

A Chocolate Santa: Imaging the liminal moment with reverie in research

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Introduction

This chapter explores a form of experiencing known as 'reverie' in the psychoanalytic literature. Reverie has been defined as the therapist's receptive, containing state of mind, which she or he can use to help clients transform unprocessed mental contents into useful elements from which they can learn (Bion, 1962). It has also been described as a kind of associative, metaphorical daydreaming that uses the therapist's stream of consciousness to convey otherwise inaccessible information about the therapeutic relationship, through fleeting mental impressions, images, memories, fantasies or bodily sensations (Ogden, 1999a).

One feature of psychotherapeutic reverie that is emphasised in all accounts is its profoundly liminal nature. Ephemeral and almost too subtle to notice, it teeters on the boundary between conscious and non-conscious states and between therapist and client, so much so, indeed, that the boundary may become porous, permitting non-conscious material to emerge (only just perceptibly) into consciousness and making aspects of the client's experiencing available, empathically, to the therapist, who contains them and helps the client to process them. When attended to, then, the mental impressions generated by reverie can offer rich intersubjective and empathic data - liminal images of the other as it were - that can elucidate and deepen the therapeutic relationship and detoxify the client's emotions.

Although much writing about reverie focuses on its therapeutic uses, here I extend the horizon of inquiry beyond therapy to research. I aim to (re-)create an image of a liminal reverie moment that a research participant and I - a counsellor and researcher - shared in a qualitative interview, during a small-scale exploratory study into therapy clients' experiences of emotionally-evocative language (McVey, 2013).¹ The meanings we created from this experience and how these impacted on the research will be explored, before implications for counselling and psychotherapy research are reviewed more generally.

What is reverie?

I begin by reviewing the phenomenon in more detail from the perspective of psychoanalytic authors, as well as those from other therapeutic modalities. The term 'reverie' was first applied fully to psychotherapeutic practice by the British psychoanalyst Wilfred Bion (1962), who traced its origins to the mother-infant relationship. Bion suggested that infants are

¹ Findings from this work informed research methodology in a subsequent PhD investigation (McVey, 2017).

unable initially to make sense of the mass of perceptions and emotions - which he called 'beta-elements' (p.6) - that assail them, and can only react involuntarily to them by attempting to project them mentally into caregivers, both to rid themselves of discomfort and as a primitive form of communication. In a healthy relationship, the receptive caregiver takes in or *contains* the projected beta-elements - even those that express negative feelings such as fury or pain – and makes sense of them for the baby, returning them to him as processed thoughts, which Bion called 'alpha-elements' (ibid.). The child is comforted and, through many repeated interactions of this kind, begins to learn what his own feelings mean.

Reverie is the open, empathic state of mind that makes such containment possible: a state that enables the caregiver to share her own mature capacity for understanding with her child, feeling her way into his emotional experiencing and translating that experiencing into meaningful thought. For instance, when her baby screams, she takes in his distress with empathy and love and draws on the resultant alpha-elements (split-second mental images, feelings, sensations and so on) to interpret his cries more or less accurately and respond accordingly, perhaps by feeding and cuddling him. In Bion's (1963) words the relieved infant then 'sucks its bad property, now translated into goodness, back again' (p.31). In so doing he learns how to translate painful, raw sensation into adaptive responses, shaped and infused with reverie-inspired alpha-elements. Bion suggested that the process continues throughout life and in therapy, albeit in a more sophisticated form, when therapists use their reverie to transform clients' projected beta-elements into tolerable alpha-elements from which they can learn.

Bion (1962) noted that reverie could take almost any form. A number of contemporary reverie authors have elaborated on those forms, including the relational psychoanalyst Thomas Ogden, who describes his own reverie minutely, experienced in ruminations, daydreams, mental images, memories and bodily sensations. Through the mechanisms of projection and empathic sharing described above, Ogden claims that these states of reverie express not only his own, but also his clients' emotional experiencing; their subjectivities overlap, as it were, creating a mutual subjectivity known as the analytic third (Ogden, 1994). For Ogden (1999a), no matter how trivial or irrelevant reverie seems, it relates intersubjectively to the analytic third and forms a kind of metaphorical commentary on what is occurring unconsciously between analyst and analysand. When the former fine-tunes his/her attention and becomes aware of reveries, they can provide an (only just) conscious expression of otherwise inaccessible relational mentation, which is then available to be worked on and transformed.

