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**EPIPHANY STORYTELLING AS A MEANS OF REINFORCING AND  
EMBEDDING TRANSFORMATIONAL THERAPEUTIC CHANGE.**

'All sorrows can be borne if we can put them into a story'

Isak Dinesen

**Abstract**

Recently the mental health field has seen a groundswell of interest in user perspectives as a crucial element of enlightened research, training and service enhancement. Despite a stated commitment to user empowerment and collaboration, due to a range of ethical concerns there has been relatively little research into the phenomenological, micro-momentary experience of those on the receiving end of therapy. We have failed to mine the rich experience of clients, particularly members of social minority groups. This paper aims to address this gap by shedding light on the intricacies of the therapeutic relationship; the alchemy between a particular professional and client that can lead to profound and transformational change. The paper highlights the somatic-psycho-social-spiritual dimensions to such encounters or "turning points", their autobiographical significance and how these dimensions can usefully be encapsulated and explored within the concept of "epiphany".

Key words Epiphany; Therapy; Healing; Spirituality; Storytelling; Practice; Education

## **Setting the scene**

There have been many sea changes in psychotherapy over the past forty years, with a shift in focus from pathology and problems, to the creativity and the potential of human beings to move towards growth, change and self-actualization: hence the birth of the human potential movement in USA. Within Europe however, a degree of skepticism towards the grand claims of the human potential movement, particularly claims related to quick fixes and clinical "epiphanies", has been more in evidence. Notwithstanding, this paper argues for the relevance of the concept of "clinical epiphany", particularly within the diverse, multicultural, multi faith, communities that characterize contemporary Europe. The author outlines how eliciting stories of epiphany can assist clients in uncovering and articulating theories of therapeutic change; whilst reinforcing neural pathways to healing and resilience.

This paper is premised upon a concern that therapy in the U.K. is in danger of losing its way, (Dryden 2003); becoming so regulated, proceduralised and concerned with a narrow definition of "evidence based practice" that much of the heart of "what works", is in danger of being removed from practice. Over the past twenty years or so, the UK has witnessed a range of efforts to regulate and control those individuals who are deemed suitable to practice and those approaches which are endorsed by government as being cost effective. Many mental health practitioners are concerned that efforts to make psychotherapy more rational and predictable, has produced an over-reliance on drug therapy and Cognitive Behavioural Therapy (at least for the vast majority of people in crisis), together with an undervaluing of one of its main strengths; the relationship (including the somatic and transpersonal dimension). This seems especially misguided given the multi-cultural and multi-faith times within which we live and the increasing need for improved intercultural understanding.

Additionally this move towards increased accountability and regulation has left practitioners feeling anxious about; their workloads (either sufficiency of work or overload, depending on whether or not the practitioner is in private practice); satisfying requirements for ongoing professional development and registration, and potential complaints which could lead to deregistration. Within this climate, it has been is all too easy for therapists to veer towards caution, risk avoidance and a preoccupation with "survival concerns" as opposed to fixing their sights on facilitating life enhancing change. This paper calls for a renewed sense of therapeutic optimism, a return to the goal of transformational change if we are to remain responsive and creative in our work.

Both outcome research and practice wisdom attests to the significance of the "therapeutic alliance" in successful outcomes or healing, however few studies have sought to shed light on the precise elements; the rare pivotal moments within therapy which lead to lasting and pervasive change. This study is located within a relatively recent strand of process research, which Sherman (1994, p229) describes as "in-session change" research. This is a body of research that seeks to investigate the experience of the client, in terms of both the micro-momentary process of in-session change and the longer-term outcomes. This paper focuses on the client narratives of in-session change which stand out as exceptionally memorable within a lengthy span (at least ten years) of therapy. Using conversational analysis this paper explores what was experienced at the time of the "epiphany" as well as how clients later chose to make narrative sense of that encounter.

Over the past two decades, a range of terms have been used to describe outstanding moments of in-session change: such as "significant events" Elliot (1986); "good moments" Mahrer et al., (1987) and "helpful events", Granfanki et al., (1999). In an important contribution to our understanding of in-session change, Stern (2004) offers a radical new paradigm for understanding how healing happens. He introduces us to the term "kairos" or "moments of meeting"

to describe those important in-session nodal events that change one's course of life. Stern distills understanding from psychology, neuroscience, the arts and his own psychotherapy practice to shed light on the everyday "now": those moments when therapists and client are engaged in shared emotional voyages and finely attuned, authentic exchanges.

