which is more fundamental than language. As such the meaning we express is always embodied. Merleau-Ponty (1973:11) regards the babbling of the infant as the ancestor of language, thus seeing experience not only as external to language, but as preceding it (Thomas and Loewenthal 2011:75). Merleau-Ponty's view suggests that “our prelinguistic experience of the world is always inherent to our use and understanding of language” (Frie 2003:147). It follows that researcher and participants have freedom to express their subjective experiences through language, albeit as part of relating to the world. Thus, “the processes of bodily experience both pre-exist and co-exist with language” (Thomas and Loewenthal 2011:74). Therefore, the possibility to express therapists' experiences of silence through language utilising tacit, bodily pre-reflective knowing remains open.

3.4.6 Poetic language

The question arises, how experiences of silence could best be expressed through language. Wiskus (2013:7) asks: “But how might one bring silence to speak without destroying silence itself?” Mazis (2013:271) explains that “if the world's silent gesturing sense present in the latent depths of perception is to be expressed, it requires expression that breaks free of the reflective use of everyday language that is content to refer to itself and the stock of well-worn categories”. For Merleau-Ponty the answer lies in

poetry and in the poetic use of language which, unlike everyday language, is not just a tool used to “say something” but allows an openness to many meanings (Mazis 2013:272). Merleau-Ponty (1970:15) writes: ...”poetry is like a song or dance of language... it always has more than one signification.” Exploring therapists' experiences of silence, guidance could be sought from a poet. As the poet enters the silence of experience, the things and the being of the world can announce themselves and inform the poet as to what about them needs to be expressed (Mazis 2013:276-277). Merleau-Ponty (1964c:44) states that creative speech is able to “free the meaning captive in the thing” because it “is only silence in respect to empirical usage”. He seems to suggest that it takes us back to the silent encounter with the world gestures.

The focus on the tacit dimension throughout the investigation will allow the researcher to explore experiences of silence embracing intuitive bodily pre-reflective knowing through self-reflection and, when in dialogue with the co-researchers, reaching for a deeper, more holistic understanding of silences, aiming to allow a silent, sensual more gestural enlacement of the encounter. It will also offer the opportunity to explore and develop the researcher's own understanding of silences and how it impacts on clinical work.

3.4.7 Validity

This chapter concludes with thoughts on validity. As a qualitative research method, aiming to reveal themes and essences of lived experience, validity in heuristics is not achieved by quantitative measurement that can more easily be correlated. As such in traditional scientific practice it is a criterion that research is conducted in a way that its results can be checked or replicated if so desired (Giorgi 2010:6), using for example

pre-coded data collection techniques. There seems to be a generalisable element, requiring a set, more prescriptive method, where more than transparency and rigour is required. This could be based on a search for universal truth. However, the belief that science provides the basis for discovering universal truth has been challenged. Kuhn (McLeod 2013:44) and Feyerabend (McLeod 2013:49) see science as developing within a community of human understanding, making it more of a social activity (Kuhn in McLeod 2013:44; Crotty 1998:36), where researchers are “co-constructing shared understandings”, “best seen as local knowledge rather than universal truth”, “contributing to a never ending dialogue... about the meaning of things” (McLeod 2013:47). The discussion around validity therefore raises questions not only in relation to how research is being carried out, but also what is being researched.

Moustakas takes up this question, when he (1990:32) claims that for heuristic research “the question of validity is one of meaning”. It could be queried, whether the findings, revealed by the researcher's self-search and explications of the co-researchers, present the meanings and essences of experiences of silence. Laing (1969) points out that *experience* is a very personal thing and as such only fully known to the person whose experience it is, which makes it difficult to express and get *hold* of, in particular when the experiences are in relation to silence, a multifaceted phenomenon which is by its very nature beyond words, including those that attempt to describe it (Sabbadini 1991). This is made more complex considering that there is yet another experience created in the re-telling of it (Rose et al 2005). Bould (1993:7) therefore views experience as “multifaceted, multilayered, and so inextricably connected with other experiences, that it is impossible to locate temporally or spatially”. This view seems to be confirmed by Derrida (1996:83) when he writes: “Human experience is inseparably entangled with our description of it.” It seems to be problematic to elicit experiences, when experience

is such an elusive concept, which is beyond reach because of an irreducible gap between the experience and the recounting of it (Rose et al (2005:447), which makes it difficult to appropriate. This would highlight possible gaps in the telling of experiences of silence by the co-researchers and presenting the findings by the researcher, in particular with the added dilemma of aiming to reveal experiences of silence, an equally elusive multifaceted phenomenon.

Heuristics' way of dealing with such issues of validity is by emphasising the subjective nature of validation. It places the question of validity within the judgement and interpretation of the researcher, who is the only one who has gone through the entire heuristic process (Bridgman 1950 in Moustakas 1990:32-33). The rigorous and disciplined process of heuristics with the demand on the researcher for constant thoughtful appraisal of the significance of the data and its meaning aims to facilitate achieving a valid depiction of the experiences being investigated (Moustakas 1990:33). Recognising the difficulty of capturing the co-researcher's lived experience, Moustakas (1990:33, 51) claims that verification is enhanced by returning to the co-researchers for feedback on the individual depictions seeking their assessment for comprehensiveness and accuracy. This is seen as a way to ensure that participants are free to question and correct the researcher's assumptions about the experiences investigated (Willig 2013:24). Furthermore, realising that much of the lived experience is created through writing up the depictions by the researcher, a poem, another form of representation is introduced, in order to capture the lived experience of the co-researchers. In this inquiry the form of a poem might also increase the possibility of capturing experiences of silence, phenomena beyond words.

As far as exploring meaning and understanding of experiences of silence is concerned,

Merleau-Ponty (1964d:65) observes that “reflection on the meaning of the essence of what we live through is neutral to the distinction between internal and external experience.” He (1964d:65) claims, that “nothing prevents me from explaining the meaning of the lived experience of another person, in so far as I have access to it, by perception”. This seems to mean that there is no privilege with respect to meaning for the one who experienced it (Giorgi 2010:13). Thus, the findings in this heuristic research could be seen as a valid way of illuminating understanding of experiences of silence.

Moustakas (1981) posits, that we arrive at knowledge through internal reflection and as such the unknown and mystery will always be crucial factors when it comes to the concept of meaning, human growth and change, recognizing that subjective knowledge is at the heart of tacit knowing and thus at the heart of creating meaning within heuristic research. Rather than claiming to generate universal knowledge, heuristics aims to persuade and influence the reader in the way they think about the topic in question. Moustakas (1990:53) states that the findings arrived at “hold possibilities for scientific knowledge and social impact and meaning”. This view could be compared to Heidegger’s idea of meaning that emerges out of living in a particular time and place (Greenwood 2010:49). It suggests that meaning is context specific, such as socially, culturally, historically, racially and sexually located and therefore always partial and incomplete (Etherington 2004). Borrini-Feyerabend (1999:xii) refers to Feyerabend (1999) who points to “the abundance of being” and “the human openness and tolerance of ambiguity that allow us to savour it”. It suggests that reality is relational and that “sensory cultural filters mediate our relation with it.” Science could then be seen as part of culture and ordinary discourse, no longer restricting knowledge to particular forms or cultures, where all else is myth and mystery (Holmes 2002:79-80).

Having chosen heuristics as an appropriate research method for this project, the next chapter will show how this inquiry, investigating *therapists' experiences of silence and any implications for the therapeutic encounter* was conducted, using heuristics.

Chapter 4 - Method

This chapter aims to describe how this inquiry into therapists' *experiences of silence and any implications for the therapeutic encounter* was conducted using the heuristic research method developed by Moustakas (1990). Since this is a process of self-inquiry which leads to an exploration with others into the nature and meaning of experience (Moustakas 1990), the first-person mode of writing is used where appropriate in order to show the integral role of the researcher in the process of the study (Wolcott 2009), in particular the involvement of the researcher's personal experience.

Moustakas (1990:27) formulated six phases of heuristic research that serve as a guide of the unfolding investigation. They are: initial engagement, immersion into the topic, incubation, illumination, explication and creative synthesis (Moustakas 1990:27). To illustrate the process of this heuristic study this chapter shows how each phase was utilized for part 1 and part 2 of this study. The discussion starts with the initial engagement, describing how the research question was arrived at, then gives a summary of the researcher's initial *data*, which emerged over the whole period of the study and considers ethical concerns. This chapter then turns to describing the heuristic process of part one and part two of this study, including the sampling, data collection and analysis.

Drawing on the concept of tacit knowing as described in the last chapter, the research process begins with the researcher's initial grounding in the self before moving on to explore the topic in question with others (Douglass and Moustakas 1985:43). It leads this inquiry into the first phase, the initial engagement.

4.1 Phase 1 - Initial Engagement

The task of the initial engagement is for the researcher to discover a passionate interest, a desire to know, that calls out to her and, apart from social implications, has a strong connection to her identity (Moustakas 1990:40). It requires the researcher to have had a direct personal encounter with the topic to be explored (Moustakas 1990:14) and begins with an inner search that reaches out for tacit awareness in self- dialogue and permits intuition to run freely (Moustakas 1990:27, 39). Through the focus on such an ‘inward clearing’ (Moustakas (1990:25, 40), which is essential to tap into thoughts and feelings, the topic and question to be illuminated emerge and take form. This kind of *focusing*, a process perfected by Gendlin (1978), is an inner attention, a staying with, which enables the contacting of the more central meanings of an experience (Moustakas 1990:25). The process of self-exploration that located the researcher in the topic and led to the question of this research will be described next.

I encountered silences in my practice as a therapist and as a client in my personal therapy. I had noticed that in both environments the emphasis seemed to be on speaking. In my personal life silences seemed to have played an insignificant part and yet I felt strangely drawn to the topic, fascinated by what I experienced as somewhat elusive. Polanyi (1969:131-132) points to the imperative nature of a problem when he posits “To see a problem is to see something hidden that may yet be accessible...” He goes on to refer to the initial hunch of knowledge that powerfully strives to validate itself. Going on an inward journey tapping into tacit knowing I was hoping my searching would “push beyond the known...” (Douglass and Moustakas 1985:44). Thus, this research opportunity provided a welcome platform to follow my desire to learn more about

silences, in particular how it impacted on my practice.

Ideas for a research question were discussed with peers during my training. I was asked to name my topic of research and heard myself say: "I want to investigate silence", but I wasn't quite sure where that was coming from. When questioned why I had chosen heuristics as the method for the inquiry, because I did not seem to have a passionate connection with my chosen topic, as required for heuristic research (Moustakas 1990), I had some sense of a personal relevance of silences to me but was strangely unable to explain what it was. I remained silent. Apart from discomfort when sometimes remaining silent or being faced with silences in my client work, or in my personal therapy, any personal implications seemed hazy and unclear. The more I tried to pinpoint them, the more disconnected I felt. Yet I was keen to further explore my personal experience as part of the research process. I began to write a journal reflecting on my experience of silences, letting my intuition run freely reaching for tacit awareness. I also undertook an initial literature search to give some grounding to my study.

In my client work I had noticed that with growing experience working as a therapist my experience and understanding of silences had started to change. As a novice therapist I tended to feel quite uncomfortable, when faced by a client being silent, as if something was wrong and I was not doing my job as a therapist properly. I remember the sheer horror of my very first session as a therapist being faced with a female client who would remain silent for most of the session, playing with her bracelets, barely looking at me and only responding with one- or two-word answers to any of my questions trying to encourage her to speak. At the time my anxiety was soaring, my heart was pounding as if my life was at stake. I just didn't know what to do. Gradually, I learned to develop a

more open attitude towards silences. It helped paying attention to my own experiencing and staying with any discomfort. It allowed me to remain more open to experiences of silence and see whether they might be different to past experiences. I remember seeing another female client much later in my training. She would come in presenting herself as a confident businesswoman, then, sometimes within minutes, this image would dissolve in front of my eyes. All she would say was: "What is the point of me?" She would turn into a desperate little girl silently crying for most of the session. This went on for weeks. I am not saying the silences were easy to hold at times. Sometimes I wondered whether the floods of tears were ever going to stop and whether I would be enough for her. At the same time, I knew intuitively these silences were important. In fact, my sense was they had a healing quality. Trying to be attentive and present in the silences seemed to have helped to create a space which allowed her to experience painful feelings. As time went on my client was able to talk about her difficult childhood experiences, but I think it was those silences that played an important part in beginning to work through those childhood issues. By the time I started seeing her, I had learned to ease into and stay with silences more. I was trying to tune in, get alongside her and bear witness to her experience, sitting with her, letting her know in the silence that she was not alone. My sense was, we were very close in those moments. In fact, it felt as if words would have got in the way.

Client experiences like this increased my curiosity about my understanding of silences. With growing clinical experience, I seemed to be less worried about what to do, and worked more intuitively how to be in silences. The question arose, of how therapists ascribe meaning to their experiences of silence and whether this might change with clinical experience. I decided to choose an open question that would encourage imagination and intuition without any restrictions and would allow a journey into

experiences of silence, aiming to push beyond the known. The question, “what are therapists' experiences of silence and any implications for the therapeutic encounter?” eventually emerged.

It became clear that the particular focus exploring the research question was on investigating how therapists ascribe meaning to their experiences of silence and any factors which might influence that understanding, in particular if their understanding might change with clinical experience. It was therefore decided that the research project would be carried out in two parts using the heuristic research method:

Part one will explore phenomena of silences and any implications for the therapeutic encounter as experienced by novice therapists. Once the data for part one has been collected, analysed and explicated, part two of the study will be carried out, illuminating how clinically experienced therapists ascribe meaning to their experiences of silence and any factors which might influence that understanding.

After a pilot interview conducted to test how participants might respond to the research question, I was satisfied I had arrived at a question suitable for the intended inquiry. Before moving to the immersion phase of part one, a summary of the researcher's initial *data* and ethical considerations will be presented.

4.2 Initial data – summary

The heuristic process essentially involves the researcher in creating a story that portrays qualities of experiences through an unwavering and steady inward gaze and the willingness to accept *what is* (Moustakas 1990:13). Part of the grounding in myself will be illustrated by a summary of self-reflection, which emerged through periods of indwelling and self–dialogue over the whole period of this study, reaching for *tacit* awareness. As Douglass and Moustakas (1985:44) point out: “My perception is known to me as the truth of what is and is therefore the source, from which the initial phases of inquiry originate”. It is described by Moustakas (1990:13) as the initial *data* in the inquiry and will be presented next:

“As an adult I find myself in a society where the emphasis of communication between people is on speaking. I sometimes feel caught up in day-to-day pressures and expectations and experience life as busy, noisy, demanding and restless. Aron's (1996:ix) thoughts about the highly sensitive person come to mind. She describes a highly sensitive person as someone with a sensitive nervous system, who picks up subtleties in their surroundings, which also means feeling easily overwhelmed when out in a highly stimulating environment. This resonates with me. I find I can get fatigued when being exposed to too many sights and sounds and have recognised a need to withdraw from people and a busy world into silence as a way to retreat and maintain an inner sense of self. I find solitary walks, gardening and yoga helpful as a form of recreation, instilling a sense of being at one with nature and often find it a grounding and soul calming experience. More recently I have started to appreciate mindfulness exercises and meditation as a way to connect to and participate in what I would call a unifying universal energy.

I grew up in Germany. In my childhood talking was the expected way to communicate. It was regarded as polite to converse. However, children were to be neither seen nor heard and expected to speak only when spoken to. This particularly applied to me, being a girl. Women had a rather passive and submissive role in the extended family and neighbourhood I grew up in. Getting married, having children, creating a home and supporting your husband seemed the only option. Coming from this background makes it difficult for me at times to have a voice, feeling that I am not good enough and don't have anything important to say. Yet, being quiet was not acceptable at other times. I was labelled as shy at school because I would withdraw and be quiet. It was my way to respond to a sometimes aggressive and authoritative teaching style. I experienced silences with other people as difficult, painful and distancing. They had a distressing, even punishing quality for me. I found myself faced with many conflicting rules on how to behave, trying to figure out what was expected of me.

Engaging in personal therapy I recalled hospital stays as a toddler, where I felt abandoned by my parents who were not allowed to visit. I remember sitting in the hospital bed, silently

looking at a window in the distance, seeing my parents waving amongst a crowd of people, feeling deserted and totally alone wondering whether I would survive. I began learning to cope by engaging with the hospital staff, believing that I need to adapt, function and perform to be acknowledged and to have a chance to survive. I remained silent and turned the pain and suffering inward. When I got home, I stopped eating. It seemed the only thing I had any control over.

In my personal therapy I tend to talk and try and work things out. When I first started therapy, I would feel under pressure to keep things going. Talking seems to be an attempt sometimes to make my therapist comfortable and doing what is expected. Later on, I recognised that talking can also be a way to protect myself. Talking can be a defence against revealing too much of myself, in particular, when I am not sure whether I can trust the other. There seems to be a precious part that needs to be unspoken, that cannot necessarily be expressed in words.

It was only recently that I allowed myself to get closer to that precious part of myself. My solicitor, who I had contacted for support with my divorce, suggested that I attended the Freedom Programme, a group in support of women who have been subjected to domestic violence and abuse. He had noticed that I was managing my relationship with my separated husband by containing any painful feelings. I would do this largely by disconnecting from them. When I attended the group sessions, I realised there was no longer any hiding place. Every single woman in the group had her own story, but to some extent they all mirrored my own. Sharing each other's stories became a way of finding a voice for the many painful experiences suffered in silence.

I began to work through the verbal and emotional abuse I had been exposed to in my marriage in personal therapy. On one occasion my therapist said, "You want the beatings to stop." I was annoyed, because I felt she had not listened to me. I replied: "No, my husband never beat me! It was my parents who did that!" Out it was. Had I just described my parents as abusive? I was shocked. There was a long silence. There was nothing else I was able to say. Eventually I spoke about incidents when my brother and I were beaten by either of our parents. I found it particularly distressing silently watching my little brother being beaten before it was my turn. I also recalled being beaten at infant school. I remember the little girl sitting next to me wetting herself just before the teacher came to our row of tables. I thought to myself, "that is not going to happen to me", silently bracing myself. I described these experiences to my therapist almost from a perspective of a distant observer, unable to connect to any feelings.

I developed rheumatoid arthritis during my marriage, an autoimmune condition where the immune system, instead of fighting infection, turns against own body cells. I suffer from debilitating flare ups of inflammation surging like heat waves through my joints restricting my mobility and I began to wonder whether my body was largely carrying the anguish I had disconnected from. Then, towards the end of a therapy session we were sitting in silence. I felt held in this silence by my therapist and started drifting. I suddenly had a sense of myself as a little girl. I could see her sitting on the floor of a dungeon, dressed in dirty rags, her head down on her knees. There was some dim light coming in through a small window far above. I could feel her pain. So much sadness, pain and isolation. I could not speak partly out of fear I might lose the connection, but mainly because there were no words that could possibly describe the experience. Since then, I have been learning to hear and attend to this vulnerable part of myself more, expanding my sense of self. On one of my walks, I had the sense that the little girl, my younger self, was joyfully skipping alongside me. We are much closer now. She now has a voice.

My personal experience of silences has found expression in my client work. Being silent feels uncomfortable at times, like wading in uncertainty. I tend to resort to talking. Initially, I think I focused too much on doing rather than being. What do I need to do to be a good therapist? I might be imposing my agenda on the other, rather than creating space for the client. Sometimes

I fear I might abandon the other by staying silent and might unnecessarily jump in. However, with growing experience I am also beginning to value silences as a way of slowing down the pace and opening up an opportunity for thoughtfulness, to let meaning emerge in that moment with the other, rather than defend against the anxiety of meeting with what is uncomfortable from past experiences or simply unknown. I am also allowing myself to be more guided by the other and tend to check in more to explore what the other might need, being present, offering a holding, caring space in the silences, trying to get alongside and connect to what is.“

I felt the process of self-search was proving fruitful. I realised that not only was I lifting out essential meanings of my experiences of silence, but as stated by Moustakas (1990:13) “I am actively awakening and transforming my own self”. I seemed to be rediscovering the value of silence as if meeting an old friend who had been neglected too long while challenging any underlying attitudes possibly influencing my experience at the same time.

Ethical considerations that guided the whole process of the study, will be presented next.

4.3 Ethical consideration

Research is bound by ethical guidelines which aim to ensure that the interests of participants and researcher are safeguarded (Hollway and Jefferson 2012). As such the ethical principle of *non-maleficence* applies to researchers as well as participants (Etherington 2004). Clandinin and Connelly (1994) comment on the risks that come with using a personal voice in research, pointing out that the researcher is open to criticism and exposure from the participants and from the reader and could as such be silenced by the invitation to such criticism contained in the expression of their voice. Etherington (2001, 2004) suggests that researchers who have been silenced during childhood take up personal therapy in order to be prepared to take the risk involved in

reclaiming their voice. Ely et al (1997) offer encouragement for using a personal voice, saying that qualitative research by its nature involves the self of the researcher too intimately to ignore wounds and scars. Following Etherington's (2004) suggestion and in line with the university's training programme, the researcher is engaging in personal therapy and supervision during the research for support with any unprocessed material that might emerge.

Before proceeding with part one, and equally when it came to part two of this study, approval was obtained by the ethics committee of the University of Roehampton. The applications for each of the two parts outlined the research process and included a risk assessment trying to minimise potential risks to the parties involved. A briefing and a debriefing document were drafted together with a consent form for each of the two participant groups. The information provided aimed to enable any co-researcher to give informed consent. It included the assurance of confidentiality and a right to withdraw. To provide further details copies of these documents are attached in appendix 1 and 2.

4.4 Heuristic process of part one

4.4.1 Phase 2 - Immersion

“Once the question is discovered and its terms defined and clarified, the researcher lives the question in walking, sleeping, and even dream states” (Moustakas 1990:28). I realised that I was more and more drawn to the multifaceted phenomena of silences. The topic seemed to be around wherever I looked. As Moustakas (1990:16) suggests I tried to adopt an open attitude being receptive and attuned to all facets of my experience of the theme, allowing myself to be “tumbled about with the newness of a searching

focus” (Douglass and Moustakas 1985:47). Silences became a significant focus in my therapeutic work as a therapist, my personal therapy and supervision. I became more alert to the topic in the media and my senses to silences were heightened when relating to people socially. I seemed to have an increasing need for silence in my personal life, spending time alone at home away from people, and going for solitary walks. Being out in nature, walking or gardening, I gradually acquired a different quality, as if I was learning to be more present in the moment. My engagement with the topic also meant focusing on how my present experience of silences were possibly informed by the past. This continued *focusing process* (Gendlin 1978) meant the further “clearing of an inward space” (Moustakas 1990:25). It aims to tap into qualities of an experience that have remained out of conscious reach (Douglas and Moustakas 1985).