Take, for example, the following case of a reverie Ogden (1999b) experienced in a session with a patient, Ms. S. During much of their long-term work together, Ms. S. had existed in a deadening state of psychological detachment. Now, however, she was awakening from that state and starting to think she might be ready to end the analysis. In the session concerned she recounted a dream which centred on new feelings of attachment and aliveness. As she talked, Ogden's mind wandered fleetingly. He mused about the forthcoming trip home of his grown-up son (who lived in another part of the country), whom he would meet at the airport. His momentary daydream had a visual quality – it contained an image of the airport where he often met his son, with its stark fluorescent lighting – and an emotional resonance, which he describes as a feeling of sourness and disguised fearfulness.

Ogden acknowledges that reveries like this can feel like distractions from analytic work, but he views them, conversely, as valuable clinical facts: mechanisms by which analysts talk to themselves, in the 'language' of their own subjective memories and sensations, about what is occurring unconsciously between them and their patients. So, at this point in the session, rather than dismissing his reverie or regarding it as an interruption to his work with Ms. S., Ogden sought meaning in it. He recognised in the airport image a 'visceral memory of feelings of sadness, emptiness and fear' (Ogden, 1999b, p.985) from an occasion years before when he had waited for a flight to visit his dying father at that same airport, under those same lights. He had been filled with sadness not only about his father, but also about his (then teenage) son growing up and leaving home, something that felt like another death to him at that time, although in fact, he realised now, it heralded new life. Ogden linked the reverie with his experience in the session with Ms. S., who was also 'growing up' and getting ready to 'leave home' as she began to contemplate the end of their work together. Having processed the reverie, Ogden spoke from the feeling of it to the analysand, suggesting to her that perhaps she was afraid that her development as a person might mean not only the end of the analysis, but that they would be separated utterly, as if by death. The suggestion connected with something deep within Ms. S. and they ended the session united in silence and quiet feelings of love and sadness.

I have quoted this clinical vignette quite extensively because it illustrates powerfully what it can be like to experience and make clinical use of reverie. When Ogden writes about the remembered fluorescent airport lights, for instance, he manages to convey the liminal nature of such experiencing, which can be indistinct and fleeting whilst at the same time evoking utterly specific sensations and memories. Reveries (like dreams) seem peculiarly well-suited to expressing the subtle simultaneity and ambivalence of many-layered human *being* in this way, owing to their dream-like, condensed nature. What is more, when I read

Ogden's account, I see what he describes in my *own* mind's eye, translating his description into my own idiom, with different but, for me, equally potent, associations. I thereby understand emotionally (and not only intellectually) what it is to have a reverie, learning by experience, as Bion (1962) puts it, through the evocative mechanism of empathic imagination, triggered by language. Readers, too, may wish to ponder on their own sensing at this point, and what it might tell them about the meaning they make of Ogden's words and my recounting of them, and, potentially, of their experiencing when with clients and others, and how this affects them and their work.

Towards a broader definition of therapeutic reverie

Bion and Ogden use the term 'reverie' to refer to an ephemeral, liminal inner experience within a specifically psychoanalytic context. Yet it can be argued that this same experience features in the clinical accounts of therapists from non-psychoanalytic backgrounds, using different terminology (McVey, 2018). Carl Rogers (1980), for instance, founder of the person-centred modality, wrote about 'seeing' a mental image of a client as a pleading little boy in a session and using that image to understand his client more fully. His account resembles phenomenologically (if not theoretically) the clinical vignettes of Ogden and other psychoanalytic reverie writers and his image could be regarded as an 'alpha-element' (Bion, 1962, p.6): a product of reverie.