Working as a member of the Boston Change Process Study Group, Stern draws on phenomenological philosophy to explore moments of subjective experience as it is occurring. This study, however seeks to bring attention to not only the "lived" experience but how it is later reshaped by words. It highlights how the process of narration serves to reinforce and integrate the experience in ways that not only expand consciousness in the moment but, in a more sustained sense, can foster an enhanced sense of well-being and a coping or resilient identity. Whereas Stern is using the term "kairos" to encapsulate those "moments of meeting" or "moments of presentness" which are commonplace in therapy, this study seeks to uncover those rare moments of meeting which stand out as exceptional, transformational or transpersonal which could be seen as moments of KAIROS or "epiphany".

Given its spiritual and autobiographical connotations, "epiphany" is seen as a particularly fitting concept to describe the type of rare transformational in-session encounter under investigation. The concept of "epiphany" is used in preference to any other because it appreciates and honors certain dimensions to human experience, which to date have been largely overlooked in therapy research, namely "cognitive, emotional, proprioceptive, kinesthetic, spiritual and transcendent dimensions." Braud and Anderson (1998 p. xxvii)

The Concise Oxford English Dictionary defines an "epiphany" as "transcendence combined with strong emotion or heightened awareness" which resonates with the author's own experience of a life changing encounter in therapy, an encounter which spawned this study. Norman Denzim (1989:70) writing more

generally about transformational life events describes epiphanies as "interactional moments which leave marks on people's lives". Psychotherapist, Anne Jauregui, manages to convey something of the mystery and familiarity of the phenomena under investigation when she describes "epiphany" in psychotherapy as,

A revelation usually brought on by some simple, homely, or commonplace experience.....Something big is occasioned by something little, something easily missed. And it unfolds from there - sometimes as a flash, sometimes in exquisite slow motion—out of conventional time and space and language [at such times it can strike you] .....The universe is bigger than it was a minute ago and so are you."

Jauregui,2003,p.3.

The core aim of this paper is to shed light on the above outlined phenomenon and highlight the implications, for psychotherapy research, training and practice.

### **Research approach, strategy, design and values, including ethical considerations.**

While research on narratives of human behaviour have long been accepted in sociology, anthropology and literary studies, these type of qualitative approaches have been slower to take root in psychology and psychotherapy. One of the features which seem to have influenced the recent shift towards more qualitative approaches to research in psychology is the fact that positivism and scientific rationalities have been unable to capture the quality of people's lives and experience. If we accept Pilgrim's (1997) argument that in many ways psychotherapists have more in common with historians than scientists; it follows that narrative research approaches, such as the episodic life story method, are particularly relevant to the study of in-session change. Episodic life story interviews turned out to be particularly relevant and illuminating method of

exploring the phenomenon under investigation. For those who might criticize narrative approaches to research as lacking academic validity or intellectual rigor, Bochner provides a robust defense, celebrating the recent narrative turn in social science research by declaring that:

No longer should we see literary and personal genres of writing as too subjective, too soft and too emotional to qualify as legitimate social research, but rather we might judge monographs lacking literary and subjective qualities as too impersonal, too distant and too unimaginative to be taken seriously. Bochner in Banks and Banks, (1998 p7)

In keeping with feminist and anti-oppressive approaches to research, the emphasis of this study was more one of description and discovery than the testing of already formulated theory. The narrative approach to interviewing was chosen because of the primacy it affords human action and lived experience. No claim is made to represent "general therapy experience" within this study; indeed each of the stories is unique and idiosyncratic in ways that would make it impossible to generalize findings to wider populations. It is evident that the therapists who come to life in these stories would not have suited all clients in all circumstances. Rather it seems as if it is something about the particular match between therapist and client at a time of crisis that is important in terms of altering the client's life course.