4.4.1.1 Initial data

Focusing inward reaching for *tacit* knowing, part one of the research began to come alive with my increasing awareness of how difficult it was for me to allow silences when sitting with clients. I was at the beginning of my training, caught up in not knowing what to do. The experiential groups at university and engaging in personal therapy presented an opportunity to become more aware of and challenge my experiences of silences. Suddenly I was much more exposed to phenomena of silences than in my personal life. I felt uncomfortable and anxious, finding myself thrown into silences and yet, I felt intuitively drawn to silences. In the experiential groups I tended to remain silent most of the time. It seemed like drawing on tacit knowledge, knowledge that was implicit to my experience, as if being silent was a way I knew how to be, a default position. I would be thinking that I have nothing important to say. Gradually I was able to find a voice and communicate some of my experiences in the

group and allow silences as a therapist. In therapy I turned further inward. This indwelling produced childhood experiences of silently enduring experiences of being neglected and feeling abandoned during hospital stays. The inward focus sparked a process of attending to myself more such as practising yoga and going for walks.

Having achieved a grounding of the topic within myself, I felt ready to engage in the dialogue with co-researchers to explore their experience of silences. I therefore turn to document how co-researchers for part one were recruited and how the research material was collected.

4.4.1.2 Sample size

In qualitative research participants are purposely selected to fit the needs of the study. A sample that leads to generalizable findings is not desired. (Cayne and Loewenthal 2006:121). Moustakas (1990:47) posits that in theory it is possible to conduct heuristic research with only one participant. However, he suggests 10-15 co-researchers to achieve richer and more varied meanings. Based on Moustakas' wide frame and in view that some heuristic investigations show that 6-9 participants offered deep and profound meanings (Djuraskovic & Arthur 2011:1570; Ergas 2012; Stephenson & Loewenthal 2006:441; Atkins & Loewenthal 2004:496), 8 participants were planned to be recruited.

4.4.1.3 Recruitment of co-researchers

Identifying potential participants is an important part of the investigation, since the heuristic research method requires that participants are only asked one question (Rose & Loewenthal 2006:135). The question in this study will be: "What is your experience of

silences?” Further questions might filter participants’ experiences through what the researcher wishes to know. Therefore, Rose & Loewenthal (2006:135) recommend that the researcher considers who is most likely to have had experience of the phenomena in question. Aiming to select participants who can illuminate the phenomena in question (Sandelowski 1986:31), the following recruitment criteria were stipulated for part one of the study:

To be considered for part one of this research participants had to be novice therapists, who are either trainees with at least 6 months of clinical experience or qualified therapists with a maximum of 5 years of clinical experience, obtained as part of an appropriate training course recognised by one of the main professional bodies, such as BACP or UKCP.

Rationale for these criteria was that since there is currently no legislation which defines or regulates the profession and the practice of psychotherapy, a training course approved by one of the main professional bodies had been stipulated, in order to ensure a high standard of training and adherence to ethical guidelines. Also, a minimum level of 6 months of clinical experience (50 hours) tends to be required to work as a trainee therapist within the voluntary sector of the profession. The length of experience required to be recognised as an accredited member of the UKCP is 500 clinical hours accumulated over a period of a 5-year training programme. Clinical experience for a novice therapist was therefore sought to be within this range.

When it came to the recruitment of participants an opportunistic sampling method, in combination with snowball sampling (Patton 2015) was used, aiming to select participants who fit the above criteria on the basis of availability. Potential participants

known to the researcher through a counselling service and through a couple of training courses in counselling and psychotherapy were contacted via email. The 8 candidates who expressed an initial interest in taking part, met the research criteria and were provided with a copy of the briefing and debriefing document. Opportunity to ask questions was given over the telephone. All 8 candidates agreed to be co-researchers in the study and mutually convenient times and places for the interviews were arranged. A consent form was signed by the participants prior to the interviews and an opportunity for feedback was given afterwards. The following table gives details of the sample:

Name (Pseudonym)	Gender	Age	Ethnic Background	Training	Clinical Experience
Amanda	Female	55	White/British	Postgraduate Diploma in Integrative Counselling/Psychotherapy	3
Maria	Female	44	British/Chinese	MSc in Integrative Counselling/Psychotherapy based on the meta-relational model by Petruska Clarkson	3
Jane	Female	43	White/British	MSc in Integrative Counselling Psychology	4
Henry	Male	64	White/British	Diploma in Individual Adlerian Psychology	4
Ruth	Female	46	White/British	MSc in Integrative Counselling/Psychotherapy	3
Kira	Female	29	British/Pakistani	BSc and MSc in Integrative Counselling/Psychotherapy	5
Paul	Male	40	White/British	MSc in Integrative Counselling/Psychotherapy	4
Martin	Male	42	British/Mixed Race	Postgraduate Diploma in Integrative Counselling/Psychotherapy	4

The sample comprised of 3 male and 5 female co-researchers within the age of 29-64. All participants were of white/British ethnic origin, apart from 1 British/mixed race, 1 British/Chinese and 1 British/Pakistani co-researcher. Each participant was trained to at

least diploma level, with clinical experience ranging from 3-5 years. As a group their work was informed by major modalities such as person-centred, psychodynamic and existential/post existential; all of them drew on Rogerian theory for their work. The researcher felt that these co-researchers would provide a suitable range of experience within the set criteria. The chapter now turns to the data collection.

4.4.1.4 Data collection

Apart from the initial *data* obtained through self-dialogue research material was gathered through tape recorded interviews, notes and autobiographical information. A conversational interviewing approach was chosen that allows spontaneous, clarifying questions and invites a naturally unfolding, genuine dialogue between primary researcher and co-researcher (Patton 2015, Moustakas 1990:47). This approach is experienced more as a conversation between equals than as a hierarchical interview in which the interviewer holds all the power (Etherington 2004). It offers the researcher “to tune into the interactively produced meanings and emotional dynamics” (Ellis and Berger 2003:162) that emerge as the conversation unfolds (Etherington 2004). This interviewing style is consistent with the flow of heuristic exploration and search for meaning (Moustakas 1990:47). Once I had reiterated the research question and invited each co-researcher to share their experience of the topic, each interview followed its own path. I was seeking vivid, rich, comprehensive portrayals of experience and thus tried to create an open, trusting environment, being aware of the importance that understanding occurs intersubjectively - between people - (Langdridge 2007:162). I disclosed my own experience where appropriate in order to facilitate similar openness from the participants. As Douglass and Moustakas (1985:50) point out “a response to the tacit dimension within oneself sparks a similar call from others”. I noticed that I

checked in more with co-researchers from a different ethical background, in an attempt to bridge difference, in particular when interviewing a participant who was not only from a non-western cultural background but who was also significantly younger. It was delightful to engage in conversation with the co-researchers who seemed keen to explore their experiences of silence. We were all novice therapists beginning to find our way around silences. There was a lot for me to absorb, learn and focus on.

Moustakas (1990:39) advocates that the interviews are not ruled by the clock but by inner experiential time. The interviews should allow space and time to permit ideas, thoughts and feelings to unfold. This quest is complete when the participants had an opportunity “to tell their story to a point of natural closing” Moustakas (1990:39). The interviews took between 60 and 90 minutes when they seemed to come to a natural end.

Notes were taken immediately after each interview. Etherington (2004) confirms that noting our feelings and responses can enhance the depth and quality of the research process. The interviews were then transcribed. Moustakas (1990) does not offer any guidelines for the transcriptions. Etherington (2000:292) proposes that the interviewer transcribes the interviews personally in order to remain close enough to the speaker's meaning. It is an opportunity to pick up ways participants might add meaning to their words and is a chance to hear more of what might have been missed in the moment. However, being freed of the need to transcribe, might make the interviewer available to pick up anything additional that seems important, thus remaining sufficiently close to the data, providing the interviewer listens repeatedly to the tapes (Etherington 2004).

Because of poor typing skills and time constraints I employed a transcribing service. To make sure I was closely involved in the process of producing the texts I listened

carefully to the interviews while going through the typed text, aiming for close representation. After the interviews had been transcribed and checked I aimed to become totally immersed in the data.

Having documented how the data was collected the researcher turns to the remaining phases of the data analysis and explication of part one.

4.4.2 Phase 3 - Incubation

The incubation phase links in with the immersion phase. Moustakas (1990:28) describes incubation as the phase during which the researcher withdraws from the intense, concentrated focus on the question. This can be a period of rest or distraction in order to allow the workings of the tacit dimension and intuition to bring forth understanding outside immediate conscious awareness (Moustakas 1990:29). I found a mixture of prolonged breaks and shorter intervals of immersion and incubation helpful. This also suited me because I had to interrupt the research process because of a hospital stay. Any implications on the research process will be discussed in chapter 6 – discussion.

During periods of immersion the organising and analysing of the research material took place, linked with intervals of rest during times of incubation. I realised how difficult it was to let go of my need for certainty and to trust *tacit knowing*, trusting that I was getting somewhere, even when it didn't feel like it at times. Etherington (2004) describes this process as waiting for *illumination* when things would begin to make sense and to trust that eventually something that represented an integration of the data would be created. I found that dipping in and out of conscious focusing through intervals of immersion and incubation seemed to foster intuitive awareness. Each time I

found myself overwhelmed by the amount of data, thoughts, ideas and the enormity of the task, I stepped away from it into a period of incubation. I seemed to return to the immersion process with renewed energy and increased clarity and understanding.

4.4.3 Phase 4 - Illumination

Moustakas (1990:29) claims that illumination happens naturally if the researcher is open to the tacit dimension and describes it as “a breakthrough into conscious awareness of qualities and a clustering of qualities into themes inherent in the question”. Having been alert to intuitive awareness in the immersion and incubation phase, returning to the data again and again, new aspects of silences emerged expanding my understanding and led to the development of core themes.

4.4.4 Phase 5 - Explication

In the explication phase the researcher endeavours “to fully examine what has awakened in consciousness, in order to understand its various layers of meaning” (Moustakas 1990:31). Explication requires a reflective analysis of the data; a process of indwelling through which the researcher’s understanding of the topic is deepened and extended (Moustakas 1990:25). Immersing myself in the material again with intervals of rest trying to reach deeper levels of experience, a more comprehensive understanding of silences emerged and led to the final individual, composite and exemplary depictions of the core themes.

As Moustakas (1990:49) points out there are no fixed rules how to organise and analyse the data obtained which can take many forms. Rather than being a linear process my

experience of the analysis was more of a backward and forward movement through immersion, incubation and illumination to allow for shifts and turns in awareness before arriving at the explication phase.

I found that through intervals of incubation and immersion into the tapes, transcripts and notes a story of each co-researcher evolved and core themes gradually began to emerge. Initial individual depictions of each co-researcher were constructed. Because I wanted to represent *lived experiences*, I aimed to retain the language of the co-researchers by using their original words wherever possible, in order for the participants to remain visible throughout the process of data analysis and to be portrayed as whole persons as suggested by Douglass and Moustakas (1985:43). I returned to the original interviews to review each portrait and also contacted the co-researchers for feedback. Any suggestions were incorporated in the final construction of their individual depictions.

The initial idea of organising emerging themes from the individual portraits by utilising Clark's (1988 in Moustakas 1990:49) concept of mapping was abandoned when analysing the data. Instead of presenting a visual guide on my journey of discovering the core essences, developing a diagram of core themes had a fragmenting effect. I felt that staying with narratives better illustrated the core qualities leaving each co-researcher's experience more as a whole.

Through further intervals of immersion and incubation many shifts in my perception occurred, re-shaping the clusters of themes until such illumination occurred that formed the final understanding of the essential qualities of the experience of silence as described by the participants in part one, ready to be explicated in the form of a

composite depiction embracing the experience of all co-researchers including my own. Going back to the transcripts and individual depictions created earlier, a co-researcher was chosen, and an exemplary portrait was developed that was unique to the participant chosen but also depicted the core qualities of the experience of the whole group. At the end of this process having explicated major components of the phenomena of silence as expressed by the co-researchers including myself, I felt ready to pull them together into a creative synthesis.

4.4.5 Phase 6 - Creative synthesis

Moustakas (1990:31) explains that once the researcher is thoroughly familiar with the material that illuminates and explicates the question, she is challenged to put the qualities and core themes into a creative synthesis employing tacit and intuitive powers. This can take the form of a poem, story, painting or another creative format and allows the experience as a whole to be presented (Moustakas (1990:50, 51). Van Gogh (2012:20) points to Coleridge's (Coleridge 1851) comments on the ways in which a poem can put its finger exactly on an inner place and give us words to express that which seemed inexpressible without losing the mystery and complexity of that inner place. It seems it is not technical but soulful precision that a poem offers. Pearson (2004) also writes about the way a poem can express subtly what might otherwise be lost in silence or drowned out by words. He (2004) describes poetry as a kind of horizon of speech, somehow appearing out of infinity and materialising at what the poet Pablo Neruda referred to as "the very edge where nothing at all needs saying" (Pearson 2004:7). Bachelard (1971:25) regards poetry as a suitable way to illustrate silences, when he writes: "Poetry is truly the first manifestation of silence. It lets the attentive silence, beneath the images, remain alive." Inspired by these views the art form of a

poem was chosen, aiming to represent the somewhat elusive meanings of silences as described by the co-researchers.

To develop the creative synthesis, I set aside a period of time towards the end of the analysis to reflect on what had emerged from the research material. I let myself be guided by intuitive awareness, from which a poem eventually emerged encapsulating meanings of silences as experienced by the co-researchers including my own.

This chapter now turns to describe the heuristic process of part two of the study.

4.5 Heuristic process of part two

4.5.1 Phase 2 - Immersion

After the completion of part one I took a break from my academic studies to attend to health issues. However, I continued with my client work and with my personal therapy to make sure I did not lose momentum until I started to conduct part two of this study. Throughout, I was still very much intrigued by silence and remained internally focused surrendering to emerging feelings, “aiming for an unwavering and steady inward gaze” (Moustakas 1999:13). I decided to learn transcendental meditation. Regular sessions of silence encouraged such an inward gaze. This resonates with Rogers (1967) who advocates openness to own experiencing and an internal locus of evaluation. In fact, I seemed to have started a process of self-development that was beginning to have a life of its own. The initial *data* that emerged from these periods of indwelling, reaching for tacit awareness will be described next.

4.5.1.1 Initial data

My therapist had retired, and I had started personal therapy with a Jungian therapist. It gave me the opportunity to look at childhood issues from a different angle and seemed to recharge my efforts to illuminate experiences of silence in my life. At the same time my solicitor had sent me to attend the Freedom Programme, a group in support of women who have been subjected to domestic violence and abuse, in preparation of further steps in my divorce. Sharing experiences with other women on the course I realised I had dissociated from painful experiences of verbal and emotional abuse in order to cope during my marriage and as a single parent. During months of working through these issues in therapy, I eventually also addressed abusive behaviour in my childhood my parents and a couple of teachers at infant school had subjected me to. It seemed that after having been silenced for so long, my younger self was gradually beginning to have a voice. I learnt that silence was not necessarily a lonely place, but could be a time of intimate connection, discovery and personal growth. This learning process reflected in my work as a therapist, where I was more and more able to allow for many facets of silence to emerge, rather than viewing experiences of silence during a lens of my past experiences. This was proving to be an enriching journey.

Following this grounding of the topic within myself, I was keen to engage in the dialogue with co-researchers in order to illuminate their experiences of silence. I therefore turn to illustrate how participants for part two were recruited and how the research material was collected.

4.5.1.2 Sample size and recruitment of co-researchers

Similar to part one, 8 participants were planned to be recruited. Aiming to select co-researchers who would be able to illuminate experiences of silence described by clinically experienced therapists, the following recruitment criteria were stipulated:

To be considered as participants for part two of this research therapists had to be clinically experienced, that is to say practising psychotherapists, who are accredited members of a professional body, such as BACP or UKCP, who have gained at least 10 years of clinical experience delivering psychotherapy and whose training is based on (but not necessarily exclusive to) Rogerian theory.

Rationale for these inclusion criteria was that since there is currently no legislation which regulates the profession and the practice of psychotherapy, accredited membership of one of the main professional bodies has been stipulated, in order to indicate a high standard of training, CPD, and adherence to ethical guidelines. Similarly, the length of clinical practice required to show a substantial amount of professional experience is difficult to define. Thus, the criteria for BACP senior accreditation have been used for guidance which recognise a therapist's extended professional experience and knowledge after a minimum of 6 years of professional practice (BACP guides for accreditation/senior accreditation 2016). To take into account the varying lengths of training programmes available, the number of years of professional experience has been extended to at least 10 years.

Rogers (1967:23,24) pays particular attention to experience. He developed the person-centred approach away from technical skills and instead valued the presence of certain attitudes in the therapist (Rogers 1957), a way of *being*, which allows emphasising a phenomenological stance, in particular the importance of the client's phenomenological world as basis for growth and change (Mearns and Thorne 2013). Such emphasis on intersubjectivity and moment-to-moment interaction encourages the development of self-awareness and a focus on experience. Therefore, for the purpose of part two of this study therapists will be recruited whose training was based on the person-centred approach, their practice being informed by Rogerian theory.

When it came to the recruitment of participants for group two, similar to part one, an opportunistic sampling method, in combination with snowball sampling (Patton 2015) was used, aiming to select participants who fit the above criteria on the basis of availability. Potential participants were contacted by placing a notice on the websites Counselling Directory, Integrative Counselling and Psychotherapy Network UK, Society for Existential Analysis, the Counsellors Cafe, Sussex-Counselling.uk, and via mail shots to 70 psychotherapists on Counselling Directory. Since only one therapist responded, psychotherapists were contacted known to the researcher through a training course in counselling and psychotherapy. Seven more potential participants expressed an initial interest and met the research criteria. They were provided with a copy of the briefing and debriefing document and opportunity to ask questions was given in person or via email.

All eight candidates agreed to be co-researchers in the study and mutually convenient times and places for the interviews were arranged. A consent form was signed by the participants prior to the interviews and an opportunity for feedback was given afterwards. One participant had to cancel the date for the interview and stopped responding to

requests for arranging a new date. A replacement participant who met the recruitment criteria was found. After all eight interviews had been carried out, the co-researcher who had stopped responding, offered to rearrange the cancelled interview. It was decided to go ahead with interview number nine, since this candidate had originally been accepted as a participant. The following table gives details of the sample:

Name (Pseudonym)	Gender	Age	Ethnic Background	Training/Accreditation	Clinical Experience
Peter	Male	56	White/Irish	PsychD in Integrative Counselling/Psychotherapy, UKCP	15
Zoey	Female	37	White/Iranian/British	PsychD in Integrative Counselling/Psychotherapy, UKCP	12
Emily	Female	74	White/British/Canadian	Advanced Diploma in Existential Psychotherapy, UKCP, SEA	25
Louis	Male	70	White/British	MSc in Integrative Counselling/Psychotherapy, UPCA, BACP	20
Ruth	Female	61	White/British	MSc in Integrative Counselling/Psychotherapy, DIT; UPCA, BACP	19
Tom	Male	41	White/British	PsychD in Integrative Counselling/Psychotherapy, UKCP	10
Kim	Female	50	White/British	BSc and MSc in Integrative Counselling/Psychotherapy, UKCP	10
Debbie	Female	55	White/British	PsychD in Integrative Counselling/Psychotherapy, UKCP	15
Neil	Male	68	White/British	MSc in Integrative Counselling/Psychotherapy, UKCP	12

The sample comprised of 4 male and 5 female co-researchers within the age of 37-74.

All participants were of white/British ethnic origin, apart from 1 White/Iranian/British,

1 White/British/Canadian and 1 White/Irish co-researcher and points to limitations to part 1 and part 2 of this study in that the participants are predominantly from western cultures. This reflects the reality of the culture in which the researcher finds herself in in her personal and professional life. Each participant was a practising, accredited psychotherapist, their clinical experience ranged from 10-25 years, and all of them drew on Rogerian theory for their work amongst other major modalities such as psychodynamic and existential/postexistential. The researcher felt that these co-researchers would provide a suitable range of experience within the set criteria. The fact that the researcher knew 16 of the total 17 participants personally before the interviews took place, will be discussed in chapter 6 – the discussion.

This chapter now turns to the data collection.

4.5.1.3 Data collection

Similar to part one, data was collected through the researcher's self-dialogue, tape recorded interviews, notes and auto biographical information. Again, a conversational interviewing approach was chosen. Once I had asked the question - what is your experience of silences? - each interview followed its own journey of exploration. They took between 50 and 120 minutes. I enjoyed the level of openness, which contributed to the richness of the mutual engagement. Notes were taken immediately after each interview. The interviews were then transcribed by a transcribing service. I listened carefully to the interviews while going through the typed text, aiming for close representation. Having been part of the recorded conversation I might have a better chance of hearing what was said than a transcriber. However, reading the transcription offered a valuable second view to what I heard the participant was saying. Checking the transcripts, I started to become totally immersed in the data.

Having described how the data was collected, this chapter turns to documenting the remaining phases of the data analysis and explication.

4.5.2 Phase 3 - Incubation

Incubation means retreating from the intense focus on the topic, detaching from the conscious involvement with the question, so that on another level an expansion of knowledge can take place, a process where the planted seed undergoes silent nourishment, producing more creative awareness and knowing (Moustakas 190:29). Similar to part one I found a mixture of prolonged breaks and shorter intervals of immersion and incubation helpful.

As part of the data analysis a period of immersion was planned to take place during a visit to Germany. However, on arrival, I had to abandon the plan and use the time as part of the incubation phase. I realised I had completely immersed myself back into the German language and culture. It felt like re-connecting with my German roots and found I did not have the same access to meanings of the interviews and transcripts in the English language compared to being surrounded and steeped in English culture and language when living in England. It made me wonder about the cultural values carried by language (Costa 2014) and how much of the meaning of the data might get lost because English is my second language; equally, how much of my experience is silenced by not being able to express it in my mother tongue. A period of incubation took also place during a hospital stay. It seemed a more tacit and intuitive connection was made with the topic of silence during times of incubation. Any implications of the hospital stay on the analysis will be explored in chapter 6 – the discussion.

Similar to part one, the organising and analysing of the research material took place during periods of immersion, linked with intervals of rest during times of incubation. Dipping in and out of conscious focusing through intervals of immersion and incubation seemed to foster intuitive awareness.

4.5.3 Phase 4 - Illumination

Moustakas (1990:29) describes illumination as a breakthrough of qualities and themes into conscious awareness. Having been alert to intuitive awareness in the immersion and incubation phase, returning to the data again and again, new aspects of silences emerged expanding my understanding and led to the development of core themes.

