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A QUALITATIVE STUDY INTO MODERN PSYCHOANALYTIC JOINING AND MIRRORING THROUGH PSYCHOTHERAPEUTIC EXCHANGES

Tricia Shihui Wang

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Tricia Shihui Wang

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MIRRORING THROUGH PSYCHOTHERAPEUTIC EXCHANGES

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Approved November 11, 2022

_____   _____
Lori Koelsch, Ph.D.   Russ Walsh, Ph.D.
Associate Professor of Psychology   Associate Professor of Psychology
(Committee Chair)   (Committee Member)

_____
Angela Sandone-Barr, Ph.D.
Psychoanalyst
(Committee Member)

_____   _____
Kristine L. Blair, Ph.D.   Elizabeth Fein, Ph.D.
Dean, McAnulty College and   Chair, Department of Psychology
Graduate School of Liberal Arts   Associate Professor of Psychology

ABSTRACT

A QUALITATIVE STUDY INTO MODERN PSYCHOANALYTIC JOINING AND

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Dissertation supervised by Lori Koelsch, Ph.D.

This dissertation intends to address current deficits in knowledge regarding the modern psychoanalytic interventions of joining and mirroring, including substantial definition issues in the literature and the absence of current writings on the psychotherapeutic interventions of joining and mirroring in practice. The focus of the study was on the ever-dynamic landscape between modern analytically-informed practitioners and their clients in psychotherapeutic exchange(s) that the practitioners believed encompassed joining and/or mirroring interventions. Participants were six experienced practitioners who described their clinical work as being informed by modern psychoanalysis and who have engaged or were currently engaging in individual psychotherapy with a client. Participating practitioners were asked to identify and describe salient moment(s) and/or exchange(s) with a client in individual psychotherapy, with an emphasis on the emotional, behavioral, interpersonal and intrapersonal elements during these

moments. Thematic analysis of interviews produced four themes: (1) initiation – an inciting moment; (2) guiding elements; (3) markers of effectiveness; and (4) comparisons between joining and mirroring. The result is a less abstract, vastly updated, and more robust understanding of joining and mirroring interventions as they are utilized in a modern psychoanalytically-informed practice. Less-known aspects of joining and mirroring, which are usually circulated verbally by practitioners, were articulated, thus improving the accessibility and relevance of modern psychoanalytic literature to a wider audience. Research from other fields were integrated to extend the potential efficacy and mechanisms of action underlying joining and mirroring interventions, thereby contributing to a deeper understanding of how the process of therapeutic change can operate through these interventions.

Keywords: modern psychoanalysis, psychotherapeutic process, integrative psychology, emotional communication, joining, mirroring, relational psychoanalysis, qualitative inquiry

DEDICATION

For Pepper and Bayleef,

with unending love and infinite sayangs.

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INTRODUCTION

In this dissertation, I advocated for a closer examination of the modern psychoanalytic interventions of joining and mirroring. My interest in the field stems from time spent at the Philadelphia School of Psychoanalysis a few years ago. As a former student there, confronting these definitions left me with a feeling that the literature was sorely lacking and the practice of effective psychotherapy was acutely inaccessible. Substantial definition issues were a gap in the literature that needed to be addressed in order for the field's valuable contributions to remain accessible and relevant.

I began by reviewing Mahler's (1952) paper *On Child Psychosis and Schizophrenia*, which featured her first use of the term 'symbiosis' and situated it formally in psychoanalytic literature. Mahler's concept of symbiosis was relevant to joining and mirroring as two primary modes of communication in infancy that translated to dyadic interaction patterns in later life, most notably the psychotherapy dyad. Spotnitz's (2004) conceptualization of the role of joining and mirroring interventions in treatment bore parallels with Mahler's theories on symbiosis.