Another humanistic case for attending to inner experiencing (whether we call it 'reverie' or not) is made by Gendlin (2003; 1996) when he writes about focusing on the bodily felt sense. The felt sense is an 'internal aura that encompasses everything you feel and know about the given subject at the given time' (Gendlin, 2003, p.33), just as reverie expresses what therapists feel and know about their relationships with clients in a particular moment. Further, Gendlin suggests that focusing on the felt sense can reveal insights into our own and others' needs and concerns. Such focusing is a profoundly liminal process, which involves 'attending directly in that "edge", that "zone" between conscious and unconscious' (Gendlin, 1986, p.105), a zone with which reverie practitioners such as Ogden (1999a) are intimately familiar, as they track fleeting inner experiencing to access relational information. For Gendlin, manifestations associated with reverie, such as feelings, memories or mental images, whilst not synonymous with the felt sense, can act as 'avenues' (Gendlin, 1996, p.170) to it, and he advocates working with as many avenues as possible to deepen our understanding of others and ourselves.

Extending the horizon of therapeutic reverie to research

Perhaps we should not be surprised that non-psychoanalytic accounts of reverie-type experiencing exist – like those mentioned above - given Bion's (1962) insistence on its

universal, extra-therapeutic origins in the caregiver-child relationship. Looked at this way, reverie, or at least aspects of it, can be viewed as a ubiquitous human relational, sense-making phenomenon. And if this is so, why should it not occur and be used in other empathic relationships which seek to make meaning, including research relationships, especially research in counselling and psychotherapy, which sets such store by relational process?

There is growing evidence for the utility of reverie in research (Holmes, 2019), particularly qualitative research which incorporates researcher reflexivity; reflexive feminist writers have, after all, included 'transgressive data' (St Pierre, 1997, p.180) like dreams and other products of 'alpha function' (Bion, 1962, p.2) in their research for decades. Other examples, specifically related to therapeutic research, include Nolan's (2008) account of qualitative research interviews with clinical supervisors. In one interview he perceived a kind of energy field or aura around a participant, allowing him to enter deeply into the latter's own description of 'seeing into' clients at a transpersonal level. And in a study about adolescent depression, Holmes (2019) used his reverie about being excluded from a rather aloof participant's warm relationship with her therapist 'where they joked about regimented research meetings, such as the one we were in the midst of' (p.84) to enrich his empathic understanding of the participant's feelings of exclusion on learning about her therapist's pregnancy. He observes: 'So we see how a reverie-guided intervention brought what would otherwise have been a flat, somewhat depersonalised interview to life, and led on to interesting material about the therapist's pregnancy and its unconscious resonance for the interviewee' (Holmes, 2019, p.85).

I and co-authors have written about similar reverie-infused experiences in research also (McVey, Lees & Nolan, 2015 & 2016), focusing on examples where images from my own past – in one case of a department store café and in another of childhood bedtimes - helped me gain deeper insight into participants' experiencing. We concluded that reverie can provide a route to empathy and reflexivity in qualitative research, offering 'researchers insight into the relational processes taking place during data collection and analysis' (McVey *et al.*, 2015, p.148).

An example: The chocolate Santa

We turn now to an example from a small-scale qualitative study in which I interviewed therapy clients about their experiences of emotionally-evocative language (McVey, 2013), which, I suggest, offers further evidence of the way that reverie can enrich research. The example centres on my shared experience of reverie with a participant in the study, and how that experience impacted on the research. The participant, referred to here by the

pseudonym Bella, was a client in her twenties (I did not interview my own clients, but only clients working with other therapists). She gave informed consent to participate in the research and to me using the example here. The following extract from our conversation includes some transcription symbols used in conversation analysis to convey non- and paraverbal features like pauses ('5.0', for example, relates to a pause of 5 seconds), overlaps in speech, and intonation (see Appendix 1 for a key to the symbols). The interview was video-recorded to help me study non-verbal elements like these, and in the extracts below body language and gesture are recorded in double brackets. Such features are often omitted from reports of both research and psychotherapeutic conversations but they are included here to provide a fuller sense of what it was like to be there. They are resources readers can use to situate themselves mentally in the interview room alongside Bella and me, where you can study us and your own inner responses to us, whatever these may be.

The following extract from my research conversation with Bella occurred about 20 minutes into our meeting, which lasted for around an hour. Just before, Bella had been talking about her experience of feeling alone as a teenager, which she linked with feeling hollow:

Bella: (5.0) Just a bit *hollow* really↑ (2.0) yeah, like a [hollowness]

Lynn: [Mm] is it anywhere (2.0) *in* you? ((Moves both hands in front of torso)).