4.5.4 Phase 5 - Explication

When it came to the explication phase, a process of immersion with intervals of incubation was adopted similar to part one, involving a reflective analysis of the data, thoroughly examining what had emerged and trying to make sense of the various layers of meaning, leading to increased understanding and the explication of the core themes into the final individual, composite and exemplary depictions. I contacted the co-researchers for feedback. All but one responded. Additional comments were incorporated in the final construction of their individual depictions. At the end of this process having explicated major components of the phenomenon of silence, I started to pull them together into a creative synthesis.

4.5.5 Phase 6 – Creative synthesis

The creative synthesis took the form of a poem as a way to express experiences of silence as described by the co-researchers, including myself. Similar to part one, the form of a poem was chosen in an attempt to express phenomena of silences which seem inexpressible in ordinary language, without losing their mystery and infinite complexity. I set aside a period of time towards the end of the analysis to reflect on what had emerged from the research material. I let myself be guided by intuitive awareness, aiming not just to write *about* experiences of silence, but to capture a glimpse *of* its qualities. Eventually a poem emerged.

Having illustrated the heuristic method and how it guided the researcher to conduct part one and part two of this inquiry, the next chapter will present the findings.

Chapter 5: Findings

This chapter aims to illustrate the findings of this study, investigating *therapists' experiences of silence and any implications for the therapeutic encounter*. The understanding of the phenomenon of silence as described by novice therapists in part one and by clinically experienced therapists in part two is presented in the form of an individual and a composite depiction, by giving an exemplary portrait and by a poem as a creative synthesis for each of the two groups. The chapter starts with the findings of part one.

5.1 Findings of part one

During the analysis it emerged that to begin with novice therapists seem to be uncomfortable with silences. I have chosen the individual depiction of Martin to demonstrate that novice therapists might focus on theory for help with their anxiety and sense of uncertainty when dealing with elusive phenomena such as silences. Theoretical considerations seem to offer guidance and some control, framing silences as an intervention within a theoretical system that can be known. Despite realising that Martin connected best with a client on a more nonverbal, pre-reflective level, rather than using interpretations, he still prefers using techniques. It seems to show how difficult it can be to stay with own experiencing.

5.1.1 Individual depiction

Martin is a 42-year-old mixed race British psychotherapist with four years of clinical experience. He completed a postgraduate diploma in integrative counselling & psychotherapy and tends to work within the psychoanalytic modality. He came across as boundaried. From the description of his experience his care and commitment for his clients was evident.

“With one client, when the conscious material has dried up, we reach a silence... I might say, ‘Perhaps you could just say whatever comes into your mind’. A very long silence follows that. He hears the words and does the opposite; in fact, the silence is protracted because whatever 's in his mind he doesn't feel able to say. Eventually he will come up with something that he finds acceptable to say. So, I suppose, as a therapist and having gone through it as a patient, I do feel more comfortable with allowing silence, because I know that something would come after that.

I suppose I think of it in terms of when conscious material dries up there is the opportunity for the unconscious to appear. But there is resistance to that, and that's the problem. Resistance to talking in that free way that we would like.

In the experiential group we could sit for the whole hour in silence. It's an experience of silence, which I wasn't comfortable with. I was frustrated with the lack of commitment and input from my peers, to actually take a risk. I felt quite resentful.

With a client it feels completely different in that I feel more in control as a therapist in a silence and the patient probably doesn't and worries. I think ‘I've been here so many times before, I'm just gonna wait for a bit’. The way I'm talking sounds as if I'm really in control, that's not completely true. I don't feel completely relaxed with it but I don't feel uncomfortable.

I'm thinking of a psychiatric patient. One of her symptoms is dysphasia, lack of ability to speak. Not in terms of anything physical but in terms of her mind, she can't speak. I'm still trying to work out the theory on it really, but it may be that she doesn't think herself, and she puts me into the position of, ‘Well, you think my thoughts for me’.

On the odd occasion the silences with her have been uncomfortable for me. Because I worry about her slipping into some sort of psychosis and I'm responsible for her. In a way, yes, I'm frightened of that.

There'll be a period of silence and after a few minutes her eyes will turn to me, and it's always the same pleading look, the look of a little child saying, ‘Please will you help me here?’ And often I'll say, ‘You're looking at me as if to say you want me to say something’. And she'll say, ‘Yes’. And so, I do. And then sometimes she doesn't give me the look. Usually she does but not always, and if she hasn't given it to me for quite a long time, I will often say, ‘I wonder what you're thinking’. And I've no idea what she's thinking. With some clients you can have an idea of what they're thinking. And I fantasise that things might be going badly wrong for her in her silences, and she might say something light-hearted, you know, and I think, ‘Oh what was I worried about?’ So, silence for her is a different story because she's a different story.

I know what the looks mean; I don't have to interpret those because that's a baby communicating to the mother before they've learnt language. That's something she's

communicated from herself at that moment, as opposed to these things that are said and then she can't account for them. And I think that's where I connect with her, on a non-verbal level. As I think about it, it's the non-verbal things that mean something to her, as well as for me.

Any type of interpreting, unless she's in a kind of mood for it, is not only lost but it could be dangerous. So, the silence is important. But it is frustrating because I know what there is that could be done, but she just is not capable of doing it.

I think there are patterns or generalities that we can pick up with silences.

I suspect that talking corresponds to the conscious; I mean this is very simplistic, and silence allows the unconscious to be expressed. Silence as a break from conscious work...taking a break from whatever you're engaging your mind in. The break in the silence allows other processes to go on and inform what we do in a more kind of balanced way and with more insight.

I do believe in technique. That is a psycho-analytic way of looking at things, seeing technique as important. I believe in theory. I do constantly try to relate anything new to something foundational. Partly to deal with anxiety and uncertainties, but it also has value in its own right, to be able to know where you are in relation to something important, something of value, rather than just thrashing around in the dark.

I see silence as part of the theory and as part of the work, in the sense that it's helpful in bringing in this shift to the unconscious. So, rather than seeing it as a lack and uncertainty and without foundation, I see it as part of a process that I can relate to in terms of theory."

5.1.2 Composite depiction

The composite depiction illustrates the themes and core meanings of silences as experienced by the co-researchers as a group. The following seven themes emerged from the analysis of the individual depictions:

Definition/meaning
Sociocultural context
Qualities and role of silence
Theoretical orientation
Language
Training/ongoing learning
Anxiety

Definition/meaning

Only one co-researcher offered a definition.

"When I say silence, I mean prolonged pause".

All co-researchers felt that silence can have many meanings.

“Thinking about the different types of pauses and gaps that you get in the flow, what constitutes silence? Does it have to last a particular amount of time before we classify it as silence as opposed to a pause? I’m not sure.”

“I think silence on the whole is a bit of a vague word. It’s a bit like the word love, I mean there are so many different aspects, angles, connotations, meanings, you know, threads that could be pulled from that one word, I think silence is another one of those words.”

“...sort of weighty moment. Moments like that stay in your mind. Well, it makes me realise that I’m on the right career path. In fact, it’s never come from me making a very clever interpretation, ever! It’s actually come from all those moments which could be silence, which could be, oh I don’t know what, some sort of non-verbal things and some sort of connection, some sort of yeah, sharing of something. You’re never gonna find a word that describes it, are you?”

“Silence is not one thing, it’s not a homogenous thing. There may be different types of what might be going on, but it all ends up being highly contextual. What does it mean in the context of that client, the work you are doing in that moment?”

“Silence is always contextual and going along with the way I work, you have to consider it phenomenologically, what does it mean?”

“I do think there is an art, the art of silence, the art of using the silence. Cos different strokes, different pauses, longevity of silences can have different responses, effects, hence the complexity of it all. It’s so multifaceted actually.”

Some of the meanings offered were:

A space to reflect, to process what might be going on, something unspoken in the room, or to punctuate a situation

“Silence is an analogy for the space we allow clients to reflect. Silence isn’t a bad way of thinking, it’s stopping the flow of the normal stresses and having to respond to things, but just take time out and to sift and examine oneself. From that point of view silence is very positive and necessary, we have to shut ourselves away sometimes in order to withdraw from pressures and have an opportunity to choose a different way to be, which is what therapy does.”

“I think silences can represent a space where the two people can process what’s going on for them individually”.

“...silence can be used to punctuate situations and people might suddenly stop speaking and a silence might be described in that respect as a pregnant pause, and you wonder what might have come but didn’t come.”

“I think there is something that is unspoken that’s going on in the room. It’s funny, I had a moment with this client where there was a silence and the cognitive processing was going on in my head and she did her own interpretation and it was the same words that were in my head, it was amazing.”

A stepping back, uncoupling from the world similar to meditation, a transcendental experience

“So, the silence is a bit like the uncoupling that you have to do, if you are in therapy. Well, if you’re doing any kind of Buddhist type of thing, you have to uncouple yourself. That’s what the idea is, that you instead of simply being pulled by the world and being pushed, that you’re able to step back. You are choosing what your response will be, you know, and it doesn’t have to be the response you were trained to do before, it can now be the response that’s on some other basis.”

“Silence has different meanings. Outside the therapeutic encounter I meditate regularly. In meditation silence is the root to experiencing the divine. It is very specifically cultivating an inner stillness. You are aiming to transcend thought. That’s different to silence in the therapeutic encounter, where I don’t think either person in the room is trying not to think, to actually eradicate thought. It’s a different endeavour. It’s almost a different meaning of silence.”

“There are probably a couple of connections between silence and meditation, sometimes in those moments it feels there is something of the divine in there, or just such a deep meeting of people that it’s transcending the physical somehow.”

Silences seen not simply as the absence of sound, but laden with nonverbal, contextual communication

“What do we mean by silence? You might say it’s simply the absence of sound, but all sorts of communication happen without sound. Somebody could be sitting there crying silently.”

“Clients are never really silent, are they? There’s body language going on. Often, I say things on the basis of how people appear... Everything is a communication, so there’s not usually nothing going on. I can’t imagine, there is ever nothing going on.”

“It’s not just about two people being in a room, it’s about where they’ve come from to be in that room and what they’ve brought with them and actually is the room quiet or not. I mean there is so much that could come into a silence and turn it into something other and I guess it’s, it’s about how you use that and how you can work with it...”

Becoming aware that one's own understanding of silences can impact the therapeutic encounter

“Well, there’s that saying isn’t it, silence speaks volumes but yeah I think there are many qualities of it and you’ve actually made me consider my part in it and I will think more about what I bring into the room in the silence from the way I am.”

There was the idea of elusiveness of silence

“People call it intuition or whatever, but it’s sort of when you’re in tune with the person you’re working with...and almost at this point the whole concept of silence disappears for me, because it’s kind of irrelevant whether words are being spoken or not; because it’s about what’s actually going on and there can be all sorts of things going on when words aren’t being spoken, it just doesn’t describe one thing...it almost disappears because it’s so individual to the moment.”

Sociocultural context

Participants noticed the lack of silences in ordinary conversation.

“In day-to-day experiences you just be getting on with it, in your relationship, you know, just talking and having a laugh and doing whatever you do.”

“I think because it’s unusual in everyday life, isn’t it, it’s unusual in normal social engagement. Normal conversation doesn’t have a lot of silence, this sort of to and fro quality of normal conversation. I mean silence is one component of what’s different about therapy from normal dialogue, isn’t it? Conversation gets faster and faster and this is slower and slower.”

“Relating to another person would almost automatically involve conversation and silence was no conversation so therefore represented awkwardness. When you expect to engage with somebody, I think, then that’s when the silence, the existence of silence becomes possibly awkward.”

Some co-researchers felt talking is seen as a way to use time efficiently when relating to professionals in ordinary life, making it more difficult to make time for silence in therapy.

“I think in normal everyday life silence or if, you know, you’ve seen the doctor and you were silent in that 10 minutes, you wouldn’t get a diagnosis would you, you wouldn’t get your prescription.”

“I think part of my analogy to seeing a doctor is, because I’m a nurse as well as a therapist and I suppose health is all about being efficient, using time efficiently and the idea that, when I went to see my therapist, a very well qualified professional with many years’ experience, that I make her sit for 50 minutes in silence, you know, thinking of some of the surgeons I work with, ...the whole idea doesn’t sit very well.”

“In my own therapy I found silence uncomfortable at times because as a client I felt the therapist was expecting me to bring something into the room or I was wasting the therapist’s time. You don’t make an appointment to see a doctor or a dentist and then be in the room with them and not use the time.”

“For some clients the fact that they are paying, there is such a drive for something to change, for something to be different, they are paying to speak of it, it’s what I’m here for, but that does not always tally with their readiness to speak.”

One participant commented on the influence of upbringing and change in culture on her experiences of silence.

“Within my culture that I was brought up in, which is not English, there was that kind of approach of you speak when you’re spoken to. I’m first-generation Cantonese Chinese. In the social environment which tended not to involve Chinese people, it would be Western people, I grew to learn that silences were possibly perceived as awkward.....and you had to keep it flowing.”

Some co-researchers spoke of the difficulty to allow silences in therapy, feeling that talking is expected as a way to perform, to deliver, to give something worthwhile.

“In my therapy we don’t have many silences. I feel pressure to perform, pressure to make it

comfortable for the other person, but then again, I'm making huge assumptions, because the other person, the therapist, might be OK with my silence. I'm much happier with other people's silence. I don't sort of think, if they don't speak that means no work can be done."

"I guess the hardest silence I find is when a client sits there and looks at you expectantly. I sometimes find that very hard to just sit with. As a nurse if a patient asked you a question you give them some kind of an answer, so it's learning to run my two lives in parallel really."

"My experience in the therapy room with clients, certainly at the beginning I found silence very uncomfortable because I felt that the client expected something from me. It didn't seem that giving silence was something worthwhile for a client to come for."

"I still find when the relationship is new, it's difficult to sit in silence with a client and wait for them to continue and bring whatever they've got. I still feel as though there's some pressure on me to deliver something, particularly now that I see some clients privately, the accepting of money and wondering whether what you've given the client in the session is 'worth' it."

One co-researcher expressed concerns about the lack of silence and too much dialogue.

"The worry about silence or lack of it is that if you have too much dialogue, you're not giving a chance to reflect on what you've just taken in. You're just locked into this and if you misunderstand what dialogue is, then it's some kind of fight for you, when all you're having to do is bat the ping pong ball back. However, the correct attitude to a dialogue is that it's going to change you, you have to take a risk, you have to let go, expose yourself to having your mind changed in some way."

Some co-researchers felt the need to retreat into silence in their personal lives.

"After a busy, noisy, over stimulating week I value having at least one day where I don't have to interact with anybody, where I can just be in peace and quiet. It's healing. I wouldn't be able to do the work if I couldn't have that".

"There's never any time to just allow your mind and body to process what's gone on in a day, it's just constant. So being able to have the silence and the peace and quiet just allows everything to settle and get back to a place of 'being' again. I think it helps me in the therapy room with a client because as I've got a bit more experienced, I'm always able to take that sense of calm that I can find at the weekends with me into the room and just be with the client in that sort of calmness."

"I guess I hadn't given any thought to how else... silence for me doesn't have a particular meaning in other ways really apart from being somebody who... I quite value quietness and too much regular noise I find intrusive."

Others spoke of the impact their change in understanding of silences had on their personal lives, in particular their relationships.

“Initially as part of my conditioning I felt I had to fill in the gaps to fill that void. But now... I feel that I’m far more comfortable and secure with slowing things down, making space to actually have silences. I’ve definitely diminished that need or the requirement to jump in and make the other person feel better. I’m not saying that that doesn’t still happen, I think it does in social situations but I’m not so quick to jump out of a silent experience. I think I understand it far better and I feel that I can utilise it in a way, that I can feel comfortable with.”

“It’s interesting how much it has impacted my life personally, I’m able to hear and think about things so much more. I don’t impulsively respond.... the silences are a way of stepping back and actually listening and realising how much I don’t hear things and when I do, how different the other person is, completely different, you know.”

“Remaining silent sometimes means I am able to stay separate and not get caught up with the other person’s story.”

Qualities and role of silence

Two co-researchers had not experienced silences in their client work.

“I’ve been so lucky, I’ve never had complete silence, so no, I don’t think I’ve experienced silence from a client. In fact, I’m not sure what I would do (laughs), I wouldn’t mind just for the experience of it, yeah so no.”

“I have to admit, I haven’t had many, there’s not been a real silence”.

Co-researchers spoke of the infinite ways silence could be perceived, distinguishing between facilitating or hindering.

”For me that goes back to this whole idea of how different these things called silences are. Silences can be used to withhold, to contain or to be thoughtful about or, you know, an expression of another sort. It just makes me think of all the different ways it could have been perceived, you know. I could be silent in a withholding manner, you know, or a punitive manner.

“When a client lapses into silence, it’s very easy to just quietly sit there and wait for him to speak, but when the client becomes really fidgety, then there’s clearly something going on and so, if it goes on for a little while, then I might be tempted to break the silence and say well, I wonder what’s going on for you? There are different aspects to it really, aren’t there?”

Examples of facilitating silences included encouraging clients to speak, slowing down the pace, clients searching for memories, reflecting on what to say and as communication without words.

“I think silence is one of those characteristics that feature quite prominently I would suggest in the therapeutic relationship, cos I think, it can be incredibly powerful and I think we can encourage without possibly the client knowing, encourage the client to actually say more which I do believe as a therapist you want... there are so many ways that it could be used,

depending on what is going on at the time between the client and the therapist.”

“If I feel that the pace of a client sometimes needs to be slowed down, sometimes silence can do that and give the client space, I guess give me space, even, so I think silence can be used in many different forms to help the client, I guess, and the therapist, depending on what is being acted out.”

“I had a client who struggled to say a particular word, describing what had happened to her and we had many silences where it felt so important that she decides whether she could say this word. Over two or three sessions she almost brought herself to the brink and then retreated.”

“Another client is a very slow, deliberate thinker and talker and so being really patient and letting him come up with his words in his time to describe his experience often involves long silences whilst he’s thinking about what he wants to say but it feels so important to give him that space and time.”

“When people are searching for memories, if they are trying to remember something that’s very difficult, you often get long pauses.”

“I do have clients who sit in silence and think about what they might want to say.”

“One client will stick to safe subjects but very quickly finds that she dries up on these safe subjects because they’re not the thing she really needs to speak about, and she knows it. The silences or the gaps in what she is saying will be more frequent because it’s not got an emotional drive behind it.”

“Another client, when he started working on his personal stuff rather than just giving me a diary of events, he would lapse into silence, but he was very able to take material away that he’d work on and process it and come back and talk about how he thought about it and he was able to do that in the room as well. So, his silences were comfortable silences where he would just use the time and think about what was going around in his head.”

“I’ve got one client who regularly doesn’t finish her sentences and there would be a hand gesture or a facial expression that would..., you kind of have to fill in the gaps yourself. Her communication happens in these almost bits; there are bits which she can’t articulate. It’s communication without words.”

Participants highlighted silences as valuable time for reflection outside the therapy room.

“There’s a silence that’s not in the room. The clients who are really working hard. There are clients who come back to report the whole of the week in terms of the therapy. He worked all this stuff out before he came to the session really.”

“One client said, you said a couple of weeks ago this and I think you were fundamentally right. So, he had been taking it away into his silence which may not have been in that room. If the client was one of those people who were busy all the time and didn’t allow himself to think, he would perhaps never reflect on his life.”

Silences experienced as moments of depth, intimacy and insight

“One of my clients, she would say something and then we’d have silence and then she’d just suddenly go – ding! And then she would report back, we’d had an exchange of words or whatever and she sat there and processed it and called it a light bulb moment and something had fallen into place.”

“I’m aware that there are those gaps where something really important has just been said, when you have those moments when something has happened and you kind of get that almost frisson in the room of, oh my gosh, that’s really important, you know, the client reaches something new or a different insight; and you also have that moment of, wow, and that processing of it and that sort of, you can almost see the re-ordering of stuff going on in the mind with this sort of latest realisation or something and that can take quite a degree of time, but it’s not nothing going on at all. You can see it sometimes in their face, in their facial expression.”

“The silence I experienced with another client was tearful. It felt like a validation, it’s acknowledgement and a sort of sharing of pain in that moment that was, I think, hugely valuable for the client, because I think it was that he was feeling that he’d never been able to share before with anybody else. I was there for him. I suppose silences can be hugely intimate”

Examples of hindering silences, such as a client not wanting to be there, feeling uncomfortable with silence or something insensitive or hurtful had been said

“There was somebody who really didn’t want to be there. It was the client’s silence, and I could feel what was in front of me was the impossible task of doing both (chuckles), speaking for both of us. It left me churned up, because I wanted to have some kind of success you know, that’s natural, you can’t escape it, but to have a really negative silence is quite a hard thing to take.”

“Another client found the idea of me not asking her questions, of it being up to her to decide what to speak about, she found that too much to deal with. There was a silence in the session, I’m leaving the floor to her and I can see she’s not comfortable and so we’ve talked about why and how silence can sometimes be helpful, but she then says about how she’s not comfortable with it at all and that it doesn’t feel safe this silence. So, in a way that silence led us to being able to talk about, that I probably wasn’t going to be able to offer what she was looking for.”

“It can be completely magical when it’s right, but also you can have moments where you have that silence of realisation when something important has been said which might be hurtful, or that something’s gone too far or that you’ve used the wrong word. You know, equally, you can have a moment of ohh...that had power, didn’t it, but you know, you don’t always get it right, do you, in terms of that degree of sensitivity.”

Concerns about imposed silences

“I worry about the almost punitive use of imposed silences in therapy. I find, when listening in group supervision to other people, I’m sometimes taken aback by their deliberate use of silence in order to kind of leave somebody dangling on a hook, as if to say they’ve got to go through this, this is hard, but they’ve got to do it.... It’s got to be felt to be friendly or even, motherly.”

A trusting committed relationship seemed important.

“In my practice and particularly at that point with the sort of person-centred model silence is a great way of just communicating that in a way, isn't it, just 'being' with the other person; so it felt very Rogerian actually.”

“Too much silence of a particular kind leads me to believe that it's unlikely that person will come back. It's where somebody dries up and they don't know what to say. It's not a thoughtful silence, it's not trying to bring up a memory, those kind of natural pauses and gaps, but when people actually dry up, that they are, may be, unable to speak yet of what it is that needs to be spoken of, that they don't find you are the right person to speak to, but for whatever reason, when there is a lot of that kind of silence in a first session, they are not coming back. I've started to think that a certain level of relationship needs to be established in that first session. The amount of silence is an indication that it might not be gelling.”