I surveyed landmark literature on the bridge between early symbiosis and later attachment patterns, thus establishing its implications for the psychotherapy dyad. This is followed by an introduction to Hyman Spotnitz, the individual who developed Modern Psychoanalysis as a theory of treatment. With influences from object relations theory and attachment theory, modern psychoanalysis encourages the use of emotional communication as an expanded modality for psychotherapeutic treatment, so as to move beyond Freud's "stone wall of narcissism" (Freud, 1955, pp. 430-431). The more contemporary field of relational psychoanalysis bears resemblance to modern psychoanalysis.

Next, I highlighted existing definitions for joining and mirroring, seeking to understand them as two primary forms of emotional communication and clinical interventions that are key to the practice of modern psychoanalysis. Simplified illustrations of joining and mirroring were provided.

I also explored recent psychotherapeutic research which echoed Spotnitz's work and thereby highlighted its relevance to psychotherapy in at least three ways: 1) A clarified understanding of therapeutic mechanisms of action at the procedural level; 2) Enriched insights into psychotherapeutic interventions; and 3) Improved accessibility to modern psychoanalysis.

An overview of the methodology used in this research study detailed the process of data collection, data analysis, and reflexivity. The results section introduced participant vignettes woven together from the interviews during data collection. The vignettes are meant to highlight important themes and give readers a general sense of key moments during the interviews which can then be referenced in the discussion. It is not an exhaustive, chronological, or verbatim description of content from the entire interview, but instead summarized for brevity. After the vignettes, I present a table of themes which emerged from the data analysis. Following that, I discuss each theme and show how it was identified within the data. Research from other fields was integrated to extend new possibilities and ideas for the mechanisms of action and processes of change underlying joining and mirroring interventions.

LITERATURE REVIEW

Mahler's Symbiosis

Modern psychoanalysis has occasionally been described to me by its practitioners as an operationalization of object relations theory. Like object relations, it prioritized constructs such as attachment, the mother-infant relationship, aggression (the angry infant), pre-verbal life, and relationality for psychotherapeutic application. Many of these concepts have become increasingly adopted in various psychological approaches in recent years. Joining and mirroring interventions might occur in psychotherapy during adulthood, but their power lies in being able to influence, and hence, alter an individual's psychic organization that was formed in early life. Margaret Mahler's concept of symbiosis spring-boarded my inquiry into joining and mirroring since her psychoanalytic conceptualization centralized emotional communication and merger as the dominant form of communication during the pre-verbal period, when language has yet to be fully acquired. Similarly, joining and mirroring interventions are meant to emotionally re-enact this twinship in psychotherapy in order to render pre-verbal patterns amenable to treatment.

The term *symbiosis* came to prominence in psychoanalytic literature in the 1950s after Margaret Mahler first used it in her paper *On Child Psychosis and Schizophrenia*[1]. Other non-exhaustive cognates of the term found in the literature included Melanie Klein's (1955) "projective identification," Margaret Little's (1960) "basic unity," Loewald (1960) and Grunberg's (1971) "primary narcissism," Lichtenstein's (1977) "expression of early object love," "merger" (David, 1980; Jacobson, 1964; Pine, 1985), "fusion" (Nacht, 1964; Rose, 1964, 1972), "undifferentiation" (Stolorow and Lachmann, 1980), as well as "jointness" (Solan, 1991). In the

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[1] According to Blass & Blatt (1996, p. 712), the term "symbiosis" had previously appeared in texts by Alice Balint (1949) and Therese Benedek (1949), although "Mahler was the first to assign 'symbiosis' a prominent role as a distinctively psychoanalytic concept."

wake of Mahler's broader conceptualization of the term, the newfound popularity of the term allowed for its integration into other psychoanalytic formulations despite theoretical divergences (Blass & Blatt, 1996).

Mahler noted the stark differences between newborn infants and their non-human counterparts. She described the former's physiology – merely an unfinished central nervous system – and psychology – a kind of noncortical reactivity – as primitive, elementary, and embryonic. Body and mind were grossly underdeveloped for surviving. Unlike the comparatively more refined corporeality and instincts that other newborn animal species usually come into the world equipped with, human infants rely on a much longer phase of consistent nurturance after birth in order to better adapt for their survival (Dowdeswell, 1961; Simms, 2013). This continued postnatal dependency of the infant on their caregiver was, for Mahler, the ecological equivalent of the non-human's survival instinct. Even after the cord is cut, the umbilical bond remains crucial to the infant's ability to not only survive, but to also thrive in their environment.