Bella: (6.0) No, I don't, [I don't] ((rests head on right hand))

Lynn: [Mm]↑

Bella: think I can feel it sort of *physically* but (1.0) the image that just sort of flashed up then was, erm (3.0) thinking of hollowness: you know like those chocolate Santas or things [like that?]↑.

As the extract begins, Bella paused for 5 seconds. During the pause she seemed to be trying to 'get into' the experience of aloneness so that she could represent it to me in some way, and she did so powerfully, identifying a feeling of hollowness. Perhaps she was trying, unconsciously, to minimise the painful finality of the word 'hollow' by prefacing it with the phrase 'just a bit', but in fact the contrast between her words intensified their impact on me. This sense of contrast was a strong feature of our interaction, as we will see. I asked if Bella could feel the hollowness in her body, moving my hands in front of my torso to indicate where such a feeling might be located. After another long contemplative pause of 6 seconds, during which she rested her head on her hands thoughtfully, Bella explained she could not identify a physical feeling but instead an image of a chocolate Santa 'just sort of flashed up'. The ephemeral yet specific nature of Bella's mental image echoes the form taken by reverie

in the descriptions we have reviewed above: this time, however, the reverie was experienced by a research participant and not a therapist.

I responded to it in the moment with a reverie of my own, which, like Bella's, 'just flashed up' suddenly and vividly. It was over in a moment and yet left a strong impression on me. My mind was filled in that instant with a gaudy mental image of the crinkly red, black and silver foil covering of a chocolate Santa. I had a sense of Christmas shopping trips from the past, full of frenetic bustle, hemmed in by shoppers, fairy lights, and shelves full of brightly-coloured goods. Something about this image also evoked a faint childhood memory of chocolate Santas hanging on the family Christmas tree, with its sharp, ferny scent. Although in the moment I felt a fleeting sense of gladness about the reverie because it was so attractive and familiar, I also felt some discomfort, because it seemed irrelevant or even contradictory to Bella's experience, given that my reverie was full (of people, colour, things), whereas Bella had been exploring aloneness and hollowness. As our conversation continued, I became more and more aware of the contrast between my full reverie and Bella's sense of hollowness and the effect this was having on me, but I did not express it immediately, instead encouraging Bella to go on:

Lynn: [Ye::ah]↑

Bella: where it might seem like a *s::olid object* but then (2.0) you sort of break it open and inside (.) it's just, it's completely hollow (2.0). That just sort of sprang to mind then with that word.

Lynn: (4.0) That's really, erm (2.0) that sort of brings things to mind for me as well, that chocolate Santa ((I have a warm facial expression. Bella laughs)). It's like a kind of, there's a pathos ((pinches wrist with right hand)) in that↑, 'cos it's something that, it's quite a cheery, erm (2.0) sort of outwardly (2.0) well, a cheerful, sort of sweet thing [and]

Bella: [M::m].

Lynn: and, and I'm thinking but quite (1.0) there's that feeling of hollowness though, the sad- ((looks down and holds head in hand)) (.) I feel *sad* thinking [about that].

My drawn-out, rising 'ye::ah' at the beginning of this extract and warm facial expression throughout the exchange expressed my engagement with Bella's image, to which she seemed to respond, in turn, by laughing and murmuring 'mm' under my words. She went on to develop the metaphorical implications of her chocolate Santa reverie, which seemed 'like a *s::olid object* but... inside... it's completely hollow', her words flowing, with shorter pauses than before. Using verbal and paraverbal expressions to underline the contrast

between the apparent solidity of the Santa and its hollowness, she emphasised the word 'solid' by elongating its initial vowel sound, before saying that, in fact, the Santa was 'completely hollow'. I was moved by that phrase 'completely hollow', which emerged from the brutal act of breaking open the poor Santa. Mirroring Bella, I continued to emphasise contrast, setting the words 'cheery' and 'sweet' alongside the halting, fragmentary 'sad-', where I appear about to say 'sadness' but was broken off, like the Santa. I named what the contrast brought up for me: pathos and sadness, pinching my wrist to mirror the sharp pain that I sensed alongside these feelings. Bella responded:

Bella: [Ye::ah]↓ (2.0) And I suppose when you, when you break it open, you sort of (1.0) realise that it's actually (.) I mean the, the chocolate is actually quite *thin* ((brings together thumb and forefinger of left hand)) and it's quite *fragile* (2.0)

Lynn: Yeah↑

Bella: So it seems like a *sturdy* object but it's actually quite *fragile*↑.