“I mean the beginning of silence was a struggle let's say, I think her reticence to disclose her thinking, I don't know whether that's down to trust, actually she didn't really know how to disclose, lots of the silence was actually not knowing how to use this space, something about connection, could she connect with another person, I mean those silences weren't sort of awkward, they seemed like the productive silence let's say ...sort of like something was happening, very slowly, something was happening, a bit like “I don't know what to say” and generally in a session it was the beginning half that was silent and the second half that wasn't, so there was a sort of pattern of finding it hard to start... [She] arrived and there would be yawning gaps between what she had to say. It felt like I wanted to take on a maternal role and be far more cognitive with her and sort of break the silences and tell her what to do because it didn't feel as though she was working through anything, it just felt that she was delivering things in short bursts with big gaps.

At the beginning I had said to her that I was concerned about her drug use and having a small child in the house. Having taken advice on child protection I asked her some direct questions the following week. I think that quite got in the way after that of what was going on in the room. I wonder if that took the element of trust away between us. I think that's probably why she stopped coming. But that was another uncomfortable silence. There was just that anxiety about the responsibility to the child in the back of my mind always.”

[Co-researcher refers to a book] “The author describes a soldier, probably with post-traumatic stress disorder who is an elected mute and he nevertheless keeps meeting him and talks even though the man is not going to respond. As if he was saying to this man, I accept you. He was going to commit himself to him, even if there wasn't going to be an answer and eventually this man did speak. He recognised that the other person cared enough to do this.”

Co-researchers described how they try and work with silences.

“I'm just trying to think about what do I do in those silences? I'm thinking of all these different possibilities of how I could respond to the last echoes of whatever she just said, because what makes you chose not to break it ...and I don't know consciously if I know really what's going on there, because sometimes you obviously sense that it's OK not to break it, it's OK just to let ourselves carry on in this.”

“I think it's something about introducing silences into the process, because it can be a very new experience, you know. People obviously do have experiences with silences and maybe they'll find it punitive or whatever but yeah, there is something about introducing silence or thoughts around what silence might be...”

“Initially I really want to hear what clients have to say. Especially in the first session I say very little, unless I think there's a lot of anxiety and I'll say something. What I think is, this is

the way I work, and I think it's beneficial to have these silences or not to respond or not to make it a conversation. If the client is ready, they will acknowledge that and they will come back even if they don't know why."

"I think that's how for me I keep confidence in the importance of silences through continuously processing that I'm hoping it'll be an expression of care in a way and, you know, this is for the client's space. If my felt experience says that no this is actually too much for the client then obviously to go with that and work with that. But initially that's how I see the silences. That kind of containment is one way to describe it. I guess I'm much more thoughtful, I would like to think."

"Often I've got an image in my head of what my client's world is like. So, you've sort of gone into a different sort of space, haven't you? I suppose there's so many ways that I as a therapist experience silence in that moment with the client, for some people it might be a huge relief, it might be peaceful, it might be calming, for others it could be, this is awful, this is unbearable, but I'm quite perceptive on how the other person's feeling in that silence, I think. I suppose there's a lot of non-verbal going on there."

"There's something quite powerful about staying with somebody, it sort of demonstrates something quite powerful, I think, that you're not expecting anything, not expecting to be entertained."

"This client found a way around silence and not being ready to speak by writing a letter. I read it. What I should have done is wondering what it would be like for her to wait until actually she was ready to tell me it. It made for a very interesting session. How could we speak of it if she couldn't tell me?"

"I haven't had anybody, interestingly, say they found it difficult with silence, I haven't had anybody say this is unbearable or why aren't you saying more, I haven't had that, but I'd imagine that happens. And they feel they're not being guided, or they're being abandoned. 'Cos a silence could be experienced as an abandonment, couldn't it. It could be very isolating (pause). You're out on your own literally. I hope I would sense not to create that, but that could be a good place for a client to experience something because if it could be brought in to their work, you know, you 're feeling abandoned but I'm here so you know what's going on there."

"There are other times, when you're getting to the end of work with somebody, when you've been meeting with somebody regularly, who's been pouring forth and eventually they get to a point where they stop. I've had that moment with several clients when they have reached the end of what it is, they needed to say or what they needed to talk about and actually reaching that point can be the start of the moment, when we realise we're going to be working towards an ending."

Checking in with the client about a silence

"Sometimes I might comment on silence. I'm trying to check in and sort of connect, get something stirred up perhaps, sort of facilitating something."

[Response to researcher struggling for words:] "So we're going to have a silence in the room (both laugh)."

"Sometimes you're making a point with it, like I did with that client who wanted to be told what to do and I needed to get across to her that that wasn't gonna happen. I'd said it, but I also needed to demonstrate what this way of working meant and what it 'd look like. A client who is just finding it difficult to get started, you know, I might say something to ease it."

“I had a conversation with a client recently whether they could allow themselves not to speak of it until they were ready. In the previous session she rushed to tell me something but then afterwards felt awful, that she’d gone somewhere too soon. So, you know, it’s OK not to speak, even though you have this impatience to speak of it. Actually, slowing it down on purpose and I almost sort of was giving absolute permission, we don’t have to speak of it this week. The pace of the work has to be individually dictated and silence just becomes a part of that.”

Filling the gap, when sitting with the pain was just too much

“This client I saw for the first time, he was telling some really harrowing stuff, I felt myself jump in and thought, “God this man is just in bits and I really want to make him feel better”, so I did fill in the gap actually. Sitting with the silence, it’s sitting with the pain and for me, I felt that was just too much. God that room was overwhelmingly full. Being silent at that time would have possibly made him feel more alone, reinforcing his aloneness.”

One co-researcher had not thought much about the person receiving silence and what it might be like for them.

“I see silence as something that’s quite positive for a person [therapist] who’s using it. I haven’t really thought about the person who’s receiving. So, for a person who’s doing silence if you like, I can’t see it as being negative unless the client has asked me something and is waiting for a response and if I use silence then, I can only see that as being negative.”

Feeling silenced

“You know, not responding instantly is quite important as well. You know if I feel as a therapist, I need time to process, and to find the words but sometimes being silenced by something, I don’t know, it’s just different isn’t it.”

“I remember once having a client who said he had killed someone. I felt that I couldn’t talk in the whole session. Obviously, I did state a couple of things, but I just thought I can’t talk. I just felt a daze. That was a silence from me. I was a bit shocked, because it came out of the blue. I just didn’t know what to say. I thought the silence was really useful then. I think when that happens, when I feel shocked, thinking “what do I do with this”, I try and stay silent. But that’s different from being silenced. I don’t know. Well, it is because you’re quite conscious of it; you’re making a conscious effort to be quiet and not saying anything rather than an experience that sort of just stumps you.

I read somewhere that if you’re uncertain about something, or if you’re overwhelmed or angry about something best rule of thumb here is to not respond and to stay silent. I think for me that works.”

“Thinking about another client there was something there, you know, which was quite close and intimate. There was just this sort of lovely feeling of love growing between us. But the thing is I was silenced by it. I felt like I couldn’t respond to it with the client, and I felt that was such a shame. You know, I wish I could have named it. I wish I could have said something about it. I couldn’t. I was silenced by it. I think that is why he didn’t come back.”

A sense of not knowing

“In any other sort of walk of life, it’s non-productive whereas in therapy I think it is productive. But why it is, I don’t quite know.”

Theoretical orientation

Silence experienced when working within a person-centred approach

“This client was extremely disturbed; she was seeing a psychiatrist. There was a presence about her that was very angry, so when she was in the room, it was sort of palpable. This anger incited this sort of fear in me, this sort of heart racing, thinking what she's going to do. The first session was particularly silent, I was working in the person-centred approach at that point, and I wasn’t worried about silence. It seemed that it was useful in some ways with her, I didn’t feel as if I was creating the silence, I think the silence was there. In my practice and particularly at that point with the sort of person-centred model silence is a great way of just communicating that in a way, isn’t it, just 'being' with the other person; so it felt very Rogerian actually.”

“I think being very Rogerian with someone can be quite violent, the non-directiveness particularly, whether it’s holding the silence, whether it’s reflecting a question back, rather than answering it and I’ve learnt from that. Sometimes just giving the client what they want, that’s OK.”

Some co-researchers viewed silences as an intervention, a powerful tool.

“...at the end of the day it’s just another tool I suppose.”

“There’s something about sitting in the therapist’s chair that allows me to quite well feel natural but comfortable in using the skill of silence and I do believe it’s a skill because I think it’s an incredibly powerful tool. I guess I’m coming across as very clinical. I think probably all therapists are trying to think one step ahead about what the appropriate response is for the greater good of the client.”

Others did not regard silences so much as a technique, seeing theorising as possibly hindering.

“Rather than you trying to be the clever one, the expert, it’s not about you being the clever one that knows all the theory, it’s not about your agenda, it’s about you facilitating. It is much more useful if the client can come to their own understanding themselves. It’s about waiting. So, something about silence is about waiting, isn’t it and not feeling as though it’s a waste of time.”

“My therapist calls herself a psychoanalytical psychotherapist and sometimes there isn’t enough silence in a way, I think. Now I don’t know whether that’s something coming from me but because she’s quite free in terms of giving interpretations and sort of explanations which is her approach let’s say, it’s a bit like, she can trample on stuff that could just happen naturally, do you see what I mean? It’s like a sort of, do you actually really always need an interpretation? Who’s it for anyway? I’m not asking for one, you know.”

“[My therapist] is working really hard in the room and it’s quite interesting but I know none of this is true, there’s no such thing as a truth really in any of this, it’s just concepts, links or whatever, but sometimes it feels as if there’s pressure to find a truth and I don’t think psychotherapy is about that.”

“Absolutely, silence as violence, to hold it because you’re holding it for an abstract principle, that is violence in the moment with that other.”

“I wouldn’t ever be thinking along the lines of technique, I wouldn’t be saying and now what’s needed is a question, I just got to be open for a question, and now what’s needed is a silence, I couldn’t, I would be tripping over myself if I tried to, if I thought in those lines, it’s a bit like cycling and contemplating your feet moving the pedals at the same time.”

“I don’t like this idea that I’m applying a technique. I can have techniques. There are things in my bag which I will think of, but I don’t from moment to moment think this is all part of a technical process that I’m doing this now and next I’ll get to the stage and I’ll get out my forceps, you know. “

“But whether you could artificially insert a silence, so you can’t, can you? It would come in its natural place; it has to be.”

“It is when it is effortless, it’s flowing and yes, there might be moments of conscious reflection but actually, when you ‘re in the moment you’re working and it’s just happening.”

Language

Silence was seen as part of language.

“It’s hard to deconstruct the role of silence from its part of the whole, because it’s joining something, it’s part of something much bigger. To get any kind of discreteness between words there’s got to be the silence between, hasn’t there?”

“Silence is not non-dialogue because it belongs to every dialogue, doesn’t it? In every exchange there’s multiple silences all the time, there’s a sequence of, you could say, it’s just like in music, it’s the space between the notes. Well, the notes don’t make noise continuously and if I say something and you’re the client then I stop and I obey the silence and you fill it but you didn’t have to fill it. And the chances are there’s a silence, there’s a momentary silence or there’s an extended silence but you’re filling it, aren’t you, you’re under pressure, because the question is a kind of pressure, isn’t it, it rolls something towards you and you’re either going to have to deal with it or you avoid it or..., so you’ve got a problem.”

“In a way silences can be a whole different language, a whole different way of communicating.”

The importance of silence was recognised in situations when words are not enough.

“Sometimes words are not enough and that’s another reason why silences are important.”

Training/ongoing learning

It was through training that all co-researchers became aware of silences and how it impacted on their lives. All spoke of an ongoing learning process re-evaluating the meaning and value of silences.

“Quite early on in my training [I noticed] I hadn’t experienced lots of different types of silence at that point. It’s made me think about whether you need training in this. We differ in how we cope with silence generally; we bring that into our practice and I think working clinically with people I’m OK with silence.”

“I think initially, partly because of our training, I’d almost try and make a virtue out of silence. I can sit with this. I can be comfortable with this. Silence does not worry me... Whereas what I’ve become more attuned to is what it means in that moment with that client.”

“My initial experience with silence is through training during experiential group, and I realised that I hate silences, I struggle with them and with my need to fill the silences with something. At times it felt out of my control and that's probably the anxiety, you know. Having completed my own training, I don't struggle with them in the same way.”

“For me when I’m with the client, I feel like I’m the adult, I’m the holding person here, the containing person and I’m quite clear that I need to keep my stuff separate. I want to create that space with the client. Whereas at university those things were more unclear to me and they were more about relating to others and I would jump in there feet first and try and learn about relating to others, you know; not that I didn’t with the client. It was a different kind of relating, whereas at university I didn’t position myself as the adult, specifically within the experiential group dynamics.”

“The therapeutic context [of the experiential group] helped me to become aware of others and what they might be feeling when I’m there filling up the silences and am I annoying people? Am I taking something away from them by filling up the silences?”

“I am quite used to and I’m quite comfortable with silence. It helps sitting in silence with a client. Experiential groups, when nobody speaks, sometimes people find that incredibly anxiety making, doesn’t bother me at all. I can either go off somewhere, unless something particular happened which is very obvious that the group should be talking about and isn’t, unless there is an emotional charge, at which point I might be one of the first to say, look come on shouldn’t we be talking about this (laughs) but in terms of generally there being quiet, I’m fine with that.”

“There are silences, but the thing is, it’s how, as a therapist, I use them, ‘cause I can either be sitting in silence and be just overwhelmed by my own anxiety and not be able to think about anything else apart from how anxious I feel, having to sit in silence, which for me has happened less often with a client. You know, I can't explain why, but in my training [the experiential group] it’s happened more that I’m anxious, I’m anxious, I’m anxious and therefore I can’t really think outside of that. But in other arenas I can. I feel like I can more and more.”

“Whereas at the beginning I could say that I got agitated with the silence, I would get very fidgety. I’m now able to be very still and wait to see what happens.”

“I don’t mind being with someone in silence, whereas before [attending the training course] I would feel the need to make some kind of social chatter.”

“I wondered whether it was about maturity and transition from, you know, from being quite impulsive and just saying and blurting out things during my training to going through this period where I was able to stand back and move away from that. You know, I do think it felt quite like a transition which challenged whether I wanted that or not”.

“...the meaning of silences has changed and it’s through the training that it has changed, and I would certainly say now that silences are not awkward for me, I find them much more comfortable. I think I understand the use of silence much better, whereas before for me the meaning was very simple. It was awkwardness and all negativity, awkward pressure, you know.”

Valuing learning from clinical experience

“I suppose the more I work the more I listen to all those different dialogues and don’t jump at anyone. I wait a lot more than I used to. I think perhaps things can come up for clients that might not come up, if something had been jumped on, perhaps something else could spring to mind. So I think it’s about opening up.”

“Cos you’ve got to get them to the pain, in an ethical way, in a holding way. I think that comes with experience in your training that keeping them there for longer to think about the pain a bit more to understand it, to wallow in it, rather than to quickly sort of put it back in the box and tidy it all up nicely or we’ve done the pain, we’ve linked that with that but actually we haven’t really felt it together, we haven’t really suffered there together. So, there’s a sort of balance, isn’t there?”

“Although there’s no sound in the room, there’s plenty of communication, there’s lots going on and it’s about, ...I think I’m learning that it’s about being open to what’s going on in front of you.”

Training/supervision can get in the way of one's own felt sense, causing confusion as to what to rely on and impacting the therapeutic encounter.

“One client would sometimes come and say I don’t really want to speak this week and she was very able to sit for 50 minutes in silence and my supervisor at the time, her view was that a client like that was abusing the therapist and that it is a waste of my time and hers. She was very angry with me for allowing it to continue. I felt it was a demonstration of trust and a way of developing a relationship to show the client that I was prepared to sit with her for 50 minutes in silence, because it’s as though no one in her life had ever tolerated her or given her what she actually wanted. I was in my second year of training. It was a very confusing time. I felt it was right to allow the client to do what she wanted to do, but I was disregarding the advice of my supervisor who is a very experienced therapist.

I wonder if the client could pick up that her silence was causing agitation in me. The conflict going on in my head would have put something in the room that didn’t need to be there, and I think if I could have been with her then the way I would probably be with her now, it might have opened something up, but we didn’t open up because the room was as much full of my stuff as of hers because of the conflict. I don’t think we used that silence.

So, in a sense it’s been an interesting learning curve in the last 3 years, and has enabled me to be very open to what might happen in the room.”

Anxiety

All co-researchers spoke of their anxiety when experiencing silences.

“I can be sitting in silence and just be overwhelmed by my own anxiety and not be able to think about anything else apart from how anxious I feel, which for me has happened less often with a client. Yeah, being able to hold that, I think, is important rather than getting caught up in anxiety.”

“...the initial seconds I would suggest are probably not uncomfortable for either party, but the longer the silence is prolonged, it almost goes into an eerie deathly silence. I almost start to imagine a high-pitched tone, it’s going [high pitched] errrrrrrrrrrr (laughs) because the silence is going longer and longer and longer. There is no action, there’s nothing happening, is there, the actual, the interaction of silence remains static but the actual experience, I feel, changes the longer the silence carries on. It starts to become unbearable. I think we all have obviously a different time point where we, I would guess, that we start to feel a flutter of, I don’t know, anxiety or uncomfortableness or awkwardness and that gradually builds

(laughs).

Yes, and then interestingly enough, I think, then enters at some point, who's gonna break the silence, and then somehow there's like a responsibility of will they do it, or will I do it, you know, and then that starts to kind of kick in. I think introjects play a big part at that point, oh I should be talking, or they don't like me, am I boring, or perhaps they're boring but I can't show that I'm bored."

"Another client would kind of dry up of something to say and we probably have 5 or 10 minutes of silence and she would get very uncomfortable with it; and as her anxiety with the silence grew then I would begin to feel anxious, should I ease her pain or anxiety by putting something into the room to give her something to talk about or open something up, or should I just sit here and let her work through it. Sometimes I did put something in there to sort of release the tension, because sometimes it was almost unbearable, so that's a whole different experience."

Working through fear and anxiety

"With her, there would be this silence. I was worried about it and a little bit frightened, it was like a wall and somehow I wasn't allowed through the wall ...so it was very powerful, it wasn't sort of unbearable, it wasn't like, this is pointless, it felt like, what I was sensing was anger but it was also a frightened child that had to be ...coerced and coaxed out of the corner and it was a bit like that, whereas all I could feel was this anger at the beginning."

"Well I was a little bit frightened, but it was sort of mixed with this curiosity, you know, clinically for me what's going on here and so... (pause) I think the silence at one point was at least 20 minutes long 'cos there was nothing else I could say and I thought there is no point saying anything else, it's up to her now, you know, when she's ready and it's a little bit like perhaps silence is good, because what I'm doing is not making my own agenda and I'm showing her that I can bear it, whatever it is..., so the other side of the fear was that sort of ...this can be quite strengthening perhaps, you know, you don't have to have words but maybe just being in a room with somebody and being silent is more than anybody else has maybe done for her."

"During the silence with a client, what was difficult was, not knowing what she wanted from me if anything, you know. If I say something will it be intrusive to her. If I would sit in silence with her, I would end up feeling like this negligent parent. I felt confused. I eventually realised that the silences were one of the ways in which I found her to be quite provocative. You know, I felt quite frustrated with her and it did play out in my mind as if it was the set-up to the whole rape that she would describe. I was really confused as well. So it was really helpful but really difficult, you know, to stay with that."

"That willingness to recognise, yeah, and not trying to categorise everything as the same. What I've started doing is noting down my intuitions in my notes after a session with silences. It's recognising that that feeling is often right. It's often telling you something that you might not want to know. As my anxieties over having enough clients and earning enough money and things like that are reducing, I'm allowing myself to recognise those feelings more. To start off with it's quite difficult to switch off your business head."

5.1.3 Exemplary portrait

What follows is an individual depiction, which serves to exemplify the core themes as experienced by the group as a whole. I chose Paul's portrait, because it contains comments on all the themes. It also serves as a form of contrast, in that this co-researcher has learnt to focus on lived experience, drawing on intuition, rather than using silence as a tool. He recognises the elusiveness of silence and that any attempt of pinning it down theoretically, is likely to turn it into something else.

To complete the illustration of each co-researcher's experiences of silence the remaining six individual depictions are attached in appendix 1.6.

Paul is a 40-year-old British psychotherapist with four years of clinical experience. He completed an MSc in integrative counselling and psychotherapy. He described his theoretical orientation as largely postexistential. The interview seemed to reflect Paul's tendency to talk, as well as illustrating a shift to valuing silences.

“Silence is one of those things where I've got some ideas, but never really done any thorough thinking around. One client experienced me as expecting her to fill the silence. There is in our culture a demand to give account for yourself, justifying yourself almost. I think often in therapeutic settings silences can evoke that kind of pressure.

That's one particular version of silence. I resist this idea of the thirty-seven types of silence, but instead it's to actually say, 'Well what's it like to experience a particular silence with that person?' I think silence is something nebular. There is something about the fact, that it does resist being measured, resist being pinned down. Cause if you could do that it would destroy it, would turn it into something else.

Silence can be useful for people becoming aware, because there is that temptation, where you're just talking out, putting a distance. Whereas to get brought back to that relational context can make you have to confront things that you rather would not confront, but it can also be enriching.

The most important thing I learned in my personal therapy was the realisation I didn't need to talk. The role I played in my family was the one who talked. I filled up awkward silences, so you don't have to think about, 'What is my being in the world? What silence does, it disrupts. It breaks those...chit-chats. Sitting in silences in the experiential group was similar... I'd find them

incredibly anxious.

I think you've got to go there with these things yourself, before you can go there with your clients.

I used to think it's good to leave silences, like an intervention. I don't agree with that now. It's trying to put a barrier between me and the client. If I'm not prepared to step into the work and engage with the client, then there's no point doing the work.

One of the fundamentals of music is call and response. I think that therapist and client do enact those sorts of calls and responses. But equally, there's something deeper about this, you know, the Heideggerian idea that we speak out of silence, there being calls to us out of the silence and we respond with words. I believe that therapy, when it's at its most rich, is about reclaiming something essential about language which is very often lost in modern culture, where we see language as just a tool to be used to promote interactions.

Silence is seen as a disruption of that flow and also as an isolating thing, that somehow instead of two people sitting in silence being still engaged in conversation, like you would see in music. 'Cause if you have a long pause in music, the music hasn't stopped, it's part of the music, if you see what I mean. The modern view is that if you have a long pause it's a disruption, a break, an absence. Whereas it's an inter-weaving of the two together, so that one is meaningless without the other. That's a much richer way of seeing what the context is.