Mahler alluded to another subtler difference in her works on symbiosis. Because the instincts in other species are comparatively mature, they "guarantee [the animal's] independent individual survival" (1952, p. 286). On the other hand, the human infant's instinct for survival is not as singularly self-reliant. This "psychobiological rapport," as Mahler (1952, p. 286) called it, exists as an undivided relationship between two people: caregiver and infant (Mahler, 1952; Netzer, 1981; Pollock, 1964; Schore, 2015). It serves to envelop the newborn's nascent experience in a dyadic unity that is integral to later holistic maturation. Like the delicate co-dependencies of bees and orchids, or the dramatic connections between cheetah and gazelle, the mold for survival is thus bound to their interdependency rather than either individual alone.

Pollock (1964) echoed this reciprocity as an impetus for the neonate's survival as well as a progressive life marker for the adult caregiver. It is the nature of this mutuality that Mahler (1952) referred to as symbiosis:

> The intrauterine, parasite-host relationship within the mother organism (as cited in Deutsch, 1945) must be replaced in the postnatal period by the infant's being enveloped, as it were, in the extrauterine matrix of the mother's nursing care, a kind of *social symbiosis*. (p. 286; emphasis in original)

George Pollock (1964), likening symbiosis to "mutual dependence" (p. 2) in his paper on symbiotic neurosis, provided further explication:

> When two organisms live together in close physiological union for their mutual benefit, they are known as symbionts, the condition being called symbiosis. This kind of partnership, more intimate than that seen in commensalism, is an obligatory association having generally mutual though different advantages. (p.2)

By surrounding the yolk with its viscous consistency, the albumen does more than provide it with proteins and water. It also contains and holds, for the yolk would break apart without such cushioning and insulation due to movement and damage. The yolk, on the other hand, reciprocates by providing a tremendous amount of nutrients needed to upkeep both the embryo and albumen. Far from the bare material dependences of food and shelter, the symbiosis encapsulating the caregiver-infant relationship also consists of proprioceptive and affective dimensions that protect, cushion, and insulate (Blass & Blatt, 1996; Mahler, 1952; Netzer, 1981; Pollock, 1964; Schore, 2015; Simms, 2001, 2013). This study was primarily concerned with the affective dimension since it outlasts material and physical dependency once the infant grows up and perseveres into the relationship between psychotherapist and client.

When we apply the term symbiosis to the emotional relationship that exists between mother and infant, we have the prototype for other later intimate relationships. Even when greater object distance, separation, and individuation occurs, the living or 'feeling together' of two human beings in close union for their mutual benefit can still be designated as a symbiotic type of relationship. (Pollock, 1964, p. 2)

From Symbiosis to Attachment

Mahler (1952), Simms (2013), Spotnitz (2004), and Stern (1973) concurred that bodily contact with the caregiver proffers more than just nursing care. It is "an integral prerequisite for the demarcation of the body ego from the nonself within the stage of somatopsychic symbiosis of the mother-infant dual unity" (Pollock, 1964, p. 4). Alongside this gradually expanding corporeal awareness grows an equally blooming sense of proprioceptive mastery, facilitating an inherent situatedness within the human world. The child becomes an agent, able to stretch, hit, kick, caress, grasp, point, rub, touch, brush and stroke within their reach. Yet, physiology and emotion are intimately connected. This newfound proprioceptive mastery over their environment also aids in the infant's affective adaptations. With this bodily capacity comes new possibilities of metabolizing and directing affect, chief among them aggression, which, if left unexpressed, has corrosive effects on mind and body (Benedek, 1956; Fosha, 2001; Pollock, 1964; Schore, 2015; Spotnitz, 1961, 1976, 2004; Winnicott, 1958). Unmet emotional needs, in turn, jeopardize the child's responsive capacity and affective awareness. The early caregiver-infant relationship and its influence on all other later relationships in life feature vitally in human existence. As many others (Beebe et al., 2000; Blass & Blatt, 1996; Fosha, 2001; Freud, 1924; Gedo, 1988; Håvås et al., 2015; Mahler, 1952; Meadow, 2003; Netzer, 1981; Pollock, 1964; Schore, 2015; Spitz, 1951; Sponitz, 1976, 2004; Spotnitz & Meadow, 1995; Stern, 1973) have argued, disturbances in the