This small-scale research project was based on qualitative data obtained from detailed interviews (of approximately an hour's duration) with four women who were asked to recount an experience of "epiphany" in therapy. The author drew upon a combination of organic, phenomenological and narrative approaches to research, in deciding to conduct lightly-structured interviews which were enriched by a narrative account of a therapeutic "epiphany". The synthesis of traditional semi-structured approaches, with the more recent narrative approach to interviewing, as recommended by Hermans (1991), introduced what Denzin

(1989) refers to as "within-method triangulation" to the study. Further efforts were made to enhance the quality of the data, interpretation and results obtained, by arranging for transcribed interview tapes and paraphrased accounts to be reviewed by co-researchers (interviewees) to ensure records were accurate, relevant and compelling descriptions of their experience. Co-researchers were also invited to contribute to the interpretation of findings and had the right to veto any element of the write-up they were not comfortable with. Within this study participants were viewed as "experts" and co-researchers who would be able to ensure that their experience was reported and interpreted, in the manner and the language of their choice. The chosen method also ensured that information was presented in its original form and not tampered with to alter the meaning in any way (Burton et al 2000).

#### The sample – co-researchers

In view of the sensitive nature of the phenomenon under investigation, the sample of four women was drawn from qualified and experienced psychotherapists known to the principal researcher. The four women who became co-researchers on this project comprised an African Caribbean woman, a lesbian (of dual heritage); a Jewish woman and a white woman with a history of depression. Whist opportunity sampling meant that the group was in no way representative of the general population and there were obvious dangers of bias (in terms of participants telling the principal researcher what they thought was required of them); the choice of participants arose out of a number of ethical considerations. It was likely that such a sample would be what Plummer (2001, p133) would describe as "information rich". They would be particularly discerning about psychotherapy and have the advantage of training, as well as skills, in life story analysis and the management of potentially painful memories. These were considerations which resonated with the type of feminist research framework developed by researchers such as Kelly (1994) and Oakley (1981) who sought to approach data collection in ways which were less invasive and more reciprocal.



## **A summary of findings in terms of three core themes**

Norrick's (2000, p.29) proposal for representing conversational storytelling was adopted with conversational narratives being reduced to clauses, then to propositions with the goal of producing what he refers to as "adequate paraphrasing". The data was then coded into four categories - the "epiphany" event/story; reflection on past and present responses; interpretation and analysis of experience and the epilogue. In paraphrasing transcripts, teller and audience contributions were amalgamated and corrections, interruptions, false starts, preambles and digressions reduced to ensure that there was no extraneous material left in the final distilled version of the interview transcript. Every effort was made to honor the spirit of the stories told, including shifts in emphasis or intonation or the way in which the teller had grouped together (or what Norrick refers to as "chuncked") certain features of the narrative: this is denoted by a new line. Capital letters were used to indicate where words had been given particular emphasis during narration and direct quotations were conveyed through the use of bold italics.

### ***1. Client values and theories of therapeutic change can often be unearthed by paying close attention to the language used within the "epiphany" story.***

Through narratives people locate experience within a larger canvass, often framing their story into cultural genres of romance, parable, confession, redemption or contamination (McAdams and Bowman 2001). The stories within this study were each essentially parables of loss and redemption- post traumatic growth, as opposed to post traumatic stress. Each had exercised choice, and in my view considerable courage, in confronting rather than avoiding, the pain of their loss. Schultz 1999 has highlighted the effects of loss of a significant other on personality and creativity. He highlights the way in which loss often forces a re-evaluation of self and of life goals and values: it demands a redefining of self.

Bruner suggests that it is those with a capacity for and commitment to meta-cognitive reflection, who are able to undertake a shift in their worldviews and identity. The sub-texts of each of the stories is a message of transcending suffering, although the means by which this take place is different for each interviewee, revealing something of their values about therapeutic change.

Hence, for Fiona, healing seems to be intrinsically associated with personal agency and action as is exemplified in the language used throughout her "epiphany" story. She emphasizes how once she had grasped the level of intimidation and violence she has been living with, she becomes aware of the need to take action.

*"God this has been happening, this is what I've been feeling". Then I think it took a few more days before I really got it. And once I got it I.....I never looked back. Once I got that I was a victim of domestic violence, I knew I had to do something about it so I went back to the situation at home, in a very different frame of mind"*

As if suddenly becoming aware of her audience and a pressing need to justify or explain her initial "lack of action", Fiona adds with some urgency.