One of the problems with the set-up of therapy as the talking cure is that people are thinking, 'I've given up fifty minutes of my life to see this guy so I'd better talk. Or even 'I'd better say something worthwhile.' And so, we neglect silence.

You can disrespect silence just as much by letting it linger and drag on as you can in cutting it short. It strikes me that there is an intuitive response to the other person. If you're sensitive and you're responding to what the client does, you're guided by that. That's what makes you sometimes interrupt the silence and sometimes let it sit, because somehow, it's this listening again, it's being tuned in. Because it's an on-going play, it's a dialogue between the two.

There is this dubious assumption in our culture that, if I'm talking to you then we are connected. But if we're not talking, we're disconnected. Very often the most powerful connections have been when nothing's being said, that words would be kind of an irrelevance, that might even do some damage to it.

It's a delicate act, you see, because there's something about punitive silences, about cruel silences. Jung says something like: 'You have to look after the ego 'cause the ego is what has to get up from your couch and go home and do their day job.' A client used to go blank during sessions. It was really distressing for her. I think to maintain the silence would have been cruel. Her ego was so fragile, it didn't need me, just because of some grand theory to say: 'Well let's hold the silence and see what happens.'

There's something about respecting people's silences. It makes me think of Winnicott's idea, that there is an essential part of the personality we need to keep safe and keep back.

All I can tell you is that the moments that are important, Rogers' three core conditions are there. When silence happens in this way, those are the rich bits, when I feel most stirred, most engaged. Very often I will feel very gentle when I'm sitting with a client who's collapsed into silence. I am aware of thinking 'I must be full of care.' I often see it in terms of being the responsive mother. I suppose to a certain extent, I just see it as being alongside.

I think therapy can fall into that trap where what you're really trying to do is to relieve your own anxiety with the other by making them known. But then there's something about the idea of

silence, which is accepting the not knowness of the other, and perhaps not being threatened by that. Or perhaps being threatened by it but living with the anxiety of this and allowing the other to be other. And that might be done in the ways in which I maintain or break the silence.”

5.1.4 Creative synthesis

The poem that follows is a creative synthesis of the essences of silence as illustrated above reflecting the researcher’s intuition and tacit awareness. Writing a poem seems like a culmination of the whole research process. Drawing on the engagement with the co-researchers and my own growing self-awareness, it feels I have reached a point where “through the guides of a heuristic design, I am able to see and understand in a different way” (Moustakas 1990:11). The following poem aims to express this understanding:

Silence

Silence in the room with you
 What does it mean?
 Is it safe and does not harm?
 Can I connect to you without words?

My senses are heightened
 What to do?
 I am used to talking
 How to be in this time and space?
 Does theory help?
 What do I perceive apart from myself?
 So many questions in my mind
 My understanding grows
 I hold on to my fears

And then there is you
 I sense your presence
 I am not alone
 And I find the courage to be
 And go where you need to go

5.2 Findings of part 2

Chapter 5 continues with the findings of part 2 of this study, illustrating experiences of silence as described by clinically experienced therapists. During the analysis I was struck by the richness of the 9 depictions. The presentation of the findings starts with the individual depiction of Emily. Her depiction is based on the longest interview. I chose her depiction, to show that even if you try hard to cover the topic of silence, you cannot fully capture phenomena of silence with words, you only talk *about* them.

Emily's comment on her depiction was: "...I do waffle on and on! Talk about not being silent...", realising the futility of describing experiences of silence within language.

The first part and the end of her depiction is presented here. The whole portrait can be found in appendix 2.9.

5.2.1 Individual depiction

Emily is a 74-year-old, white, British/Canadian psychotherapist with over 25 years of clinical experience, including working as a supervisor, teacher and group facilitator. She completed an advanced diploma in existential psychotherapy and is an accredited member of UKCP and SEA.

She engaged in the interview in a lively and animated manner. Asking questions, interrupting each other, eager to get our own point of view across as therapists, rather than allowing space for silence and listening to the other was noticeable. It seemed to make over speaking more prominent in this interview. Towards the end a period of silence indicated we were running out of words, may be exhausted after a 2-hour interview, but also possibly exhausting words to describe silence, needing to leave gaps and leaving things open, unfinished, in silence.

“Assessing silence in others. It was part of a form as supervisor, how is this student with silence with the clients? I thought, 'I can't answer that, because it's so complicated, it's a relational thing.' It's a lot to do with how I'm experiencing the other person. It's back to my difficulty with supervision as a form of assessment. Very mixed messages are being sent to students: 'Be as open and honest as you can. However, you are being judged'...that there's a right way and a wrong way. I find it arrogant to assume to have some power, the ability to know. We struggle with things, it's not wrong, it's human. So much happens and doesn't happen because of how we are in relation, and I think silence is the same. It's seen, as a therapist, it's bad not to allow for silence...and that's another one of my things, guidelines, how restricting they are because we respond to the guidelines. We wanna get through the course...the message is: 'I'm gonna be assessed so...I will show that I'm good with silence.' It's a meaningless exercise, you're hiding yourself in order to comply. It went against my way of being with others in supervision.

Over the years I found I was too active. I found that silence is absolutely golden, not used the way as your psychoanalyst might in order to generate anxiety. But it can encourage someone to say more. It's like not interrupting...if there's a long pause, there's a temptation for the therapist to come in either with a question or observation, an interruption so often, and silence is... It's like leaving the door open which can be anxiety provoking for the therapist, it's incredibly powerful, can be. It'll be disastrous for some people, it breaks the connection, it can do, so it's not necessarily good or bad, but I have discovered how enabling it can be. There's always more, but it depends on who we're with. Freddie Strasser would say: 'It's part of the human condition, the need to express ourselves.'

I had a client, it was heavy, everything was hopeless, and it was really difficult. [My supervisor] said: 'It's possible that you're trying to find something positive in what he's saying because it's difficult sitting in that black hole with him.' I thought: 'That's true, I'm trying to preserve myself.' It's very different from my character. No matter how terrible things are, almost always I see the funny side of myself. So I thought: 'Okay I'm going to stay with what he's saying. When he finishes his latest awfulness, I'm not gonna say anything. I'm just gonna sit with it. Let it hang in the air.' That was really difficult 'cause that was completely new to me. It was a long silence, maybe it was only two minutes, and do you know what he said? 'This silence feels so good.' It really brought it home to me how I was in relation to him. I was struggling, I was somehow not staying with him, so of course he had to bang on, and on. Whatever it is they are going to bat us away, because they do not want to move, they want you to be there. Different things were coming from him after that, it wasn't all hopeless, that feeling, now we can begin, we're side by side, not opposite. I'd hadn't realised, that...he wasn't experiencing me connecting to him. Whatever I was doing, it was distorting or interrupting rather than just leaving it, just say: 'This is it.' It really changed the relationship... and I was more comfortable. Whereas, that discomfort...it was so difficult for me to be with him the way he was.

It's a communication but I think there's a danger when it's sold as a skill that's uniform, you do to someone, ...it doesn't work like that because it can be a disaster for a lot of people...

In the family my mother filled a silence, she was very entertaining, very funny. She'd liven things up, made it more comfortable for herself and hopefully for the others. My father was totally eccentric. With my father...I've just thought of a very interesting example, I was quite small, we used to call it daydreaming...your eyes glaze over, it's just, kind of, nothing, yeah? And some other adult was going: 'Children you mustn't daydream.' I remember my father saying: 'Don't interrupt.' For him, daydreaming, being silent was full, it's precious. So, with him it was absolutely encouraged, you didn't have to do anything, whereas that Calvinistic... busy doing...tidy your room, never happened [*laughs*]. I think my default way of being is to fill the silence ... make myself feel more comfortable, sometimes it's an ice breaker, I mean it's different in different situations, ... it's over time that I've come to appreciate it and not be fearful of it.”

Towards the end of the interview:

“Silence is so fascinating. It can be so threatening and closing down and it can be so enabling, the full spectrum. What do they call it? 'Being'. The ‘being’ quality, that has a kind of silence [laughs]

... God, so much is communicated without words. You can't theorise about it that easily ... I think...we're back to this thing about words, kind of, destroying something...taking something away.

So much can be expressed without words. I think there's a danger, because we'll always find meaning in everything, and who knows by talking about it too much and trying to nail down what the meaning is, we might be losing something that's...there without... leave it open, leave it unfinished. So, in therapy talking about it is...and as a therapist you might say: 'This is what's coming out for me,'...all these things are interesting. But it shows how difficult it is to stay with not knowing in a way. We're back to the therapist fills the space too much. So, it's getting the balance right. To not tie a bow under things or to make them too clear.

[...] [long pause]

In this culture we live in, where silence must never happen. You go into any restaurant, there's music, ... peoples' houses, they have the television on, or the radio, ...there has to be constant.....and the earphones, there's mu.....there's.....do people ever.....yeah, back to me as a child daydreaming. It's historically interesting. Libraries are noisy nowadays. It's changed quite a lot. It was holy that there was just.....it's not like that anymore. Obviously, there are people that go to retreats, but it's like they have to go somewhere and create it in a kind of artificial way.....You could fit it in anywhere if you think of it, but it becomes like a....., kind of..... you know?"

5.2.2 Composite depiction

The composite depiction illustrates the themes and core meanings of silences as described by the co-researchers as a group. The following 10 themes emerged from the analysis of the individual depictions:

- Meaning
- Qualities
- Sociocultural context
- Language
- Training: experiential group/personal therapy
- Self-awareness
- Theory
- Intervention
- Clinical experience
- Death

Meaning

Co-researchers had different ideas what silence might mean, ranging from a pause to the precursor of everything.

“I think of it more as a pause, a slowing down, rather than leaving silences. There is a bit of a silence, but it doesn’t feel like a silence”.

“I do feel it’s impossible to have true silence unless you’re in a flotation tank.”

Difficult to conceptualise

“It happens between us and it’s very difficult to actually pinpoint.”

“[Talking about silence], we objectify it. We're trying to find out what it is. It's a bit like love, sort of, 'Do you love me?' 'Yes.' 'Why do you love me?' The moment you say it's because of this, this, this, it's the end of the relationship. I think silence is a bit like that as well. You know, what is silence? This, this, this. So, it's not that, that, that. It's in the mind, isn't it?”

There was a spiritual notion.

“There's a Buddhist saying, what's the sound of one hand clapping? My take on it is that to clap you need two hands. So, the sound of one hand clapping is that it represents, if you hold a hand out, reach out to the universe, the universe reaches out with its hand. And of course, the whole thing is about silence or sound.”

“Silence is the precursor to everything. So, it's always going to be there. And it's a matter of how you texture it. It's almost like silence is the blank canvas that underlies everything.”

Qualities of silence

Space for the unconscious to be more present

'Why are we in this mess?' Silence can be a tool to enable that to start to be unpicked, because it allows the unconscious to be more present in the room. The amount of times you just let someone talk and virtually say nothing and they go 'I didn't know I was going to say that'. I think that's because you provide the space for the mind to go wherever it wants to go. If you interrupt it all the time, the unconscious can't take hold.”

Feeling alone and isolated in silence

“A big thing for me is the fear of the silence meaning isolation, meaning being alone, being not connected, that loneliness in the silences. I think it touches something quiet deep for me.“

“I said to you about the grieving process, having lost somebody very special in my life a few years ago, and there was some sort of aloneness in that as well.“

“Lost and alone. I get that sense with my client. He mentions us trudging along. When I listen to him saying things like that, I get a picture in my head of him trudging along on his own. I'm hoping he experiences me being with him, but the way he presents in therapy is very lonely. When that happens, I am staying with it...and I think that sort of empathy does help him. But sometimes ...there's all sorts of other things going through my head in the

silence, and I think: 'I want to ask him about his wife and his relationships and I never know whether I should, I haven't done because it feels intruding into the silence, but I want to almost get him to make links and reflect on his relationships to make him feel better and there's this need to...help.'

Being with someone in silence

"It felt like, you know, when you're quiet and you wait, but you're still keeping eye contact or if they look away and they look up and you're still looking at them. You're not anywhere else, you're still there."

"I've got the sense that you should allow silences, a sense of being able to tolerate anxiety and not have to always fill it with noise and chatter. I got that from my training [...]. And I think there's various things you can think about in terms of that particular client and why a silence might be helpful or unhelpful to them. If you think about someone's life story and they have been silenced or ignored, having a space is really important for them, to have someone who's there...it's not just about being silent, it's about having that quality of attention. So, I could be silent and they could hopefully sense that I was being with them, I was alongside them. Rather than an absence or a cruelty, or an ignoring and you're not caring, it could be a...being with someone in the silence."

"For me, there's been a lot of silences in recent years...makes me think about even the relationship I was in, he and I could be silent together for long periods of time, so comfortable, you know you're in a relationship where you can just sit there and not say anything, and it's absolutely fine – if anything it's even better."

For some there was a spiritual quality to silences.

"[Being up in the Dales] yeah, I wish I could be there now. There was an additional quality to it, almost a spiritual quality. For me, the mountains or moorland as well, anything quite desolate, I find really moves me, yeah...Sometimes when I am sitting in groups - I must dash in a moment - I will sometimes, if I'm feeling calm enough and really want to relish the moment, I will take myself to a sunny moorland with birds tweeting and sheep bleating. A really lovely space. It's really enjoyable."

"I find it very difficult to isolate the spirit from all the rest of us. I do believe in God and Jesus Christ, but I have no theory from that either. It's not as if I suddenly apply a Christian perspective to it. Although I have experienced things very deep within my Christianity, but to try and project those even onto somebody else... it's just the same as me saying I know what A's anxiety is, you know, I can't...I don't dissect things, we are what we are and if we are spiritual in any sense, then I'm sure that comes into it. Do I think God suddenly intervened at all? I can't possibly say, just felt comfortable in his presence and curious enough to continue to gently open up what was happening with him."

Being silenced

"I think people look at silence as a negative, but from a particular context, because in a way there's two types of silences. One silence is if you're comfortable with life, and that saying that I came up with earlier: 'Only break the silence when you've got something better to offer.' But that's a comfortable kind of silence. I don't know whether it's just the western tradition or worldwide, there's an element of silence that's malevolent in the sense of you are being silenced in some way, so you can't speak. So, if you're prevented from speaking, I think that's a different form of silence. You're being silenced, rather than choosing to be silent. Those two forms do come out in therapy, and you see one form of it usually at the beginning and a different form of silence towards the end."

“There’s so many different feelings you can have when people aren’t speaking. Sometimes it can be quite pleasant, sometimes it’s reflecting. I have a client who comes in and always needs not to say anything for a while. He’s trying to get in touch with what he wants to say or how he feels. So, he needs me to wait for him. Sometimes the silences can go on for a long time and I feel I have to be there and attend. One session he comes in and you get a sense of tension and anxiety and nothing is said, and it’s very hard to know what to do. I do feel sometimes I am silenced by him; this is quite controlling...I don’t feel I can say anything because it’s his silence.”

One co-researcher wonders whether silence could mark the success of therapy.

“If you come with your head buzzing with something, or there's a mismatch in terms of what your expectations of life are, versus where you are. All of that comes into therapy. Does that quieten down in a way, as a mark of the success of therapy? I don't know how that relates to silence. I think it's almost like the space that silence can give you, or you give yourself the space to move on.”

Silence to express love

“My father could always do silences. Even now, he has Alzheimer’s but - he still recognises me, and we have conversations to an extent - we can sit in a park for hours together and not say anything. We’ve been closer together in the silence than we ever were in the conversations. If that can be taken away and used in our therapy practice, then that would be wonderful. There’s something that takes place in the silence that’s just... the kind of love that’s unspoken, perhaps.”

“Maybe I can use that in the therapy room. Being with the vibration that we are. And I think that takes me back to meditation, that in the silence, I’m getting in touch with me, the energy...the energy source, rather than me, this person sitting in front of you. I’m with the energy. And maybe with my father in those moments ...we are both with our vibration and with our energy.”

Silence is multifaceted.

“Thinking about silence in terms of therapy I had to think of it more as when somebody isn’t speaking. So, when a client isn’t speaking and I’m not speaking, you could term that as silence. But there are many different qualities of that not speaking. I might be trying to listen to what I’m experiencing, whether I’m feeling comfortable or uncomfortable, or thoughts are going on in my head. Sometimes I find myself thinking about something completely different. I notice my attention going off to something else, it might be another client, it might be a noise outside, it might be what I’m supposed to be doing later. I often bring my attention back to what’s going on between us. So that’s a sort of an absence if you like. It’s not necessarily a silence. I think it’s useful to try to be aware of why is it so hard to be with a person just sitting quietly.”

“Gosh, is it half past three? I didn’t realise there would be so much, it feels like there’s so many different ways and places to go with silence. It’s got so many different meanings.”

Sociocultural context

Being surrounded by noise in ordinary life

“Just thinking about mobile phones and texting, I think it’s very hard not to get that instant response. I think people get quite cross...well they do in my family, if you don’t instantly respond with a text, or you miss a call. I think we find it increasingly hard to wait. It’s an absence, wanting input or noise or something back all the time.... filling the gaps all the time...just be left alone and uncommunicative [*laughs*] [.....]”

“I’ve got a cousin, when she gets up in the morning, the television goes on, or the radio goes on. It can feel like being bombarded with noise, there’s no space for... anything, there’s just too much input. At home, where I do my writing, is up in the loft conversion. I open the window when it’s nice and I can hear the birds and some traffic noises, people noises. I feel connected but still removed from it. For me, that’s the reflective space, where I’m not talking to other people, I’m just in my own space.”

Being exposed to antagonistic language

“I’m finding it more and more damaging. I don’t listen to news and I noticed when I’m driving, I won’t put the radio on, I prefer just to drive and not listen. A lot of what’s spoken on the radio nowadays is combative. A lot of the words are actually antagonistic.”

Silence is rare in ordinary life.

“Very rarely are you face to face with somebody with nothing being said and that makes people feel uncomfortable. I think the voice [in your head] starts spinning and often it’s all the negative talk that can come up in everyday life. So we just don’t like to be in silence and that’s why I found it very uncomfortable sitting in [the] experiential group in silence and why we would use humour as a way to deal with that. I think it’s a reaction to not knowing what to do, sitting with the unknown....”

“Most clients want to seemingly talk and make it a cognitive reflection. Certainly, the few that I’ve got at the moment seem to want to talk incessantly or want to encourage me to talk incessantly which I resist. I try not to talk very much, but you have to respond obviously.....hm...”

The need for a therapeutic relationship in order to be able to explore silence as a way of *being* and learning together what’s appropriate

“I think you have to have a sense of the therapeutic relationship to be comfortable in a silence, to be able to wonder together and see what happens, a sense of the relationship a little bit established before someone feels okay enough just to be. It’s not something...if you’re socially with people and maybe you’re sitting round having supper and no one’s saying anything that feels really awkward. It’s a very different feel, it’s allowable within therapy, either in a group or one to one. It’s something that has a different quality to it than if we’re in a social situation. People feel they have to start filling it, even if it’s just talking about the weather, just to make people feel comfortable...for people to relax. It’s quite different in therapy than in real life.”

“We’re used to a particular way of communicating, conversing with people and for a client to come into therapy and for that to be disruptive somehow, for them to have the space to think and to not have that back and forth of conversation can be quite challenging. I think, for some clients, they get used to it and as time goes on, they’re more comfortable with a very

different way of communicating. I think what I've been circling round in everything I've said is, what's appropriate for the client? How do I work with them in a way that isn't that I know what they want, either silence or non-silence, but somehow learning together what's right for each person?"

"I think it's the parental path. He need not feel alone, there was a sense that he needed to feel he was being attended to, that I was more present, because I do feel that silence can, depending on how someone perceives it, [can] be dismissive. Maybe understanding his childhood helped me to think I don't want to replicate that parental role he's had, maybe I felt he needed to be heard and to be heard I needed to ask more questions and be curious about certain things, rather than let him reflect too much on his own. I think I was more active or more directive than I often am."

Silence seen as not being sociable

"I'd always been, as a child growing up, being a bit of a people pleaser. So, I'd always want to be chatty and ... smiling and making people laugh and just being pleasant. A lot of it comes from, how you hear your parents say, especially my mum would say: 'Oh she doesn't say much.' It would be a criticism. I thought people that were quiet, weren't pleasant, they weren't sociable, they were withdrawn."

"I think growing up, especially youth into your 20s, you have ideas that you've got to have some kind of social life [at] the weekend. I never conformed to any of that. I was interested in stuff I was reading and literature. You feel that there's certain things you should be doing, certain ways you should be living your life, and you're finding, you're doing something else altogether. So there's a bit of social awkwardness."

"I turned a corner quite early in life. I think within yourself also you go through phases where you're either sort of chatting away or quiet. There's something physiological about it as well. I'll give you an example, not necessarily with therapy. Say I've done some training. It's an enjoyable activity to just go and do some exercise. You come back, say you've been invited to a dinner, so you're sitting with everybody. I know that I go completely quiet because I'm just listening and just enjoying life, I am chilled out. I then start getting accused of, 'you're very quiet, you're not saying much. Are you alright?' 'Yeah, I'm great, I'm on a high here, I'm just letting the endorphins work.' That kind of thing, but the people around me sort of know that I'm like that."

Being quiet, sulking as a way to get a message across

"Mind you... as a child I would be silent and kind of short [laughs]. 'I'm not gonna tell you why I'm cross, I'm just gonna sulk and be quiet and let you know I am upset.' It's like getting the message across without having to say anything [laughs]."

Impact of childhood experiences

"Growing up there wasn't much silence, my mother was very hysterical, so there could be a lot of not silence around the house and there were a lot of arguments. I spent a lot of time on my own. I would be in the garden, in the silence plane, picking flowers, digging stuff up... and I also spent a lot of time alone in silence...it was a very lonely place. I think some of that is still part of my experience today. And funnily enough, I experienced that a lot with my clients. So sometimes the silent place is a lonely place for us in the room."

"Lack of peace and anxious knowing that something is going to erupt, waiting for that, I guess. I think playing with my doll, playing in the garden that was a way of coping. I don't

know, you were just in it. I was just distressed, just watching it all kind of unfold...and silenced by it maybe ...I wouldn't show the distress necessarily. I might cry but I wouldn't show the distress"

Silence in art

"I've become aware of art. ...some of my clients who have had extreme senses of silence and withdrawing into themselves and living in their own strange and difficult to comprehend world, so...and that's only appreciated in silence. You go and get confronted by one of Bacon's pictures, as an artist he's been able to portray something of that in his work. I need to go and apprehend this painting; I need to let it speak to me. I need to let the sensation happen...I hate... but love standing in front of these paintings and being apprehended by them. And I can only stand in front of them in silence and apprehend them. Can I try and describe them? I'm struggling for words in describing them."