caregiver-infant tie disrupt the baby from integrating core aspects of self-functioning as described above and contributes significantly to later maldevelopment in adulthood.

One of the primary contributions that the concept of symbiosis has made to psychoanalytic theory is the shift from an internalizing one-person psychology to the object relations approach and an interdependent dynamic. Netzer (1981) credited this change to the 1930s, when developmental psychologists such as Hartmann, Spitz, and Mahler began questioning the child in relation to the mother and vice versa. Their efforts led to a focus on the interpersonal (caregiver-infant) as opposed to the intrapsychic frame of reference in understanding personality and pathology and early object relations (Blass & Blatt, 1996; Gedo, 1988; Spotnitz, 1976, 2004; Winnicott, 1958). They argued that the infant's relationship with the caregiver is a primary determinant of an individual's personality and relational patterns in later life. Caregiver-infant symbiotic union influences later attachment patterns of either potential well-being or psychopathology in adulthood. This argues for the particular relevance of this work to the therapist-client relationship, and by extension, therapy outcomes.

In an article published before Bowlby and Ainsworth's now-famous studies on attachment theory, Mahler (1960) concurred that, "Only object-relationship with the human love object, which involves partial identification with the object, as well as cathexis of the object with neutralized libidinal energy, promotes emotional development and structure formation" (as cited in Pollock, 1964, p.6). In other words, the relational quality of the original symbiosis endures and becomes the affective basis for all other intrapersonal and interpersonal relationships throughout life (Dales & Jerry, 2008; Leclère et al., 2014). Experiences of symbiosis during the pre-verbal period of life are, to a large degree, indicative of qualitatively similar relational patterns intrapsychically and interpersonally. The intergenerational transmission of attachment relations

constitutes a pivotal bridge between the first symbiotic relation between caregiver and infant and later affective landscapes between therapist and client in psychotherapy.

Hyman Spotnitz and Modern Psychoanalysis

Attachment literature as well as the object relations approach in psychoanalysis were major influencers in Hyman Spotnitz's development of the modern psychoanalytic framework (Sheftel, 1991). Winnicott (1965), from whom modern psychoanalysis draws much influence from, wrote:

> In my view [the mother's "primary maternal occupation"] is the thing that gives the mother her special ability to do the right thing. She knows what the baby could be feeling like. No one else knows… My thesis is that what we do in therapy is to attempt to imitate the natural process that characterizes the behavior of any mother of her own infant. If I am right, it is the mother-infant couple that can teach us the basic principles on which we may base our therapeutic work. (p. 15)

The modern psychoanalytic branch of psychoanalysis is not to be confused with the umbrella term that refers to contemporary ("modern") ways of practicing psychoanalytically. Modern psychoanalysis is more a method of treatment than theory (Margolis, 1994c, Spotnitz, 2004); its mechanisms of action are not well-delineated. Spotnitz, himself, was more of an avid practitioner than prolific writer and excelled at demonstrating his clinical skills as a way of educating. Knowledge that was primarily passed around verbally in supervision, consultation, and didactics were lost with his passing in 2008. It was through the work of his followers that modern psychoanalysis gradually took shape theoretically (Sheftel, 1991). An excerpt from The Edinburgh's International Encyclopedia of Psychoanalysis' (2006) entry of modern psychoanalysis reads: "The analyst was advised to use induced countertransference emotions as

the basis for responses to the patient rather than cognitive explanation… The modern talking cure emphasizes experiences lived and spoken in the analytic room; de-emphasizing reconstruction of the past" (pp. 311-312).