*I think that was the first time I got really in touch with my feelings about what was going on because I was just trying to hold it all together and do what I had to. Theo was quite little at the time, so I think I was not really in touch with me. Most of my emotions were focused on looking after a very young child, managing the home whilst being the main breadwinner.....*

Fiona's epilogue again highlights the importance she attaches to "action" as she reflects on her role within her marriage as having been the antithesis of action and agency.

*But there was that aspect of me that was kind of in a 'victim role'....[at that time] - a bit passive, rather passive, well very passive.....*

*I see myself as a pretty together woman, yet I was very passive.*

Sue focuses on form and strength within her "epiphany" story as she remembers her desolation and powerlessness in the face of a lover's disappearance from her life without explanation or warning. Through her therapist's compassion and reframing of her situation, she recalls how she was able to access some of her own resourcefulness and resilience and move from feeling that she 'did not have a form' to feeling 'substantial'.

*Then the therapist said "you can actually reframe it ....etc." Well it was a completely new way of looking at the experience....., I suddenly felt very strong whereas I had felt powerless and completely like I didn't have a form or didn't exist.....*

*I was mugged fairly recently and I just felt I was quite substantial in dealing with that. I fought back. The person didn't get away with my bag and I felt very powerful and substantial in the world. (Sue).*

This is in marked contrast to her earlier statement

*And in that moment of rejection and abandonment and rejection, I felt I could die and I felt like I didn't exist and that I was nothing.....this was my worst case scenario of anything that could ever happen to me, to be abandoned and rejected in this way (Sue).*

## **2. Challenge of the dominant cultural meta narrative of the professional psychotherapist as expert "all knowing" and infallible.**

A cultural metanarrative which was challenged within these "epiphany" stories was the picture of the professional as the technical expert - all knowing,

technically competent, certain and decisive. Both Anne and Bev cite their therapist's humanity and vulnerability (i.e. the inherent, unavoidable "sloppiness" of the therapist-client exchange), as contributing factors within their "epiphany" experience.

*I remember really appreciating her [my therapist] and thinking yes you are good at your job, and you are good for me. Yet there are times when she isn't, she misses the mark, but at an important level, I trust her. So there are times where I think 'you haven't quite got the essence of what I am saying here'. At these times I have to try to explain it differently. But actually that doesn't matter, that's just part of two humans in real interaction, because there are the times when she really does GET IT and her being so open "I could tell you ....but I'm really.... I'm sort of inclined, not to.... And I am not sure", that was VERY HUMANIZING. Yes, I loved her exposing her vulnerability in that moment with "I'm not sure what to do!" - that was quite something for a psychotherapist to own! (Bev).*

*It's taken me back to basics I guess, it's kind of reminded me of what really matters in terms of working with people; how important it is to be with somebody who doesn't pretend to be something other than who they are - doesn't hide under a professional veneer .....someone who is not afraid to show that they are a human being..... someone who doesn't have all the answers. (Anne).*

**3. In session epiphany experience is often an emblematic microcosm of a life in transition and as such becomes a self reinforcing psycho- somatic process which can be accessed volitionally.**

In response to the question "what emerges now as you are recounting this experience?" each co-researcher reported being aware of some of the physical body sensations and emotions surrounding the original "epiphany" experience.

While this body memory lacked the intensity of the original journey from a place of somatic and emotional overwhelm to an experience of resilience and resolution, traces of the original psycho-somatic journey from a state of stress or distress to one of calm was clearly in evidence.

*I can feel some of the physical feelings that I felt at the time which was feeling quite sick, feeling quite sort of wobbly and I can remember [in telling the story]; I can remember how physically ill I felt. I hadn't eaten for a couple of weeks and hadn't slept and I felt very fragile and very unwell.(Sue)*

*I feel tearful because it's a long time since I've spoken about it..... actually because sometimes you forget. I mean you do and you don't..... It was horrendous, that period in my life; it was AWFUL (Fiona).*

Having touched upon the original somatic experience, co-researchers were able to disorganise this state and recapture the altered state of consciousness they had ultimately arrived at within their "epiphany" experience.