Experiences of silence in nature

"I like spending time on my own with nature, with animals. I don't particularly need to be in the company of others."

"It goes back to my childhood. Some summers we stayed up in the Yorkshire Dales and so an ideal day for me was when we, my mother and aunt made a picnic and we would go out for an 8/9/10 mile walk in the hills, just top of the mountains and all we would hear were the birds and the sheep and the insects and that. For me, is still my idea of heaven, just to be somewhere, away from too many people and all you can hear are just the sounds around you and it's really quite restorative. So, it's not silence, but it's what people might think of as silence."

Meditation as a way to experience silences

"Meditation is just taking no thought, trying to stay with your own silence. Very rarely do we spend time just being. Living in the moment and that's often a silent place."

"Something I try and do most mornings and I don't because it's become too busy, but I would try and have a cup of coffee and I go sit on the bench outside my house, and the only thing I would be allowed to think about was anything that just happened in front of me. Everything would be still apart from one, two leaves that would be twiddling round and round and I'd be looking at it, getting lost. That to me was so powerful, just being in the moment, because in that moment I did not worry. I wasn't thinking about anything that was causing me any grief. When I was saying I haven't had as much time, it leads me on to thinking about a Buddhist phrase, "You should meditate for at least half an hour a day and if you haven't got the time you should meditate for an hour."

"The first thought is about meditation. That's where I have my silence, I think...and I guess every time I do meditate, it makes me think about how much, in my head or in my life there is a lack of silence. Our minds sort of doing overtime and all these thoughts and clients' thoughts and stories and my stories, everyday stuff just kind of clouding my head."

Intrusions into a silent space

[There was building work going on in the house. Knock on the door. Hanna goes and briefly speaks to a builder at the door, interview then resumes.]

"...breaking up the silence there. *[Laughter]* There's always going to be intrusions in silence. You have to fence it off, keep that therapeutic space..."

Language

Silence not seen as an absence but a source of meaning

“Generally speaking, in terms of silence...in terms of not speaking, it’s something which shapes what is said. So, if you’re listening to someone speaking, they have gaps in between when they say something, when they stop and then the other person speaks and... It’s those gaps or those silences, they do make the meaning as a whole. It’s like with music ‘cause you have a gap or a silence it’s communicating something about the shape of the whole and what the other sounds mean because it’s part of the whole thing. It’s not an absence.”

“We’re always doing something rather than being. There’s not much time to just do nothing and be quiet. I do think of it sometimes as an absence of words, but when there aren’t any words, there’s always a sense of existing still, isn’t there? A sense of, whether it’s a bodily experience or sensory experience, it’s always in the world and it’s paying attention to that, being part of ourselves rather than just thinking what we’re doing...what we’re thinking, ‘cause thinking tends to be words. It’s just being...paying attention to the.... I don’t know if you can think of it as darkness or light, but if we think of noise as light and the absence of light, darkness is the silence, it’s paying attention to that absence or different quality of experiencing.” [.....]

Experiences beyond words

“We think we have to do something...we have to have a conversation. It’s funny actually, this client of mine said it beautifully, she said something like...‘It’s amazing that my feeling of what happened, the minute it’s out and I say it to you, it’s so small in comparison to how big it is within me.’ I thought about my experience growing up with my mother and I’ve talked about her for a long time in therapy, but...it cannot ever...portray the extent of the feelings which I had as a child. I don’t even think I can ever be in touch with what it was like as a child...”

“We used the word inertia. He loved to be in that state and the silence I experienced in the sessions were part of his inertia he was experiencing it in. In the sessions he was able to explore that, to sit and actually be in an inert state. There was a lot going on, you could just sense it, could I articulate it? No, I couldn’t. As he felt confident that I wasn’t going to judge him, he was able and willing to explore this very strange world.”

“...I brought the pause to his attention, I felt he’d been working on something at this point. He agreed and talked about how he was processing something at a deeper level than cognitively. That was the sense I got, but I don’t think I was able to articulate it and I don’t think he was at that time, but it did open the opportunity for him to be able to start to share things that were going on for him at that deep level.”

Silence as a way of communicating a sense of consciousness in everything

“What’s the psyche? My attitude would lead towards panpsychism. There’s consciousness in everything and everywhere. The interesting aspect there is, if you’re taking everything as having a psyche of sorts, then what is the nature of that communication? It’s not necessarily speaking, and a lot of it is in silence. So, silence is far more overwhelming than speech.”

Silence as pre cursive to speech

“Silence is what generates speech, so it's a pre cursive to speech.”

“There's something about *being-with*, but it's interesting that we are labelled the *talking therapy*. I think you're listening beyond words. Heidegger, this is late Heidegger, said of language: 'The moment you start talking about language, you objectify it.' Whereas language is the servant of thinking, imagination, feelings, intuitions, it's generated through that, rather than we are servants to the language. You know the story about language speaks us, which I think is a dodgy declaration. So, if language is not to be objectified, and for the other senses and sensibilities to be brought in to it, there is the inference that proper speech is tuned in, that kind of speech is actually tuned in to silence, and is generated from that silence, or from that place of be it listening, or awareness. [Silence] is not just part of it, it's the precursor to it.”

“What's interesting, he says he doesn't want to talk about language as language, he actually starts differentiating. He brings in languages as *saying*, so he doesn't want to go into idle talk, or authentic talk, or whatever. He goes into the *saying*, it's a *saying* language, which seems to head towards loneliness, oddly enough. You're trying to bring the magic out, aren't you?”

“Silence is the source of speech. When we speak, what is it? Is it language? Is it messaging? It's interesting, because silence engages the person a lot more than speech. If you and I are sitting in silence, I don't have any readymade form of communication. But through the silence, a whole host of things that don't necessarily speak in terms of speech are actually communicated between people or nature. We lose sight of that. A lot of nature, much as we appreciate it, is actually in silence, you hear the wind, or... You're much more tuned into the rustle of a leaf than to a speech on TV.”

“So, in a way a therapy process is actually true to the way Heidegger would look at it in terms of *the clearing*. What goes in, what goes out is true whatever it is. It's a language that is being used to bring a life experience, rather than a language of knowing. And I think a lot of that is about silence and what has silenced you. In a way can you leave [therapy] with your life [being] quieter than it was?”

“I guess most of the time I'm out of speech anyway. So, I don't know. I never learnt the art of small talk; I can't just drift in and out of simple things. I've probably missed out on a lot of life as a consequence of that, just the day-to-day stuff. But we are who we are, that's the way it goes.”

Training: Experiential group/personal therapy

Experiential group

Being exposed to silence in experiential groups

“On the BSc, we started our very first group on the first day and the tutors came in and just sat down. We all just looked at each other, thinking 'What on earth is going on?' There wasn't very much silence, because once people realised this was something unstructured, there were people who were just filling the silence, I say for the first year of training.”

Silence in the experiential group as a way of learning

“My first experience of silence in a therapeutic setting was at university [in the experiential group], and I bloody hated it. It taught me how to stay with silence. It made me very

comfortable, but while it was happening, especially in the first and second year, I was incredibly uncomfortable, because I was thinking this is a waste of time. And I still sometimes think: 'I can't believe 45 minutes have gone by and no-one has said anything.' So, there's that, and then there's the learning to...there's the staying with your own anxiety within the silence. But I don't know why it throws you back onto yourself more, when you are in a group setting? It's like if you can do it there [laughs], you can do it anywhere, you can do it with your client one on one. Sometimes I felt that it was unhelpful."

"My training helped me deal with the need for silence. Being part of the experiential group, I found very confusing. It was very alien to me to be sitting in a group, in a circle and no one to be speaking for however long it was. At first, I'd often find myself giggling and thinking this doesn't feel right, this is very funny, this is weird. That changed over the years. I can still find myself confused by the silence in a group setting, but I'm okay with it and I think that was a fundamental part of my training. I don't think I would have been able to sit opposite someone for an extended period of time with no one speaking."

"There is something about staying silent and sitting in silence. In the group situation I stayed silent for quite a long time. I don't think I spoke in group for two terms. First, there wasn't the space to. So, I ended up using it as a time for my own personal reflection, because, around me, there was all of this stuff going on, people talking about anything in order for it not to be silent. So, within that, I would just sit in my own little reflective space, so although it wasn't silent, I stayed silent."

"There have been times where I thought, it's been quite long enough, so maybe I can say what it is I want to say. Maybe it's about [what] the silence is about for me in those times. Is it okay for me to use this space? Is it my turn? Does someone else need it more than I do, rather than rushing to get in first before anyone else has a chance. I feel like that in experiential groups quite a bit actually. That, when two people try and jump in or comment and they use the same space and they... I think I get self-conscious... I suppose it's about your self-worth, isn't it? Do you feel deserving enough to use the space and the time, will people be interested? [laughs]."

Enjoying sitting in silence in groups

"There's never really any silence, but there are spaces that I enjoy. I enjoy sitting with my own students in groups when there's silence. I'll be sitting in this room and listening to the traffic and the trees and what silence means to me. There is, lack of...well, yeah, just lack of human input. We're all there together and very conscious of the other people in the room, but my brain isn't occupied with speech. I've still got my internal monologue, that never shuts up, but it allows me the space to engage with all the other sounds around us that allow for some kind of effective space."

Personal therapy

Being exposed to silence

"I was allocated this counsellor, went to see her in the GP surgery, and it was the most painful hour of my life, because she was just silent. I went in, I didn't know what to expect, there was nothing, she didn't even introduce herself, she just sat there in silence and I felt... absolutely wretched, because I didn't know what was happening, what I was supposed to be doing."

"I think violent, that's what I was left with, that I was really struggling, I'd had a lot of stuff that I was dealing with and there I was with this woman who was sitting there in silence, expecting me to come up with the goods. Even if she had said at the beginning, okay, I'm

going to be leaving you to do most of the talking, there may be periods of silence, that would have been better than this awkward space in which I was trying to grapple with some kind of words, and she was saying very little. Even when I said stuff, I would get a one-word response, two-word response and that was it. There'd be more silence and it was awful, I just wanted to cry."

"I suppose I expected it [my therapist being silent]. I got annoyed because I thought this is supposed to be a psychodynamic therapist, why isn't she making interpretations? [*Laughter*]. I wanted to say things, but I felt a bit intimidated. She would say, "You're not allowed to park your car in my driveway," because she thought my car was going to leak oil, 'cause it did break down a couple of times. It never leaked oil...it blew a gasket and needed water, so I felt very rejected that she didn't allow me to park in her driveway. She won't take me in... and comfort me."

Impact of experiences of silence in personal therapy on working as a therapist

"[My experience of silences] has changed over time. I remember being in my own therapy, feeling that silence was just a way of someone torturing me, trying to make me feel uncomfortable. I remember vowing to never make someone feel that way. I felt it was punishing me for not being the way I'm supposed to be. I feel that I was talking to nobody, that nobody was there. That didn't diminish over time in therapy. I just found that more and more made me not want to give her anything. I already felt there was a divide between us. We were different sex, different generation."

"I mean, I learned it the hard way, how therapy was going to be and, you can walk in and especially if they're really analytical they won't say anything they'll just sort of look at you and nod. My own way is that I will let them know that there are possibilities of these things that I won't start the session...they can start from where they are. Sometimes, I've made some allowances if somebody's incredibly anxious, unable to speak, feels very traumatised I might say something. Yes, and it's different for different clients."

"I think my personal therapy was a big part of my becoming more comfortable with silences, that it's not always a bad thing. It's not always a sign of rejection or someone's not being pleasant. So, I need to be mindful in my practise, that I'm not interpreting silence in a negative way. I have to stay open that it could be helpful, and it has been. So yeah, it's been a journey for me."

The therapeutic relationship as a basis for silence

"Sometimes it is difficult to speak, and a silence makes it worse. I think it can be hugely beneficial and helpful if you have a relationship that can start to reflect on silence, or reflect in silence and start to use it, but it can be a barrier at times, and it can be a power thing. In psychoanalysis especially, I think it's a power plaything: 'I am the therapist here, and I shall just wait for you to crack [*laughs*] and tell me all your stupid thoughts that I can then analyse.'"

Working with a therapist who finds it difficult to tolerate silences

"My first therapist, he couldn't do silences at all. He was so unhelpful, but it wasn't just the words that were unhelpful, it was also the way he would do it. I would say something... and there could be a few seconds and then he would say something like: 'Okay, shall we see what Freud would have to say about that?' He couldn't bear it. So not only not staying silent and just staying with what I've been saying, he would then have to break it and come from that place of theory. I'm now with a therapist who actually can do silences. But I've noticed –

not always – and it takes me back to...that the resistance lies with the therapist...and not with the client. I've noticed that in my practice too. He can sometimes – and I know he's trying to be helpful, because sometimes I'm in such a despairing place, and it isn't always unhelpful for him to say something about what he feels might be going on, but every so often it does feel like you didn't need to say that, you don't need to say anything."

Feeling supported and held by the therapist during silences

"My last therapist, after my brother died, I decided to go back into therapy for a little while and I remember she was a very quiet, didn't say too much kind of therapist. But every time she did speak, it felt really... relevant or helpful. She really made it count, whatever she did say. She eased up the silence for me to... yeah, to get to where I was wanting to go, I guess."

"My therapist, when I was quiet, thinking about things, when I'd look up she'd always be looking at me, and I remember that feeling really comforting, that she was still there. Sometimes when you're in your own therapy, I found that you don't realise how long you've been quiet for, because you've been somewhere else."

Personal therapy as a way to explore silence, feeling the therapist is walking alongside

"In my own therapy I used to stop and just...sit really and see what happened. And that was okay, and I guess probably learning from A and one or two others who used to stop and sit and reflect, or whatever they did, em...allowed me to do somewhat similar, didn't do it frequently, just when it seemed appropriate. I guess my own therapy which I found incredibly revealing, my therapist gradually opened me up and walked alongside me and helped me with all sorts of things. So, at first I always presented something, brought something but then very quickly I thought well let's see what's going on in the unconscious, so I'd just turn up and start with the first thing that was on my mind. Sometimes it would be a silence right at the beginning, because nothing would come, sometimes in the middle or the end."

Self-awareness

Focusing on a felt sense when working with silence

"I do find myself saying to myself, 'you're talking a lot, what's going on?' It's important that I was about to say something and just by giving it that last little pause and then the client will speak, and I'll think that's good [laughs]. When that happens, that helped me remember that these silences are needed sometimes for the processing and the thoughtfulness."

"Mhm... I think when there's silences in the counselling sessions, I still am aware that thoughts do come to me about my competence. I'm forever reminding myself not to be content, to always questioning myself and my own abilities. It's those times when you're feeling unsure, yeah, the silence has become more difficult. Depending on what's going on... It really is conditional on so many different things..."

"I've come to realise that silence is a space in which the client can... think about what to say. On Tuesday the girl I was...it was only a second session, she'd come in, given me a catch up on the week and I invited her to say, what would she really like to look at today, 'cause I could get a sense that there was something else there. She was silent for quite a while, her eyes were flicking around a lot, she almost started to say something, and I sat there thinking, 'do not jump in', because she is obviously grappling with something quite difficult and if I say something, it will get in the way of what she's trying to say".

“For me, it is a felt sense. I’m guided by what it feels like. It is quite useful because my supervisor is quite good at working with that. She is very psychoanalytic, but it suits, that whole transference, countertransference...and what's going on in the between, and it's that I draw upon in silence at the time. So, I use the space to reflect on what's going on. Is it my anxiety, is it theirs, do we just continue to sit with it? Let's see what the client brings up. So, it's a space for me to reflect as well as for them. I'm not just sitting there doing nothing in the silence, there's still that connection, like, what are we doing together? Okay, we're not talking.”

“Sometimes I find myself saying to myself in my head...'there was no need for you to say that. Why on earth did you feel the need to?' And I feel it in my therapy – not often, but sometimes I might think: 'You really didn't need to say anything.'”

“I think sometimes I have to break the silence, there's a sense of *being-with*, but am I shut out...by that silence? When is he acknowledging I'm there with him and when does he feel alone in that silence? I's difficult to know without saying anything. It's a bit of a puzzle [*laughs*]. “

Mindfulness and meditation as a way to raise energies

“Meditation is supposed to raise energy up through the chakras, so there is something about a change in energy. It's interesting, we met today and to my mind it's about silence in the therapeutic encounter with my clinical work. I didn't expect to be talking about all this stuff, but actually it feels really relevant. I know I'm different if I've had my morning routine of having a cup of coffee and just chilling outside. I've never meant it to be 'I'm going to be mindful and meditate'. It was only when I did another training course that I thought that seems really similar to what I do in the morning.”

Theory

Theory not to be applied, but to inform therapeutic work

“What I took from the training is that, obviously the theories are not there to be applied, but they're there to underpin and inform my work. I will consider theory a great deal in supervision, but it's post the work, it's around the work, but it's not in the room. When I'm in the room with a client, the theory is held very lightly and it's only after that, that I start thinking about it in theoretical terms. With regards to silence my work is informed by the theories that I've studied but I don't think that I...yeah, it's interesting. I don't think, okay, this is rooted in this particular theory, I think there are elements of all of the theories that I learnt that see silence as facilitative. So, there's nothing specific I would say about theory.”

Working from practice, rather than theory and not be seen as an expert

“I wouldn't say what I've learnt is theory. My leaning is more towards philosophical stuff. I'm not picking it up as theory, I'm picking it up as, is there something that I can conduct my life in? So, it becomes practice, if it's to have any relevance. If it's theory, it goes out of the window. Occasionally if I've read it as theory and it's potentially useful to the client, I will tell the client. In terms of us sitting together, it's effectively theory, because it's not from me, and it's not from our engagement. If I do drift into anything theoretical, I make it clear to the client that it's that. Because I am conscious that I would not come across as an expert in anything.”

“It's paradoxical. There's not one answer, or one right way to do things. And I think if we're too caught up with not saying anything, it can be just as bad as always trying to talk and fill the silence, 'cause you think you ought to have that so called blank screen. I think that's a bit

old fashioned these days, but the idea that you should be withholding for the sake of it, because that's what the rules say. I think that's just as bad as not taking any notice of leaving space and just chatting. You have to negotiate, or find out what it means each time, I guess."

Coming from a place of knowing

"I think silence links to fear of the unknown [and] anxiety and we are on a quest to reduce anxiety. The quest for knowledge is often an attempt to reduce anxiety and we've got to learn just to sit with silence and sit with the unknown....and silence can enable important things to emerge."

"I think we do come from a place of knowing and I think that our clients expect us to know. A number of clients, after doing my PsychD, have said that they're coming to see me because they're coming to see a doctor, so she must know. But I had this struggle even at university, this notion of staying with the unknown. And on one level, it's been helpful when our therapist just stays with us, but on another level...I still feel that there should be something given in the therapy room not just staying with. I'm contradicting myself."

"Sometimes I still feel, what [laughs] the hell am I doing? What is this person saying? And what is this? I am engaging with the uncomfortableness of the not knowing. I feel a sense of responsibility that I'm there to know for them or to get them to know. I think I sometimes get too responsibly involved, and then I have to take myself back, because I have that feeling in my therapy that my therapist is my therapist, he can't change these things for me. He can't... I am on this journey and he's helping me, ...and maybe in the silence that can be achieved. Can it be achieved more than in conversation? I'm not so sure. But what I do know is, what I have sensed with my clients and in myself, is the ability to sit with somebody to say something really difficult and for them just to be a witness to it. You know, sometimes there's nothing more amazing, more profound than that. What did someone once say? To be loved is fantastic; to be understood is profound, but that kind of understanding...maybe it happens in silence. "

Using theory gets in the way of an authentic encounter.

"How much is it helpful to be used as an object...? How much does it just going to be lack of authenticity...hiding behind what the rules say, what you're supposed to do...and keeping safe and not taking the risk of having something of a real relationship? Something that's very much central to the person-centred approach, very authentic, or an existential approach. Authenticity, being genuine, spontaneous, able to being new each time. Just ideas coming to my mind and I wonder what do you make of it, to play rather than think. Am I supposed to say anything, 'cause it's what I've been told, I've been taught, or I've picked up somewhere?"

"It's the relationship that matters. People often ask me "What's your therapeutic orientation?" It's like, "whatever". It's the therapeutic relationship that's important to me. That's the thing that came from my training course, which was really important, practice before theory, sitting in a room with someone in distress. Maybe some of the theory sits in the back of my mind and helps me to help navigate them but to me it's the relationship."

Intervention

Feeling anxious

“In the beginning I was as frightened as she was, that I couldn’t help her, that I wasn’t good enough, that she needed someone more qualified. I didn’t know what to do. But I did one time stop trying to do anything. I was just able to wait.”

Using silences as a tool

“I realised that she was applying it. It was a tool that she was using, but actually she was bludgeoning me with it... there was no subtlety to it at all. Maybe she’d been doing some psychodynamic training or module that week, deciding to use it... [laughing] not too successfully... I felt so vulnerable anyway, I felt unheard, vulnerable and really quite distressed at that point in my life.”

“When I first started, it was mostly about 'I don’t know what to say'. So, I’d better say something rather than nothing ‘cause I don’t know what I’m doing here. It was that sort of incompetent feeling, that being active because of anxiety, and saying anything just to fill the space. “

“I don’t know whether it’s part of that early practice thing of needing to do rather than be. I see it in my own students. They want to be doing therapy and to sit in silence is really quite difficult at first. It feels like you’re not doing anything. Being with somebody is maybe much more intimate, so there’s something that happens in that space in the silence that can open up a lot. I think there’s something about not having enough space and those resources right at the beginning, of actually trusting that silence can be very therapeutic in certain circumstances.“

Thinking about silence other than using it as a tool

“When I started, I was very closed minded with silence. From my life experience plus my experience in my own therapy I learnt I don't wanna sit in silence, that it's horrible. I don't know where I sit with silence, maybe it's not even a tool, it's just something that emerges, something that happens in the moment.... Getting to a position is probably where I wanted to get to, if I wanted certainty. It goes back to a quest for knowledge as a way of reducing anxiety, so getting a fixed position reduces your anxiety. It's just to make me feel good about my job and I'm fine and the world is fine but it's actually at the patient's expense.“

“I don’t think we can ever get it right, whatever that might look like [laughs], but I certainly don’t do what the first therapist of mine used to do, you know, would give you all of two seconds before he put his theory in according to some attachment-based person. That’s interesting, isn’t it, doing something with it. How to apply silence? That’s madness.”