Hyman Spotnitz was professionally active in the mid-1900s, a time when most other psychiatrists were classically trained and predicted poor prognoses for individuals who were unable to fully form an object transference. Motivated by his controversial goal to cure schizophrenia, Spotnitz's observations of human nature and years of clinical experience led him to put into practice a meaningful system of *being with* humans that was reparative. This practice was developed into a systematic theory in his book (Spotnitz, 2004). He believed in psychotherapy as relational and the therapist's role as a maturational agent (Spotnitz, 2004), ideas that have gained popularity in the more recent relational movement.

In the context of joining and mirroring, Spotnitz felt that providing clients a sense that he was similar to them (i.e., developing the narcissistic transference or early caregiver-infant symbiosis) could bring about therapeutic benefits. This system of therapeutic behaviors and presence would later be methodically developed into modern psychoanalysis. Individuals presenting with various neuroses and debilitating disorders in psychotherapy were conceptualized as having experienced unmet emotional needs rooted in their earliest years of life. This period of time parallels the symbiotic phase as well as the period when attachment patterns are first cultivated. Because language acquisition was in its inception during this developmental period, the resulting transference patterns formed with these individuals in psychotherapy were commonly enacted non-verbally. Examples of these enactments included induced feeling states, emotional contagion, visual imagery, behavioral expressions, or psychosomatic symptoms (Arizmendi, 2011, Geltner, 2013; Margolis, 1994c; Meadow, 2003, Spotnitz, 1976, 2004; Stern

1973). The narcissistic transference recreates "the overlapping self-object state" of early childhood within the therapeutic framework. Through it, the analyst becomes a twin image with the client as well as "a replica of [their] bad mother figure" (Margolis, 1979, p. 145).

As explored earlier, nonverbal and emotional communication characterize the early caregiver-infant dialogue. Developmental disturbances during this period take shape pre-verbally. The interventions – such as joining and mirroring - used to resolve these disturbances in psychotherapy must similarly engage the client in non-verbal ways. "To succeed, the psychotherapy of the narcissistic patient must likewise emphasize the affective dimension of the patient-analyst interchanges, taking as its model the mother-infant relationship. This is the modern analytic approach" (Margolis, 1994c, p. 227). In order to work through early troubles stemming from unmet emotional needs during development, the modern analyst strives to re-create that early emotional relationship (i.e., symbiotic union) in the psychotherapeutic environment (i.e., narcissistic transference). The modern analytic space facilitates the expression of the entire range of human feelings, particularly those deemed 'anti-social' or suppressed in everyday life such as destructive impulses, hostile feelings, rage, verbal violence, hate, and the like. That joining and mirroring closely relates to and allows for pre-oedipal experiences to be amenable to psychotherapeutic treatment, even in adult individuals, speaks for the importance of closely examining the phenomena as it occurs in psychotherapy (Beebe et al., 2000; Dales & Jerry, 2008; Fosha, 2001; Meadow, 2003; Winnicott, 1958).

Defining the Terms

Emotional communication

Comprising a cornerstone of modern psychoanalytic interventions, joining and mirroring are two fundamental ways through which the modern psychoanalyst emotionally communicates

with the patient. Emotional communication is thought to be integral to the psychoanalytic process, as it is to all human relationships (Arizmendi, 2011). Perhaps one reason why emotional communication holds a special place in modern psychoanalysis is because of the approach's focus on the preverbal, on the maturational developments, and on the associated frustrations that define this phase of life. As opposed to many other branches of psychoanalysis, modern psychoanalysis recognizes that the resolution of the preoedipal period is as important as the resolution of the oedipal period (Spotnitz, 2004). "[Modern psychoanalysis attempts to] recreate for the patient the mother-infant situation, and provide him with the opportunity at long last to experience a normal unfolding of preordained maturational continuities" (Margolis, 1994c, p. 228). Geltner (2013) expressed emotional communication as "a more general concept that encompasses all these phenomena… [including] the expression and the reception of all forms of emotion, in humans and animals, throughout the lifespan, in everyday life and within the analytic relationship" (p. 4).