*.....the power of it has receded so I suppose I have integrated more of it, but in a sense there is also an echo of the sweetness of the moment because it was VERY, VERY clarified. (Bev).*

*I can now talk about my feelings surrounding my mother's death. I can remember the emotional charge but not be connected with it in the same way, as I can be quite calm with my self. So that's interesting that, in my own process, I'm aware of how much I'm not in that place. It is not that there isn't the pain of loss still there for me, it is that the trauma of my mum has completely shrunk down and it's now something like a little stone ....that I know about. (Anne).*

These excerpts demonstrate how memory is often more present centered than past centered and can most usefully be viewed as "a collection of fragments of experience (smells, taste, sound, quality of light, internal feeling, bodily sensations, thoughts, etc.) which are then turned into a whole remembered experience or narrative", Edelman (1990). It would seem that it is the way in which we organise fragments of experience into a narrative that is key to the process of healing. The findings demonstrated how the somatic dimension to an experience of shock and grief can be so powerful that the original feeling of inner chaos and fragmentation become an embedded part of an individual's identity or "sense of self". However, it seems evident that well attuned, responsive and timely intervention can transform an experience of "panic, overwhelm and internal "breakdown" to one of "breakthrough" and self-soothing. In all four "epiphany" stories co-researchers were able move from a place of feeling overwhelmed and experiencing a "lack of form" to place of wholeness and "connectedness" (a process reminiscent of Keleman notion of "finding our form". 2002 p 3) and Siegel's thoughts on "neural integration". The somatic dimension to this experience stood out as a significant reference point which was echoed in the language chosen by co-researchers within their epilogue where they spoke of having developed a sense of 'substantiality', 'being at peace', ' authority' and 'agency'; respectively.

Each co-researcher outlined the way in which the "epiphany" experience comprised an autobiographical "turning point" where change was not confined to the session but went on to shape their life and identity more generally. The experience of in-session change or "epiphany", appeared to provide a blueprint for self-regulation and self-soothing; (the process of "bodying forth" of a sense of self as resourceful and resilient), which they could call upon and apply volitionally. Thus co-researchers were able to use somatic memory to disorganise and reframe a painful experience into one of growth and learning.

Participating in the research and recounting their story of an "epiphany" in

therapy was something each of the co-researchers described themselves as having enjoyed and found affirming. On looking back on several years' experience of therapy, reflecting on who they had been, who they had become and, to some extent, who they wished to become in the future, co-researchers seemed to arrive at a deeper understanding of themselves and their coping abilities. This was evidenced in the following statements.

*This encounter ....has impacted on me personally, it has been a step towards ...becoming more compassionate towards my self. It has been a step towards becoming more accepting of feelings I had difficulty coming to terms with..... (Anne).*

*When I started to engage with what was happening to me then it started enriching my work, but prior to that I'd closed off; it was part of me that I really didn't engage with. ....When working with women who are in violent or abusive relationships, I've shared a little of my experience with them.... (Fiona).*

*There's something about coming through very difficult things that makes you ... that I feel has made me who I am. That, although my desire might be to have an easy, happy, straightforward life; life isn't like that - unexpected things can happen.*

*I don't feel so much now, that if some one leaves or dies or I feel abandoned that I won't exist anymore. I know that I'll still exist, I may have strong feelings, but I know that fundamentally I am going to be O.K. (Sue).*

The process of listening to accounts unfold during interviews, highlighted how stories could be a transformational force in people's lives, promoting self-reflection, self-regulation, courage and connection with our higher selves. It became evident, in a very direct and immediate way that stories had the power to shape the lives of the narrator, as they were themselves being shaped. This

reinforces the view that as human beings we are essentially "storied beings" or as Andrews (2000, p77) puts it, "stories are one of the primary means by which we constitute our very selves" - I would add somatically, emotionally, cognitively and spiritually. Braud (2000, p.23) expands on this theme when he writes,

In telling our story; the past, as remembered, sheds light on the present and the implications for the future.....[In telling stories of personal spiritual or transcendent encounters such as "epiphany"], experiences seems more vivid, imaginable and from the view of consciousness more likely to occur again. Put directly the more we can imagine ourselves experiencing the ineffable, the more possible the experiences seem. In this way we are dreaming our way into the future - spiritual experiences become not only possible but probable

Thus these findings seem to support a phenomenon whereby in telling stories of "epiphany", clients use the "storying" process as a means of reinforcing neural and somatic pathways to self-soothing. The movement, from a place of feeling overwhelmed and "unformed" to forming a state of "wholeness", expanded consciousness and connectedness with self and the universe, is a state we often refer to as the "spiritual" or transcendent. This chimes with Canda and Furman's (1999, p 45) definition of the spirituality as the "wholeness of the person" and Keleman's (1985, p 7) definition of spirituality as the human capacity to "experience self as a living process, which is part of a larger living matrix or biosphere".