Hauling silence in by using it as an intervention, instead of allowing it to promote authenticity

“[Thinking you can use silence as an intervention] is a load of crap because you started using it as an instrument and that is one thing silence is not. Basically, you're attributing certain therapeutic notions, and certain interpretations of therapy. You're effectively hauling in silence, as part of that interpretation. But it's actually the other way around; the silence might allow you to develop interpretations. But the silence equally may take you somewhere else. So, in terms of authenticity, the silence is potentially more useful and also potentially more honest. And the honesty is there even if you're being silenced. Because that is what has happened to you, that has been your experience, which has silenced you. So that silence is

equally honest in a way.”

Letting silences emerge

“It needs to have that spontaneity as well. We've always come from something, but there's something about allowing the spontaneity. It's funny, all of this stuff that we learn, and it's about trying to be spontaneous with a client, in the mode of listening, sensing...”

“I think therapy is a very special place where it's amazing what emerges or what doesn't emerge. So, if it's silent, if it's not, brilliant. It doesn't really matter, it's just a moment in time that was very interesting and brilliant hopefully it can be helpful for the person.”

Death

The idea of death seems silent.

“It just took me back to thinking about death, saying the death of my brother and the silence and the end, 'cause death always seems very silent, the idea of, that's it.... A young man had committed suicide and his parents had done a collection of all his poetry. I bought the book, it was so moving, all of his talents and his poetry and short stories had been put together in this one book. I think it was called 'the silence at the song's end'.”

Associating silence with fear of death

“When you think about associating silence with death... about being afraid of your own death... and I was put into care at birth. I wonder if, as a baby, there was some kind of fear of death, of not *being* and maybe that was part of this interest in endings and short term psychotherapy where it's, you know, if there was no....ending, yeah... and multiple endings...in short term [therapy], it's ending and then another ending and... mhm.”

We feel anxious about silence, because it brings up the idea of absence, nonexistence and death.

“I can't think who it is, but there's part of philosophy, the idea of a silence or a full stop is supposed to bring to mind death. It's supposed to bring about a sense of absence or stopping. It causes anxiety, because of the idea of nothingness of death, so it reminds us in everyday life of the fear of not existing. We've got to brush over it as we don't really like to think about our own deaths or other people's deaths, we don't want to dwell on it, because it's too painful and difficult, so we don't like a silence because that brings up the idea of absence and nonexistence. You can't symbolise it. It's impossible to think of absence or nothingness. And so, if you think of death as nothingness you can give it a name, you can give it a word, but you can't really get your head round it, you can't actually know it. You only define it by what it isn't [.....].”

Clinical experience

Working better with silence with clinical experience

“I think you come as you are, don't you, your personal past experiences, so you're bound to have your own interpretation of silence and what it means for you. But I would say it's definitely been something I've learnt to work with better. “

“I was doing a lot of the work. Over the years I was able to let go of some of that and allow silence to come in, because where I felt compelled to do a lot of the work, I think I was

filling the silence. I suppose now, I'm only ten years in, but as time's developed, I'm okay with whatever happens. I know that if I don't say anything, if I leave the space for the client to speak, they will bring something in and if they don't want to, they won't."

Clinical experience broadens understanding of silences.

"[Clinical experience] broadens [understanding of silence]. It broadens it because you pick up on what other peoples' experience of it is. You have to accommodate their experience of it, which might not be yours. So, you develop the understanding that there's different possibilities of silence. And it's about what that means to the client in a way. It enriches my understanding because it comes back to, how do you meet this person on their terms?"

Feeling more confident and trusting gut feelings more

"The more I practice there's...a lot of me coming, and I say it more, I say, "I'm sensing this is what is happening."

"[I am] definitely [in a different place to when I started]. The first place was trying to fulfil a role [as] a therapist. Now I think I've let go a lot of expectations I've placed on myself. I trust myself a little bit better, that I don't need a framework as such. I do and I don't. I think I can just be with someone more and go with my gut feeling about what feels right rather than trying to be someone that hadn't got the experience. I've seen a lot of people experiencing silence so differently that if I don't have a gut feeling how they're interpreting it, I've got the courage to be curious, to check in with them to see how they are, to see if we need to change what we're doing."

"When I was training initially, I think I was a lot more reflecting and staying with than I am now. It's a bit like driving, right? At the beginning when you've just learnt driving, you are very careful, you do the indication, you look at your mirror [laughs]...then, 10 years later, you are [laughs] down the M25 like a bat out of hell. Is that a good thing? Who knows, because it means I'm quite savvy with my driving and I've got the experience, but am I then missing things? I do have a vague feeling that when I first started practising, I was a lot more...humanistic; a lot more staying with; maybe a lot more silent than I am today – maybe, I'm not quite sure. I think that I'm much more confident perhaps in deciphering which client might be needing that and not needing that necessarily, whereas before there would be a lot more 'Oh God, I wonder what my supervisor would say right now?' [Laughs] That's lessened in the last couple of years after 10 years [laughs]. And I do have to remind myself to come back to the wonder."

It's a different kind of knowing that comes with experience.

"I am experienced and jaded by life, come and see me and pay me for it. I think it means that you know what the hell you're talking about; it means you've seen so many people... but maybe it isn't about that. It's still about just being with the person, but I think...I know more now than I did when I first started, but maybe I was a better therapist then? I know more about theory and being in supervision, you know, she's an analyst and from her analytical point of view, blah, blah, blah, but...no, I don't think I mean that, I think it's...a different kind of knowing that comes only with experience and time and sitting with clients. And being in therapy, the more I'm in therapy the more I get it, that it's still hard to rely on my therapist, it's still hard to say everything. So, if someone is seeing me for six years, it's still going to be hard...they're still going to be defensive, they're still not going to be able to share what they want to share; they're still going to have a lot of reservations about me, as I do in my therapy. So, I think the knowing is, that being in that chair...knowing how difficult it can be, knowing how my therapist doesn't get it right, and so I must also not get it right. These things come with time, these things come with experience; you have to have the

experience of that, it can't happen if I didn't have the experience of that.”

5.2.3 Exemplary depiction

What follows is an individual depiction, which serves to exemplify the core themes as described by the group as a whole. I chose Peter's depiction, because it was the only portrait, which contained all 10 themes. The interview stood out for me. We were sitting inside my car near the station where we met, creating a space with a different quality away from the hassle and bustle. I had a sense as if Peter's words were coming from a deeper, silent place. It felt like moving around in a more meaningful, richer environment, getting a glimpse of something wondrous. The first part of his depiction is presented here. The whole portrait can be found in appendix 2.9 together with the individual depictions of all 9 participants.

Peter is a 56-year-old, white, Irish psychotherapist with 15 years of clinical experience. He completed a PhD in integrative counselling and psychotherapy and is an accredited member of UKCP. The interview was characterised by deep reflection and his experience as a friar. The description of sometimes emotional personal and professional experiences seemed to be bobbing along on a flow of gentle, containing silences with a sense of no end to the ride in sight.

“I started to understand about silence when I was a friar. That's going back to that spiritual year when we weren't allowed to speak to other people for a few hours every day, and one day every week we had a total silence for about eight hours. At the same time, I found myself wanting to seek out places where it was quiet. I had to have a space every day, where I could get some silence either in the church or sometimes in the woods.

I'd sometimes sit in the woods just being completely quiet. I sat so quietly one evening, this fox walked right past me. It was as if I was part of the tree, then he got my scent, looked at me and ran. So, things come to you. It was very striking. When I left that spiritual year, I tried to find that silence again and I couldn't. I think I needed nature somehow. Because of my experience in that spiritual year, I found it difficult to be amongst people, when there was a lot of noise. I was just back in the normal world and it was very difficult, so I lost my peace somehow. What I found [at the Franciscans] was that I needed other people to be present to me, but yet quiet. Talking of silence, what is that noise? Jesus! [Drilling noise outside] It was that kind of...it was the world drilling into your head...kind of stopping you finding your peace and people wanting

things from me.

I only rediscovered it again when I started the psychotherapy training. I rediscovered it in the [experiential] groups. It was giving me a space for my own thoughts to come. But it somehow needed other people to be around me. I couldn't do it on my own. I realised I'd lost touch with things in my life, I had lost touch with my true self. I think I would call that a kind of a natural silence, something natural came through to me from the groups that connected up with being a Franciscan and part of it was being as a child. I had a very chaotic life as a child. I used to go out and hide in the garden under the hedges in the rain and it would be peaceful. It was getting away from the chaos, the distress and the unavailability of other people. I just felt at home in nature, I was like a little animal, curled up in the hedge. I'm like that now, I will sometimes sit in the garden in the rain, in a little dry spot and just listen...just become part of everything. I find it very relaxing. Yeah, you're part of something that just starts to talk to you.

That kind of natural silence I had, my anxieties took it away, when I started practising as a therapist using Rogers. You have to follow what the client said to you, you weren't meant to lead the client. I remember my first ever session of psychotherapy, it was a young man, and he just sat there and looked at me and I just sat there and looked at him. I was being very purist. I thought you had to stay with that silence, and it was terrible, it was a silence filled with anxiety, there was something wrong about it. I started to get tense around silence, I wouldn't trust my own self, in a way, I was listening to what other people were doing as a person-centred therapist.

At the friary I had my own peace in the silence. Sometimes people would ask could they talk to me, because they were picking up something from me...this kind of silence or peaceful peace. There was no anxiety, I wasn't trying to be a therapist, but I was therapeutic, I was somehow available to them. I didn't feel under any pressure to do something or be anything. I suppose it's the anxiety of trying to get a theory right that interrupted the silence, that stopped a silence for me being therapeutic.

I didn't like the person-centred approach, I thought it was too behavioural. Theory got in the way, even Carl Rogers' simple theory...I had to do something. Trying to learn a theory got in the way of something peaceful in me that was there. I think I was trying to get it right for people teaching us. I was trying to somehow please them rather than listen to my own experience of what was happening for me.

I'm not saying silence is still difficult sometimes. I had a very strange session a few weeks ago. We sat in silence for the entire session. Right at the very end of the session I could see she was furious, I didn't know what to say, but I thought...I think it's better to say nothing, and I sat in silence and she was silent too. She'd lost her previous therapist who had become ill. She didn't want me to be her therapist, but somehow...being silent with her, I still don't know whether that was the right thing to do, but she's still working with me. I think she could see I was trying to make a space for her. Sometimes it seems so important to shut up and just say nothing..."

5.2.4 Creative synthesis

The poem that follows is a creative synthesis of the essences of silence as described by all the co-researchers, including myself, reflecting my intuition and tacit awareness, revealed and expressed in this piece of creative writing. It includes experiences of silence which were beyond words and aims to give space to what could not be spoken of. As Mazis (2013:276, 277) writes: “The creative writer who uses poetic speech is gesturing to others-not passing along information about the world. The gesture is passed along through the poem to others who receive it in their own embodying being”.

Silence

It has been a journey.
Sitting in silence with you, not knowing what to do.
I tried to hold on to theory, but it has not helped.
It kept me away from you.

I am sitting with my therapist in silence.
I feel her presence.
I feel held.
My mind is drifting.
There is a faint sense of sorrow.
I glance out of the window into the garden.
It seems I am connecting to the energy of the trees.
It gives me comfort and strength.

I sense her pain.
Can I bear to look?
Images from the past are floating by.
Then I see her, the little girl, my much younger self.
She looks neglected and alone.
We tentatively reconnect.
I stay with the moment.
There are no words.

I have learnt to let silence emerge.
It helps to create space to attend to you,
to get alongside you,
a place for mystery and wonder.

Chapter 6: Discussion

This is the culminating chapter of a heuristic research project, exploring *therapists' experiences of silence and any implications for the therapeutic encounter*, conducted in two parts. The purpose of this chapter is to take a reflective look at some of the findings in relation to literature and research. It offers a critical appraisal of the heuristic research method (Moustakas 1990) employed, in particular reviewing the stance taken by the heuristic approach that the researcher's personal experience of the topic in question is regarded as a source of meaning and will describe some of the researcher's struggle of staying with lived experience, while also needing to proceed with more technical requirements involved in the application of the heuristic method. The chapter will turn to limitations of heuristics, such as the difficulty of capturing and representing experiences of silence and the interpretive stance that is being taken, propose ideas for future research and ends with thoughts on the value of silences and any implications for the therapeutic encounter. The first person will be used as appropriate (Wolcott 1990:19).

6.1 Discussion of findings

This inquiry emerged from the researcher's personal interest in silence, noticing a focus on speaking in clinical work. It set out to explore how therapists ascribe meaning to their experiences of silence, in particular if their understanding might change with clinical experience. It is argued that novice therapists find it difficult to endure silences (Gilliland & James 1993). The literature review showed that silence is a multifaceted phenomenon that is rarely tolerated in ordinary social interchange, pointing to a culture

focused on speech and *doing*. This could lead novice therapists to being pre-occupied with finding the *right* thing to say and applying silence as a tool within theoretical concepts, as an attempt to cope with their anxiety of not knowing what to do, possibly to the detriment of a more attentive engagement with the client. Based on Roger's (1967) idea of giving primacy to experiencing over any other influence, suggesting that being open to and returning to own experience, rather than viewing experience through a lens of past experiences, novice therapists might continue to develop their understanding of silences. With further clinical experience therapists might learn to tolerate their discomfort with silences and immerse themselves in uncertainty and ambiguity when aiming to attend to a client.

In order to explore how therapists ascribe meaning to their experiences of silence and any factors which might influence that understanding, in particular if their understanding might have changed with clinical experience, the research project was carried out in two parts. Part one of the study illuminated experiences of silence described by novice therapists, whereas part 2 explored experiences of silence described by clinically experienced therapists.

The findings of this project showed that co-researchers of both parts confirmed Levitt's (2001,2001a,2002) and Ladany et al's (2004) findings that silence is a complex, multifaceted and contextual phenomenon with facilitating and hindering qualities that is difficult to define. The consensus was, as posited by Gale and Sanchez (2005:206, 216) and Gordon (1999:78), that silence is not so much an interruption, but an integral part of the dialogue, offering a choice and the possibility for meaning to emerge.

Most participants acknowledged that sociocultural issues have an impact on their

understanding of silences. Several participants in both parts spoke about their need to fill in the gap when sitting with a client at the beginning of their training. It seemed to be an indication of how difficult it is to allow silences to emerge coming from a social environment where the emphasis is on speaking and *doing*.

Looking back at the interviews it was remarkable how difficult it was to make time in our busy daily lives to talk *about* silences, let alone allowing silences to emerge and how easily this space can get disturbed. During one interview there was noise from a busy road coming through the window, making it difficult to hear what was said in the room. One participant had to rush off to a meeting, while another participant had to interrupt the interview to speak to a builder, knocking at the door. She also had to finish the interview in time to see a client:

[There was building work going on in the house. Knock on the door. Hanna goes and briefly speaks to a builder at the door, interview then resumes.] "...breaking up the silence there. *[Laughter]* There's always going to be intrusions in silence. You have to fence it off, keep that therapeutic space..."

Once we allowed ourselves to engage in the topic, there seemed to be enough time to say what needed to be said and what could be spoken of. However, time pressure and interruptions like this make it more difficult to follow Moustakas' (1990:46) suggestion that interviews should not be ruled by the clock but by inner experiential time. It could be argued that the engagement becomes more pragmatic which makes it more difficult for words to emerge from an inner felt sense. The question remains, whether a felt sense coming from the background of silence, which according to Merleau-Ponty (1964c:46) never stops surrounding speech, is as easily accessible.

One participant exclaimed at a sudden interruption:

“Talking of silence, what is that noise? Jesus! [Drilling noise outside] It was that kind of...it was the world drilling into your head...kind of stopping you finding your peace and people wanting things from me”.

He seems to identify how a busy noisy world makes it difficult, cultivating a lingering sense and grounding yourself in a silent realm of inner peace. On the other hand, some participants in part two got so absorbed in describing their experiences of silence, that they were surprised how much time had passed and what had emerged:

“Gosh, is it half past three? I didn't realise there would be so much, it feels like there's so many different ways and places to go with silence. It's got so many different meanings.”

“Wow! I can't believe I said all that, had a tear in my eye at one point.”

It seemed that the participants almost accidentally caught a glimpse of a deeper sense of silence within themselves.

One interview in part two took two hours. It had been a chatty and lively encounter. Towards the end a period of silence indicated that we were running out of words to describe the somewhat elusive phenomenon of silence, and needed to leave things open, unfinished, in silence (Emily, appendix 2.9). It took us two hours to get there. It seems to confirm the view in the literature, that western culture focuses on speaking and *doing* and seems to devalue listening and silence or *being* as passive or preparatory phase before verbal expression (Scott 2009:57). It also illustrates how easily silence is avoided to keep the dialogue going. It means losing touch with the rich background of silence, a presence, from which speech emerges.

It could be argued that such a presence might resonate with Heidegger's notion of *saying*. Sundararajan (1999:149) refers to the Heideggerian conversation, claiming that

mutual attunement and belonging is grounded in *saying*. Courtin (1993:255) explains, that we can “address ourselves to one another, because from the start we are required, claimed by the address of language...” This is a conversation that is not a mutual exchange, but “a mode of belonging to *saying*” (Bruns 1989:222).

One position to take is that Heidegger's concept of the *saying* resonates with Merleau-Ponty's (1993:59) idea of *la parole*, spontaneous utterances seen as an expressive act in which I appeal to the other (Carman 2008:24). Both concepts seem to refer to the freedom of expressing experiences such as silence within a pre-reflective realm preceding and generating speech.

The interviews with some of the participants of part two allowed a glimpse at the presence of such deeper sense of silence from which speech can emerge. There was a felt sense in the room that was difficult to speak about. It gave a richer quality to what was being said, but also alluded to things which are difficult to express in words such as love:

“My father could always do silences. Even now, he has Alzheimer's but - he still recognises me, and we have conversations to an extent - we can sit in a park for hours together and not say anything. We've been closer together in the silence than we ever were in the conversations. If that can be taken away and used in our therapy practice, then that would be wonderful. There's something that takes place in the silence that's just... the kind of love that's unspoken, perhaps.”

This participant is not alone in thinking that love might play a role in therapeutic work. Lomas (1981:7) claims that the therapist's love for the client plays an important part in healing and might even be the decisive factor. *Love* is understood here as extending oneself for the purpose of nurturing one's own and the other's spiritual growth (Peck 1989:81).

The co-researcher goes on and attempts to describe how she experiences getting in touch with something beyond words:

“Being with the vibration that we are. And I think that takes me back to meditation, that in the silence, I’m getting in touch with me, the energy...the energy source, rather than me, this person sitting in front of you. I’m with the energy. And maybe with my father in those moments ...we are both with our vibration and with our energy.”

“Getting in touch with the energy” seems to link in with being “at the edge of awareness”. Gendlin (1990:210) writes about it when he describes *focusing* as “spending time attending to that inwardly sensed edge. When that happens in silence, the next thing and the next come gradually from deeper and deeper.” The findings seem to show that it requires clinical experience to work at the edge of awareness, when the therapist takes a more phenomenological stance and is able to immerse herself in the unknown, working more as a true artist than a technician. Bugental (1987:95) confirms that “true art is only to be found at the edge of what is known – a dangerous place to be, an exciting place to work, a continuously unsettling place to live subjectively.” It seems it is at the edge of awareness where phenomena beyond words, such as silence can be encountered.

The findings demonstrate some of the journey from being a novice therapist who tends to use silence as a technique, to becoming a *seasoned* therapist as Bugental (1987) describes a more clinically experienced therapist, who seems to take more of a phenomenological stance. All co-researchers commented on re-evaluating the phenomenon of silence during their training and how their learning had affected their personal lives and their client work.

Novice therapists in part one and clinically experienced therapists in part two spoke of their discomfort with silences when they started training as therapists. Two novice therapists in part one had not experienced prolonged silences in their client work at all.

The literature review showed that the somewhat elusive phenomenon of silence might provoke such a reaction and that novice therapists find it safer framing silences within theoretical concepts, treating silence as an intervention that can be *known*, rather than staying with the experience. The external world can seem safer if it is processed and interpreted (Greenwood 2008:27). Thus, theorising can be the result of uncertain circumstances and helps with the anxiety of not knowing (Cayne and Loewenthal 2007:206-207). Levinas (1989c:89) would propose not to turn back towards the *I*, but to face the other and stay with the experience of not knowing, rather than turning back into oneself in the form of conscious *knowing* (Greenwood 2008:27), trying to process it.

The view held in the literature that novice therapists tend to find it safer framing silences within theoretical concepts seems to be demonstrated by Martin's depiction. It shows that despite his experience of connecting best with a client on a more non-verbal, pre-reflective level, rather than using interpretations, he still prefers *using* silence as part of a technique (Martin, appendix 1.6):

“I do believe in technique. That is a psycho-analytic way of looking at things, seeing technique as important. I believe in theory. I do constantly try to relate anything new to something foundational. Partly to deal with anxiety and uncertainties, but it also has value in its own right, to be able to know where you are in relation to something important, something of value, rather than just thrashing around in the dark.”

It seems that theory offers him some explanation, something to fall back on, may be some sense of control as a therapist and seems to show how difficult it can be to stay

with lived experience. There is the danger that theoretical assumptions about silence may close down the complexity and elusiveness of silences and could form a barrier between client and therapist, not allowing direct experiencing. Scott (2009:65) believes that “staying with mental distress, doing nothing except maintaining silence and stillness dissolves our psychic pain in quite a mysterious and alchemical way”.

With clinical experience participants of part two on the other hand adopted a more phenomenological hermeneutic approach, learning to stay with anxiety that silence can generate. Addressing feelings of anxiety when experiencing silence seemed to be part of the learning process. Miller (1992:24, 27) refers to Kierkegaard who defines anxiety, as “the dizziness of freedom.” He argues that freedom demands a willingness to live in an uncertain and mysterious universe and bear an anxious reality, “the void of unknowing.” Participants expressed the view that staying with lived experience, aiming to be alongside the other, any concept of silence disappears in favour of a more genuine encounter. There was a noticeable richness of experience as if experienced therapists allow themselves to be more available:

“I suppose now, I’m only ten years in, but as time’s developed, I’m okay with whatever happens.”

“[Clinical experience] broadens [understanding of silence]. It broadens it because you pick up on what other peoples’ experience of it is. You have to accommodate their experience of it, which might not be yours. So, you develop the understanding that there’s different possibilities of silence. And it’s about what that means to the client in a way. It enriches my understanding because it comes back to, how do you meet this person on their terms?”

“The more I practice there’s...a lot of me coming, and I say it more, I say, “I’m sensing this is what is happening.”

“I think it’s...a different kind of knowing that comes only with experience and time and sitting with clients.”