Modern psychoanalysis contrasts the intervention of emotional communication with interpretation, the intervention in the customary psychoanalytic approach. Both Margolis (1994a) and Meadow (1991/1996b) questioned an interpretation's goodness of fit when working with what Meadow termed "the prementational phase of life" (p. 174), Mahler's equivalent of the symbiotic phase. According to Meadow, the styles of communication and one's subjective sense of events during the earliest years are unreachable by clever words or amiable gestures. Spotnitz (2004) suggested that purely supportive approaches might point to a "defense against dealing with aggression" (p. 39). Neither are advice-giving or logic-making any much more helpful. Giovachini (1990) argued that interpretation, as used in classical psychoanalysis, might not be the most important intervention when working with pre-verbal egos since there are "no

mechanisms for internalization" during the pre-mentation period (as cited in Meadows, 1991/1996b, p. 187). Drawing from a case study of his patient, Sherman (2007) further suggested that interpreting client resistances in treatment might unintentionally reinforce the very hurdles the interpretation(s) was meant to overcome, since "patients require a certain amount of therapeutic negativism in order to maintain their irrationality" (p. 195). He proposed that this negativism or unconscious defiance stemmed from normal childhood yearnings for separation and independence. In the individual psychotherapy setting, the therapist embodies the other (i.e., an authority figure) from which separation and independence is procured. Resistances to therapeutic progress and unhealthy defenses are maintained in the name of preserving this independence. An untimely interpretation thus inadvertently stagnates or reverses therapeutic progress.

The absence of language affirms emotional communication as a more effective type of communication during the prementational phase (Margolis, 1994c; Newman & Newman, 2009). In other words, an adult individual's learned pre-verbal patterns are primarily responsive to therapeutic interventions and communication that similarly function outside of the realm of language (Meadow, 1991/1996b; Spotnitz, 2004). Posture, embodiment, emotional induction and contagion (Arizmendi, 2011), counter-transference, paralinguistics, and the unconscious (Meadow, 2003) are some non-exhaustive elements that surface in the immediate therapeutic setting within the therapeutic relationship.

Emotional communication is effectively employed in service of the "here-and-now of the transference" (Snyder, 2015, p. 121) in order to express the unspoken, the unvoiced, the unverbalizable. Most, if not all, individuals, and especially those who have traditionally been deemed "unanalyzable" because they lack an observing ego and are unable to explicitly reflect

upon their experience, stand to benefit from this paradigmatic shift in technique (Snyder, 2015).

In his examination of the "stone wall of narcissism," Freud said, "Our technique will therefore have to be replaced by other methods; at present we do not know whether we shall succeed in finding a substitute" (as cited in Spotnitz, 1961, p. 25). The use of emotional communication changes therapy from a purely intellectual exercise to one comprising a genuine emotional relationship. Patients become increasingly capable of putting previous experiences that were primarily felt, experienced, inhibited, or acted upon into words, thus reducing the mental and physical energy required to moderate these impulses. Snyder (2015) has likened the systematized use of emotional communication in modern psychoanalysis to similar developments in more recent intersubjective approaches such as the relational schools. Consequently, modern psychoanalysis espouses that psychotherapy be infused with purposeful emotional communication in order to provide for corrective maturational experiences aimed at repairing past developmental deficiencies at a pace that is appropriate to the client.

While modern psychoanalytic interventions were originally formulated through Spotnitz's work with individuals with schizophrenia and other narcissistic neuroses, a positive diagnosis is not necessary to reap the benefits of the treatment approach (Margolis, 1994a; Meadow, 2003; Spotnitz, 2004). Spotnitz (1976) claimed that "because traces of narcissism remain in everyone, we seek, when beginning treatment, to create an environment that will facilitate a narcissistic transference so that, first we can work through the patient's narcissistic aggression" (p. 58). Because it has been tailored to work with the preoedipal personality in which language has not been acquired and perceived self-other boundaries are still blurry, each person brings their own prementational patterns of response or ways of perceiving events into the therapeutic relationship (Blass & Blatt, 1996; Dales & Jerry, 2008; Håvås et al., 2015; Meadow,

1991/1996b; Spotnitz, 2004; Spotnitz & Meadow, 1995; Schore, 2015; Stern, 1973; Winnicott, 1958), regardless of the clinical presence or absence of psychotic symptoms.