Lynn: Yeah↑. It doesn't (1.0) its outward appearance doesn't really (2.0) tell you that much about what it's really like ((nodding)).

Bella: Mm (3.0) I think that sums up me actually (.) at that sort of age.

The elongated, falling 'ye::ah' which prefaced Bella's talk here sounded resigned (and contrasted – again - with the rising intonation on the 'ye::ah↑' I had uttered a few moments before). She brought her thumb and forefinger together to show just how thin the chocolate was and named it 'fragile'. This is an important word whose significance Bella marked by using it twice with tonal emphasis, and by contrasting the word with its antonym 'sturdy'. That word 'sturdy' brought to my mind rosy-cheeked toddlers, robust yet vulnerable: a link with infancy that my reverie also hinted at, with its suggestion of the chocolate Santas hanging on my childhood Christmas tree. This link had a specific emotional effect on me in the interview, evoking a sense of protectiveness and the compassionate sadness that I named 'pathos'.

Bella and I were not only *feeling* emotion evoked by reverie and language at this point in the interview: we were also *using* the emotion to make sense of these feelings and of the experiences under discussion: we were sharing our alpha function in reverie, in Bion's (1962) terms. Another way of looking at the process, this time inspired by hermeneutics, the study of interpretation, is to regard it as the development of mutual or common understanding through dialogue, which the hermeneuticist Gadamer (1960/2004) calls a 'fusion of horizons' (p.306) or perspectives, in which what is expressed 'is not only mine....but common' (p.390). Bella and I were developing common meaning of this kind

during our research conversation, as we worked together on the chocolate Santa metaphor to understand more fully her remembered feeling of hollowness. Taking up Bella's theme of the fragility and ambiguity in hollowness, I went on to remark that 'its outward appearance doesn't really tell you that much about what it's really like'. Bella paused for three seconds to take in (contain) this statement and the meaning it conveyed, and then linked it to herself as a teenager. She spoke in a wondering tone, as if this were a discovery and a surprise. It seemed the attention we were paying to our reveries was giving us a deeper, shared understanding – a fusion of horizons, as it were - of her past experience of contrast when, like a chocolate Santa, Bella's solid-looking exterior concealed inner fragility.

Implications for researchers

My reverie with Bella offered me a lived, visceral perspective on my subject of study: emotionally-evocative language. In particular, it showed me ways that metaphor and analogy evoke emotion, like the analogy of the chocolate Santa that arose in Bella through a metaphorical mental image. For Ogden (2001; 1999a) reverie is an intrinsically metaphorical process, transforming unconscious experience into verbal symbols that show what that experience is *like*. Gendlin (1986) too acknowledges the evocative power of metaphor, pointing to its sense-making function which involves past and present experiences interacting or *crossing* each other (just as my reverie included a crossing of Christmases past and present, and a crossing of Bella's and my own feelings too). Crossing paves the way for implicit understanding of a situation, and can offer deep, embodied insight (Gendlin, 2009), similar perhaps to the insight Bella and I gained into her teenage experience of hollowness through her use of metaphor.

The chocolate Santa reverie ensured that my understanding of Bella's metaphorical language was not only cognitive but also emotional. I *felt* the pain of pathos as I spoke and that pain was sharp and real *because* of reverie. Conjured by Bella's words, my reverie put me in a place that was guaranteed to evoke a kind of frenetic fullness in me, furnished as it was by the particular memories and emotions I have described above, and as a result the 'drop' into Bella's contrasting hollowness was all the more powerful. I do not suggest that these evocative effects were intentional, however: a case of the researcher's (or therapist's) mind cleverly fabricating a response to achieve certain research/therapeutic ends. Rather, like Ogden (1994), I believe reverie to be an intersubjective 'fact' (p.61), a manifestation of how we are bound to interact with a specific other in a specific moment of time, given each person's unique ways of being and our histories up to that point. Attending to reverie can allow us to access those intersubjective facts *as they are unfolding*, which, I suggest, gives it powerful potential as a research tool, because it can sharpen our immediate awareness of

transient phenomena that we might not otherwise notice, or that we might forget quickly. And when these phenomena are available to us, we can make sense of them in ways that deepen our understanding of the topic we are studying, as Bella and I did when we unpacked the implications of the chocolate Santa.