### ***Conclusion and implications for training and practice***

There has been a growth in interest in stories amongst researchers in the social science field, often described as the "narrative turn" in social sciences. Personal stories give us the insider perspective and illuminate meaning and in themselves, in the telling, can produce a source of healing. This paper identifies the way in which stories can give voice to members of groups that have traditionally remained on the margins of research, such as black women, lesbians, survivors



of the mental health system. Thus stories can be powerful beacons helping researchers and practitioners to develop insight into the experience of those who often feel themselves to be "stripped of their voice"; they can paint a landscape that could never have been anticipated without such subjective, rich accounts. The real-life stories within this study had a personal validity, which would have been lacking in carefully authored, over-interpreted texts. They provided powerful evidence of how the narrative was able to grow in the context of concrete conversation, providing a means by which co-researchers could not just tell their story, but "relive" it. Thus, these rich narrative reflections generated within this study were more useful than the abstract generalizations or belief statements that would probably have emerged from a more heavily structured interview or questionnaire. The data generated gave an insight into the complex and often quite tacit meanings that surround client therapist interactions within the "epiphany" experience.

Each of the stories in this study comprised a client and the therapist who were operating from different socio-cultural positions - each dyad was operating across a divide of gender, ethnicity or sexual orientation. D'Ardenne and Mahatni (1989, p 79) remind us of how "clients who have experienced a lifetime of cultural and racial prejudice will bring the scars of these experiences to the [therapeutic] relationship". As each of these epiphany experiences occurred within the context of a cross cultural encounter it could be that cultural difference had intensified the felt connection during the "moment of meeting". Transcending customary barriers to social empathy and understanding, the sense of being seen, understood and embraced, metaphorically, across a social divide (at a time of social-political-existential aloneness, so to speak); may have added poignancy to their "moment of meeting" in a way that transformed it into an "epiphany" experience.

The life story interview approach proved itself to be not only a way of thinking, but a motive and mission for this study. It reflects core psychotherapy values and promotes the type of synthesis between intuitive and systematic enquiry

approaches which characterizes creative and credible therapeutic practice.

In terms of practitioners this study highlights the somatic-emotional-spiritual benefits of recounting stories of "epiphany", for both the narrator and the witness. By periodically asking clients to report on experiences of "epiphany", particularly at the beginning of the working relationship, practitioners could gain valuable insights into the client's theories and values of change. Norcross in Hubble et al (2002) identifies this as key to a successful therapy outcome. Epiphany stories can also help guard against the burnout that can result from a diet of largely problem-saturated stories. Eliciting stories of "epiphany" can thus become a way of promoting change-orientation and therapeutic optimism amongst practitioners, whilst reinforcing neural and somatic pathways to inter-subjective healing and autobiographical change for the client.

The study highlights the way in which tuning into the specific language used when recounting the epiphany story can provide an insight into the client's theory or vision of change. This research reminds us that transformational change is often related to our humanity, presence and authenticity rather than experience, orientation or technical competence. Siegel expands on this theme when he writes about the need for intra personal and interpersonal attunement in therapy and how,

the connection between minds involves a dyadic form of resonance in which energy and information are free to flow across two brains. When such a process is in full activation, the vital feeling of connection is exhilarating....[and can produce] an overwhelming sense of immediacy, clarity, and authenticity [or sense of self]. It is in these heightened moments of engagement...that one can appreciate the power of relationships to nurture and to heal the mind.....inducing transcendent feelings." Siegel (1999, p337).

This study resonates with something that body orientated therapist and brain scientists have known for some time which is “that our experience of our bodies reflects and defines our mental state” Simon (2004 p2).

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