Joining and mirroring, as two forms of emotional communication, find therapeutic utility between any therapist-client dyad According to Laub (2008), the emotionally attuned psychotherapist intuitively attends to content that is most emotionally poignant to the patient in the here-and-now. The therapist conveys their attunement to the patient verbally and non-verbally (e.g. tone). Emotional attunement guides the therapist in the timing and content of their interventions, all in service of creating "interventions targeted at the patient's emotional level" (p. 79). In addition to facilitating practitioners' conceptualizations of the emotional climates surrounding their clients' narratives, observing joining and mirroring in action can also be useful for understanding how the therapeutic atmosphere is structured in order to be maximally therapeutic.

Joining

The history of joining in psychotherapy has been laid out by Feldman (1978) and Strean (1970). Also known as "siding with the resistance" (Sherman, 1961; 2007), these interventions have been most commonly associated with practitioners of paradigmatic psychotherapy (Nelson, 1968; Sherman, 2007), modern psychoanalysis (Spotnitz, 2004), and Ericksonian hypnosis (Hayley, 1993). Marshall (1982) elaborated that joining interventions have been effectively employed "in the early stages of treatment of treatment-resistant families, schizophrenics, and delinquents who were functioning at primitive preverbal levels… [and] drug addicts" (pp. 132-133).

Spotnitz (1976, 2004) loosely described joining as an umbrella of clinical interventions used to manage preverbal resistances and functioning, which typically consisted of "aggressive

impulses that were stultified" (p. 187). Intended for ego-modifying and supportive purposes, joining and mirroring are meant to convey to the client the sole underlying message of "I am like you" (p. 187), or in other words, establish the narcissistic transference. Through these interventions, "the therapist supports and may even reinforce the client's opposition or irrationalities until the patient "develops the awareness and ego strength to replace it with a more adaptive and controlled behavior pattern" (Marshall, 1982, p. 87)" (as cited in Spotnitz, 2004, p. 187). Rather than confront resistance patterns, which may inadvertently reinforce them, the therapist who joins implies support for the client's speech, or their conscious and unconscious attitudes. A good join might seem fluid to the client, such that they may not notice anything out of the ordinary and continue talking without commenting on the therapist's remark (Sandone-Barr, personal communication, 2020).

In Margolis' (1994a) seminal account on the terminology, definitions, and theoretical considerations of joining, mirroring, and psychological reflection, he traced the origins of joining to Spotnitz's work with individuals typically diagnosed with emotional disorders and narcissistic neuroses. Margolis proceeded to call attention to the confusion and ambiguity that surrounded the delineation and differentiation of these interventions.

A certain confusion has by now developed over the exact meaning of these terms and how they differ. The literature of modern psychoanalysis, in its mushrooming growth, offers ambiguous aid in clarifying these concepts. Thus, psychological reflection and mirroring are synonymous (Marshall, 1982, p.14; Spotnitz, 1976, p.37; Spotnitz & Nagelberg, 1960, p.195); psychological reflection and joining are synonymous (Clevans, 1976, p.144; Meadow, 1974, p.81; Spotnitz, 1976, p.37; 1985, p.183; Spotnitz & Meadow, 1976, p.181); joining and mirroring are synonymous (Davis, 1965-66, pp. 93,

100-101; Nelson, 1962, p.121); joining is a form of psychological reflection (Kirman, 1977, p.172; Spotnitz, 1976, p.37); joining is accomplished by means of mirroring (Strean, 1964, p.35); joining is accomplished by means of psychological reflection (Spotnitz, 1976, p.27); psychological reflection is accomplished by means of joining (Spotnitz, 1976, p.134). Some attempt at differentiation would appear to be in order. (Margolis, 1994a, pp. 212-213)