And yet, if we accept that reverie can help researchers access their unfolding responses to participants and the topic under investigation, as I believe this example shows, do not such responses belong solely to the researcher, rather than the participant? Could a focus on reverie therefore detract from research into others' experience, leading instead to solipsism? I asked myself this question frequently during this research, which related to participants' (not my own) experiences of emotionally-evocative language, and I ask it too when I use reverie in my work with my own clients, who consult me to explore their experience and not to provide me with an opportunity to examine mine. Concerns of this kind cause some writers to advise caution in the use of reverie: Meissner (2000), for example, notes that 'the greater the focus of attention on the other, the less on the self, and *vice versa*' (p. 361) and counsels against overbalance in either direction. And Ogden (1999a) himself is clear that viewing reverie as an inherently intersubjective phenomenon does not mean that we are free to assume our every thought or feeling mirrors the other's experience, and still less that we are entitled to impose those assumptions on others. To the contrary, he points out that: 'the experience of reverie is rarely, if ever, 'translatable' in a one-to-one fashion into an understanding of what is going on in the analytic relationship' (Ogden, 1999a, p.160).

Instead, he urges therapists to use reverie in a cautious, disciplined way that respects clients' otherness as well as recognising potential connections with them.

In my encounter with Bella I aimed to work in a similar way, giving her space to disagree with my comments and move in new directions if she wished. For example, when, in response to my question 'Is it anywhere in you?' Bella could not locate the feeling of hollowness in her body, I did not pursue the matter (which relates to my own interest in focusing on the bodily felt sense), but instead followed her into more intersubjective territory where the image of the chocolate Santa was located. Such tentativeness is essential if we are to work with reverie in research in a way that respects participants and their alterity, making it more likely that the understandings we reach are *inter-* rather than wholly *intrasubjective*, whilst not dismissing the extraordinarily rich data-source afforded by reverie. Worked with in this manner, that source can provide an empathic way to share meanings, rather than impose our meaning on others, and can help us to achieve a real 'fusion of horizons' (Gadamer, 1960/2004, p.306).

Conclusion

A major task in research about lived experience, as in therapy, is to understand others (and ourselves) as fully as we can. Buber (1965) claims that such understanding requires an act of intuitive imagination which has much in common with reverie. He calls this act 'imagining the real' (p.80): 'Not a looking at the other, but a bold swinging – demanding the most intensive stirring of one's being – into the life of the other' (p.81).

In this chapter I have considered the role that reverie can play in imaging/imagining the 'real' that exists in the liminal space between two people, but is otherwise invisible. In so doing I have sought to extend the horizon of reverie from clinical practice to research, and then to consider how two people's horizons can fuse in deep, mutual understanding. I end by asking you, reader, to think about how you have used your own capacity for reverie and imagination as you have encountered my words, here...

Ask yourself, now, what went on for you as you read about the chocolate Santa?

Did you see it in your mind's eye or associate it with memories or places from your own life?

What, if any, bodily felt sense (Gendlin, 2003) did it evoke in you?

Can you use this embodied knowledge to develop your understanding of how you are in relation to reverie and liminal experiences in therapy and research?

I encourage you to welcome these inner goings-on and to wonder about them, because it is only by experiencing the ongoing reverie stream yourself first-hand and holding such experience in awareness long enough to examine and question it, that you can appreciate the specific forms it takes for you, and, consequently, its relevance to your own research and practice.

Acknowledgements: I thank 'Bella' for her generosity in participating in the research outlined in this paper and agreeing to use of the extract from her interview.

Appendix 1: Transcription Symbols

(.)	Pause of less than 1 second
(1.0)	Minimum countable pause (1 second)
((sniff))	Non-speech sounds and body language
Lo::ng	Colons denote a drawn-out sound
word↑	Rising intonation

word↓ Falling intonation
italics Italics for emphasis
Over[lap] Square brackets denote start and finish of overlapping talk
Source: Turnbull (2003)

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