Wosket (2017:2) seems to capture something important about the value of clinical

experience when she points to an area of unorthodox practice, “where experienced therapists depart from the norms and conventions of their previous training and put themselves out on a limb to work in original, innovative and intuitive ways.” It seems that giving primacy to own experiencing, waiting for silence to emerge and inform speech seems to allow clinically experienced therapists to work in a more intuitive and attuned way.

Having reflected on some of the findings, the discussion turns to a critical appraisal of heuristics, the method used to conduct this inquiry.

6.2 Critique of the heuristic research method

Aiming to explore *therapists' experiences of silence and any implications for the therapeutic encounter*, heuristics was chosen as a qualitative method based on a phenomenological hermeneutic stance, focusing on the description of lived experience grounded in an embodied being-in-the-world and allowing the researcher's personal experience as a source of meaning.

6.2.1 Personal journey

The discussion starts illustrating some of the researcher's struggle aiming to stay with lived experience throughout the heuristic process, while also needing to proceed with more technical requirements as part of conducting the inquiry.

Since the topic of this project emerged from my own experience of silences and since I was keen to further develop my understanding of silences, the requirement that the

researcher is present throughout the process of research (Moustakas 1990:9), was welcomed. It is based on the assumption that the passionate involvement of the researcher will add depth to the inquiry. This focus on the researcher's reflective search, tapping into *tacit* awareness together with the freedom and flexibility of the research design (Douglass and Moustakas 1985:42, 44,) guided by intuition rather than rigid techniques, is what attracted me to this method. It gave me the opportunity to explore my *tacit* dimension, to learn to trust that some understanding might be there waiting to be explored. This internal search and the engagement with the co-researchers presented a valuable way of illuminating experiences and meanings of silences.

Looking back, I found that the loose guidelines of the heuristic process allowed me to fully immerse myself in the topic of silence in my personal life and in my client work, following my intuition. I appreciated the freedom of embracing my subjective experience, leaping into the unknown. I enjoyed walks, yoga and later meditation. However, as the months went on traumatic childhood experiences I had largely dissociated from, gradually began to resurface in personal therapy. It seemed that part of my self was beginning to resist the process. I experienced an ongoing struggle of shifting back and forth, of engaging and dissociating from the heuristic process. Engaging in the practical, technical and more intellectual elements of the research process, such as the ethical application, recruiting participants, reviewing literature and research became a way of further distancing myself from painful past experiences. It was my learnt way of coping with past experiences of having been silenced. Reading *about* experiences of silence was much easier than allowing myself to get in touch with painful feelings relating to being silenced. One could argue that the need to apply the method was a way of further silencing my lived experience.

Sela-Smith (2002:71) claims that there is ambivalence within the heuristic method which might create confusion for the researcher, in that there is a shift of focus from the self-search of lived experience to the observation of experience of self and others. The experience of applying the method seems to become the focus of the research, rather than staying with lived experiencing, or as Sela-Smith 's (2002:71) terms it, “the I-who-feels”. She expresses concerns, that when there is a shift in focus, limiting the researcher's experience of the topic in question to observation, and disconnecting from feeling, self-transformation of the researcher cannot occur, because the tacit dimension of knowing is not entered (Sela-Smith 2002:71,72).

Sela-Smith' s concerns resonated with limiting my experience to observation of silences rather than staying with my lived experience. In fact, there were times of procrastination when I did not even feel able to engage in the more technical elements of the research process, because the need to withdraw was too great and I felt I had no voice at all. It felt as if I had become invisible.

At other times, particularly during part two of the study, when I had engaged in the Freedom Programme to address domestic abuse issues in my marriage and got in touch with some of my childhood abuse in personal therapy, I needed to interrupt the study because I was no longer able to *proceed* on a more observational and intellectual level. I was experiencing almost unbearable pain, partly expressed in physical symptoms, falling into the unknown, fully immersed in feelings which I found largely unable to articulate. I took advantage of the flexibility of the method, which is open to spontaneous shifts (Moustakas 1990:17) and used times like this as part of the incubation phase.

My lived experiences of silence had set a journey in motion that I needed to surrender to. I let myself be fully immersed and “tumbled about with the newness of a searching focus” (Douglass and Moustakas 1985:47). I felt I resurfaced from these times of immersion and incubation with increased awareness, transforming my understanding of silences which eventually found expression in the summary of my initial data, at least to the extent these experiences can be articulated.

One of the participants seemed to illustrate this when she referred to experiencing more than we can say. She also seemed to acknowledge a part of the self that we might never get in touch with:

“It’s funny actually, this client of mine said it beautifully, she said something like...” it’s amazing that my feeling of what happened, the minute it’s out and I say it to you, it’s so small in comparison to how big it is within me.” I thought about my experience growing up with my mother and I’ve talked about her for a long time in therapy but...it cannot ever... portray the extent of the feelings which I had as a child. I don’t even think I can ever be in touch with what it was like as a child...”

This resonates with Winnicott (1965) who refers to the core self as permanently non-communicating, permanently unknown and claims a right for this part of the self to not communicate in order not to be infinitely exploited and asks therapists to allow such communication which is forever silent as a positive contribution.

Wondering how researchers can stay true to their lived experience, Sela-Smith (2002:83) advocates a research method called heuristic self-search inquiry, a psychological process addressing the experiencing-self, away from any expectations of outcome and procedural requirements. This sounds like a valuable alternative to the heuristic research method developed by Moustakas (1990) and its ambivalence. However, in this case I feel Moustakas' method proved adequate to illuminate my lived

experiences of silences. I feel that being tumbled about by shifts and turns allowed me to work through and re-evaluate my experiences of silences, in particular my experiences of being silenced.

Furthermore, Sela-Smith (2002:71) raises concern that the inclusion of co-researchers might mean a distraction from the researcher's internal process. I experienced the interviews as enriching. There seemed to be a link to the relational aspect of the therapeutic encounter “holding open this *space between* as a realm of possibility and unknowing: an opportunity for reflection, consideration, and mystery, without the fixed answers and certainties that can foreclose dialogue” (Cooper in Loewenthal 2011:xx). This resonates with Merleau-Ponty (1962:xx), for whom “the discovery of unknown phenomena can be reached, not from their relation to the known, but in the space between subjects”, and might highlight the importance of *the between* of intersubjective experience as a way of creating meaning.

Engaging in the interviews also seemed a useful way to becoming aware of areas of any resistance. Admittedly, my experience of the interviews was to a large extent a time for reflection *about* silences, but also a valuable opportunity to get a glimpse *at* silence and the presence of silence behind speech, even if it meant becoming aware of the difficulty of experiencing it.

Overall heuristics presented me with a way to conduct an inquiry which emerged from my inner awareness and personal experience. It offered a focus on my experiences of silence in my personal life and in my client work, drawing on the deeper, wiser self that is held in a *felt sense* within the body, which gradually led to a transformation of my lived experience and understanding of silences. Over a number of years, I was able to re-connect and work through painful past experiences of being silenced I had

dissociated from and learnt to appreciate silences in my life as a source of peace and wisdom. This newly gained understanding has impacted on my client work, leading to closer attunement.

This project aimed to explore *therapists' experiences of silence and any implications for the therapeutic encounter*. The discussion now turns to evaluate, whether the findings revealed in this heuristic inquiry can be seen as presenting the meanings and essences of silences, the researcher set out to illuminate. Moustakas (1990:39) posits that the focus in a heuristic inquiry is on “recreation of the lived experience” of the topic investigated. Complete depictions of experiences of silence from the frame of reference of the experiencing person are aimed for. The question arises whether the researcher's self-search and the explications of the co-researchers can be seen as a recreation of the lived experience as described by the novice and clinically experienced therapists who were involved in this study.

6.2.2 Limitations of heuristics

Scheurich (1997) argues that our accounts in research are subject to factors such as time available, regimes of truth, power, relationships and other social contexts. He (1997:38-39) advocates becoming aware of such limitations and recognise our social and historical positionality. Possible limitations during the data collection and analysis will be considered next.

Apart from one co-researcher, all participants were known to me before the interviews either through placements or training courses. It seemed worth reflecting on, what impact the level of familiarity had on the interviews, data collection and analysis. Hart

and Crawford-Wright (1999:209) posit that the move to more in-depth interviewing techniques like the informal interview style adopted in this inquiry emphasises developing rapport with the participants. It could be argued that my acquaintance with the co-researchers helped creating a trusting relationship during the interviews which allowed a more open and honest sharing of experience and helped to produce rich material. I felt that the interviews were carried by the genuine interest and engagement of the co-researchers. In fact, I had a similar good rapport with the one participant, I did not know beforehand. However, it crossed my mind whether having attended the same or a similar training course, moving within familiar discourses and being keen to support me with this inquiry, might make it difficult for participants to take a more critical stance.

Hollway and Jefferson (2012, 2000:26) point to the difficulties of research interviews with participants who are essentially meaning making and defended human beings who might employ defence mechanisms in an attempt to lesson anxiety and “who filter what is being asked through differing frames of reference” (Cayne and Loewenthal (2007:206). Hunt (1989:9 cited in Hollway and Jefferson 2000:79 claims that particular attention needs to be paid to how unconscious processes structure relations between researcher and participants and the data generated, or the phenomenon under study could become the mirror of the researcher’s unknown experience and the story of *the other* would only be heard if it resonated with their own (Rose and Loewenthal 1998:117). By sharing my thoughts and ideas, and by asking questions as they arose between us, I inadvertently led the conversation into directions I was interested in and influenced the kind of data that were gathered.

This study began with the paradoxical dilemma of setting out to explore experiences of

silence, a phenomenon that is by its very nature beyond words. Heuristics links in with Polanyi's (1983) tacit knowing and Merleau-Ponty's (1962,194) notion of perception and bodily pre-reflective knowing, underlining the importance of a way of knowing that is inherent in experience. As such heuristics was seen to be suited to illuminate the somewhat elusive phenomena of silence, which seem to reside in the realm of tacit, pre-reflective, bodily knowing.

The difficulty remained how such knowing inherent in experience might be expressed. The researcher knows from personal experience that it can be easier to disconnect from emotions and remain silent and points to some of the difficulty of revealing experiences of silence. There is the additional dilemma inherent in the description of experiences of silence, that the words used, are likely to turn the experience into something else. As such *using* the heuristic method which relies on language to express lived experience might make it impossible for the co-researchers to express their experiences of silence.

However, despite limitations of language Merleau-Ponty (1993) claims that there is the possibility of experience external to and preceding language, introducing his notion of *la parole* leaving the possibility to express therapists' experiences of silence through language open. Poetic language was drawn on for the creative synthesis and when in dialogue with the co-researchers, reaching for a deeper, more holistic understanding of silences, aiming to allow a silent, sensual, more gestural enlacement of the encounter in an attempt to express silence without destroying its nature. It allows an openness to many meanings able to free meaning through a silent encounter with the world gestures (Merleau-Ponty 1964c). However, when it came to the interviews it was difficult to put this into praxis. The ordinary mode of speaking without getting in touch with the background of silence, seemed like a default mode that was difficult to escape. One

could argue that language then has an alienating effect on lived experience, when what might be experienced cannot be expressed and what is talked about may not be what is being experienced (Stern 1985:175, 182).

Thinking about how lived experience can be presented, Etherington (2001:122) claims that we do not hear a story exactly as it is told. This links in with current theories of language and communication stressing that any kind of account can only be a mediation of reality (Hollway and Jefferson 2012, 2000:11) and that the message sent is not necessarily the one received (Loewenthal 2006:50). Scheurich (1995:249) takes this idea further arguing that interview interactions are fundamentally indeterminate. He refers to the complex play of conscious and unconscious thoughts, feelings, fears and needs on the part of the researcher and co-researcher which cannot be grasped. He refers to Mishler (1991:260) who claims that the relationship between language and meaning is “contextually grounded, unstable, ambiguous, and subject to endless reinterpretation.”

We then fill in the gaps by making our own interpretations and construct the story for ourselves about what we think the narrator tells us without considering other possible meanings (Etherington 2001:122), which led to further pitfalls during the analysis of the data. Despite the rigorous checking of the transcripts, I struggled with the idea of how the co-researchers’ experience expressed in the interviews could be represented. It seems important to acknowledge that the transcripts are re-tellings and re-creations of experiences that have already happened and as Lapadat and Lindsay (1999:80) argue, are not accurate and faithful representations of a static world but emerge out of living in a particular time and place.

An additional dilemma is the fact that English is my second language. The awareness of

a lack of linguistic competence together with no longer being rooted in and being connected with innate cultural meanings of my mother tongue, which would lend more depth and richness to my expressiveness, can account for a lack of subtlety and a limited ability to inhabit and express myself confidently and seems to give me a sense of being silenced to some extent. Equally, it points to limitations of hearing and understanding the *other*.

With all the ambiguities of the interviews there is no *stable* reality that can be represented (Scheurich 1995:249). Meanings are unique to the particular relational encounter (Hollway and Jefferson 2012, 2000:79). Any description of the encounter would fail to convey the uniqueness of the moment (Greenwood 2008:29). Ricoeur posits that written text is detached from the conditions of spoken word. “The text escapes from the finite intentional horizon of its author” (Muldoon 2002:51 in Langdrige 2007:45). The moment of two speakers engaged in dialogue, the momentary relational meeting, is lost. There is still reference to *reality*, but this is now a one step removed reference (Langdrige 2007:45-46). I faced the difficulty that the analysis took part in a different context, space and time and the moment of the real encounter had gone. This seems to relate to Levinas' (1989d:183) notion of *saying*. He posits, that “saying opens me to the other before saying what is said, before the said uttered in this sincerity forms a screen between me and the other. This saying without a said is thus like silence. It is without words, but not with hands empty. Saying is therefore a way of signifying prior to all experience.” It suggests that at the point of representing experience not only is the moment of relational encounter gone, but it has also lost the quality of the *saying*, the moment of silent attentive responsibility to the other.

Part of this struggle was editing and reducing the co-researchers' narratives in order to

arrive at core themes and essences of their experiences of silence. The process seemed to be based on my subjective decisions as to which parts of the descriptions to include or exclude. I felt that trying to manage the material inevitably led to closing something down. Scheurich (1995:241) claims that themes are constructed “from the researcher’s conscious and unconscious assumptions and orientations.” As Scheurich (1995:249) warns, I was concerned that I might include descriptions that I could relate to and that I had ended up with narratives that largely mirrored my own experience, validating my own story (Stephenson and Loewenthal 2006:450). Etherington (2004:125) argues that the heuristic process invites us to filter our participants' experiences *through* our own, *not* to supplant their experiences with our own. I found myself with the dilemma of seeking to create categories and themes that explicate the experiences of silence described by the co-researchers, getting caught up in the process, not knowing what was my experience and what was theirs.

This was not remedied by the return to the co-researchers for feedback on their individual depictions as advocated by Moustakas (1990:51). It presented more of an illusion of attaining a complete and whole picture (Ryden and Loewenthal 2006:148). Drawing on Scheurich (1995:241) it felt as if the transcripts and subsequent reduction of the interviews into themes and depictions had to some degree squeezed out the juice from the lived experience of the actual meeting. The research explications aimed to illuminate the understanding arrived at during the interviews. However, the themes and depictions can be seen as explications that do not take account of the complexity, uniqueness and indeterminateness of each one-to-one human interaction, that cannot be replicated (Scheurich 1995:241).

Looking back at the conduct of this research the crux of the issue seemed to be the

interpretive moment as it occurs throughout the research process (Scheurich 1995:249). In chapter 3 heuristic research was located within hermeneutics and a more existential phenomenological paradigm, drawing on Heidegger's ideas of *Being-in-the-world*, using the interpretation of lived experience to better understand the context in which it occurs. As such existentialism can help to explore our experience of the relational. However, interpreting lived experience within a current contextual situation can be seen as fixed in time and not take into account how what we think can change, sometimes in the next instance (Loewenthal 2007a:226). Thus, meanings constructed through the process of heuristic research present a *snapshot*, an in-the-moment experience of the phenomenon investigated (Rose and Loewenthal 2006:140) and continue to evolve and develop without reaching a fixed and defined endpoint (Ryden and Loewenthal (2006:148). *Truth* is seen as ever in flux (Cayne and Loewenthal 2007:202).

Furthermore, existentialism places the interpreting person at the centre of the meaning making process and can be thought of as ego-centric rather than allowing meaning to emerge between people (Loewenthal 2007:24). It can be challenged from a postmodern perspective which suggests that we are *subject to* (Loewenthal and Snell 2003:1) and thus presented another possible limitation to heuristic research. In particular, incorporating the experience of the researcher and the co-researchers in the creative synthesis became questionable (Cayne and Loewenthal 2007:205).

Levinas (Orange 2012:169) claims that every reduction – by systematizing even describing-is violence, a violation. He (1989a) argues that reliance on conscious reflection hinders access to the rawness of human experience and conceives the *other* through this *intentionality* thereby impacting on the conception of *otherness* (Greenwood 2008:24). In research this can lead to a reduction of the other's experience

to a narrative that claims to explain a phenomenon but is in danger of incorporating the experiences of others into the researcher's own story, or what Levinas would fear, the incorporation of the *other* (Cayne and Loewenthal 2007:213) by reducing it to the same rather than staying open to ambiguities and difference. Levinas (1989b:79-82) developed the idea of the *non-intentional*, a position that recognises the infinite otherness of the other and extends beyond the ontology of Heidegger's *Being-in-the-world* and egocentricity (Greenwood 2008:27; Loewenthal and Snell 2003:150). It presents the potential for a real and spontaneous response *to the face of the other* that is lost with the onset of intentional thought and interpretation (Greenwood 2008:26). Levinas begins by putting the other first as our responsibility for the other's otherness and their responsibility for others (Loewenthal 2007a:229).

For the purpose of future research drawing on Rose and Loewenthal (2006:141) it is therefore suggested to re-conceptualise the method as post-heuristic. This would require adding a further analysis, involving a deconstruction of the creative synthesis, in order to question the privileged voice (Derrida 1996:82-87) of the researcher. Thus, the self of the researcher would no longer be at the centre of the meaning making process, but be subject to it. Additionally, a critique of the research process as an integral part of a post-heuristic method is advocated in order to address the tensions inherent in the process of attempting to present the *other* (Rose and Loewenthal 2006:141). Haghghat-Khah (2015:179) suggests using poetry as a second source of data collection and analysis. Co-researchers would be asked the research question in the interview and in addition would be encouraged to write a piece of poetry to express their experience. This would at least to some degree take the focus away from the researcher as the main source of meaning. It would also acknowledge the limits of ordinary language to represent the findings. The poem would be added to the individual depiction, would be part of the composite

depiction and one poem would be part of the exemplary portrait. All poems would be part of the data from which the final poem for the creative analysis would emerge, representing the experiences of silence of the co-researchers as a group including the researcher.

On a personal note, it might be worth mentioning that I had to attend to health issues, including a couple of operations which extended the process of this study. Moustakas (1975 in Douglass and Moustakas 1985:41) requires the researcher to “remain with the search relentlessly in order to root out its meanings completely” and demands “total presence and integrity” (Moustakas 1990:14). Apart from questioning Moustakas’ somewhat positivistic demands, I was aware that the recovery from these health issues took away some of my focus and energy for this project. This was partly remedied by an extension of time. However, it left me wondering what impact it had on my ability to attend to *the other* in this inquiry, giving a sensitive response to the other and respect their *otherness*.

6.3 Conclusion

The discussion in this chapter culminated in showing that meaning is always in flux. As Kierkegaard (1941:67) posits: "...subjective thought puts everything in process and omits the result: partly because this belongs to him who has the way, and partly because as an existing individual he is constantly in process of coming to be, which holds true of every human being who has not permitted himself to be deceived into becoming objective." Drawing also on Caputo (1987:294) this research project can therefore only claim to end, not to conclude: "We do not seek a closure, but an opening up."

For me the process of this study has been an enriching journey of self-discovery. Moustakas (1990:55) refers to "the moments of meaning, understanding and discovery" a heuristic inquiry can afford. It has provoked me to re-discover the value of silence in my personal life and to reconnect to experiences of being silenced in the past. Silence allowed me to get in touch with childhood experiences that could not be spoken of. Only gradually was I able to put words to these painful inner experiences. As Fiumara (1990:99) suggests, "only when we know how to be silent will that of which we cannot speak begin to tell us something". However, I don't think I can ever be fully in touch with those difficult feelings. Winnicott (1965) talks about the *non-communicating self*, a core level of experience as part of the true self that remains hidden, permanently unknown, in order to defend against violation. He claims the right for this part of the personality to remain forever silent.

This study has shown that novice therapists, whose cultural understanding might favour speech and *doing*, tend to find it difficult to endure silences in the therapeutic encounter

and are more likely to *use* silences as a tool within theoretical concepts, possibly to the detriment of a more attentive engagement with the client. With clinical experience therapists tend to take a more phenomenological view which gives primacy to experience. It allows to be more open to experiences of silence, offering an opportunity *to be with the other* as part of a more authentic encounter with clients. With growing clinical experience, I have learnt to go beyond words and aim to allow silence, immersing myself in uncertainty and ambiguity when aiming to attend to the client, rather than avoid silences or focus on a more mechanical application of silences.

Moustakas (1990:55) anticipates that feelings, thoughts and ideas that have been awakened will re-emerge and I realise that my learning will serve as a reminder “of a lifelong process of knowing and being” (Moustakas 1990:56), a continuous process of discovery and coming to be. “In a noisy world seek the silence in your heart. And through the power of silence, the energies of chaos will be brought back to harmony – not by you, but through you, as all miracles are” (Williamson 2002:68).

As for the audience of this research project I am aware that this study presents a subjective perspective on what has been experienced of the phenomena of silences. It can only aim to influence current understanding of silences, in that the researcher's transformation might generate potential for transformation in others (Sela-Smith 2002:82). As such this inquiry might provoke reflection and possibly a change in thinking about the role and value of silences within the field of psychology. It might heighten therapists' attunement to silence in their work and deepen their appreciation of the potential meanings silent moments can create *in the space between*.

Following Ross (2014:8) these pages invite readers to find their own silence and reflect on what is happening there, and to understand “the essential role of silence for being

human, and for living our own truth with one another.”

I am aware of the possibility of alternative explanations to the findings presented. As Hollway and Jefferson (2012, 2000:80) suggest, if you, the reader, would like to offer a different interpretation of the data in this study, you are welcome to do so. After all research can be seen as creative art, not science and as such is open to a continuous process of interpretation and re-evaluation. Following Scott (2009) I feel I have reached the limits of my language trying to describe experiences of silence. I stop here and be silent now.

“We are a poem that cannot be read.”

(Hoelderlin)

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