Margolis' (1994a) personal attempt at elucidating these terms characterized joining and mirroring as "communication from the analyst which conveys to the patient that the analyst agrees with him" (p. 213). He elaborated that this agreement should not be taken merely at face value or, in other words, at the level of the literal content of the patient's message. The onus is on attuning to the unconscious feeling state that underlies the "literal resistance message". Accordingly, these veiled and unconscious emotional meanings, whatever they may be, are the client's "true affective disposition" despite typically being incongruent with the patient's resistances (p. 213). When observed in the psychotherapeutic setting, these attunements can take on a host of expressions. Some non-exhaustive examples include ones similar to Carl Rogers' (1946) reflection in client-centered psychotherapy (i.e., explicitly echoing the patient's words), or a more general version of asking questions to encourage exploration and elaboration. The latter subtly indicates interest and invitation to elaborate. According to Margolis (1994a), regardless of its overt expression, joining provides to the client a feeling of alliance from the therapist and that the therapist is on their side. Sandone-Barr (personal communication, 2020) elaborated joining as "giving the client the feeling that you understand what they are feeling, even if you do not genuinely feel in agreement" or provide overt agreement. Through this kind of emotional communication, the client (unconsciously) learns that disturbing feelings such as

hostility, resistance, and aggression are acceptable and need not be defended against, thus gradually resolving a resistance in treatment and encouraging therapeutic progression.

Mirroring

Mirroring is intended to serve a similar purpose as joining. Spotnitz (2004) noted that, "In mirroring the therapist operates as a twin image. The patient wants to make contact with agreeable, similar objects, and will attack a dissimilar, disagreeable object if he feels it is safe enough to do so. The formula seems to be as follows: If you are enough like me and like me enough, it will be safe to attack you if I am convinced I will not be injured in the process" (p. 187).

Margolis (1994a) echoed a similar vein that "in the case of mirroring (psychological reflection), agreement takes the form of communications in which the analyst presents his own condition or attitude as matching that of the patient… the mirroring is not of a single thought or attitude of the patient, but of his total approach" (pp. 214-215). From my initial reading of his article, I forged together the impression that mirroring, barring considerable overlap, is a more absolute expression of joining in that the therapist not only places themselves in the client's shoes, but goes a step further by wearing the client's skin. This impression is not explicitly stated in the literature. Marshall's (2006) review of Spotnitz' early audiotapes and *Festschrift* (Sheftel, 1991) revealed that the pioneer mirrored myriad psychological content, including "drives, impulses, feelings, sensations, physical reactions, thoughts, etc. at different levels of consciousness and unconsciousness. On a structural level, he mirrors the id, ego, and superego" (p. 293).

Expressing agreement, approval, or encouragement, as in the case of joining, necessitates the therapist relating to the client as a separate other. Conversational exchanges between

therapist and client provide for clearer examples of joining and mirroring since a response that could qualify as either a joining or mirroring response depends on what the client has said previously. For example, a client exclaimed, "This is crazy. I don't understand how it turned out this way." The therapist provided a joining response, "You're really trying very hard to figure this out." This conversational exchange involved the epistemic markers of 'I' and 'you', both of which denoted two separate individuals dialoguing with each other at a verbal and cognitive level. In other words, a less potent joining intervention was addressed to the rational ego and occurred within the context of clearly-demarcated ego boundaries (Geltner, 2013). In contrast, a tweaked mirroring response of "Ugh! What the hell's going on?" not only purposefully removed the epistemic markers, but also involved the therapist behaviorally sharing the emotional charge of the verbal content. This might come in the form of a frustrated exclamation or a resigned curiosity. Mirroring constitutes a comparatively more inclusive form of joining. It "addresses the afflicted ego and goes beyond empathic understanding" that the psychotherapist verbally communicates to the client (Geltner, 2003, p. 204). As such, it can provide to the client an unconscious sense of synchrony, twinship, identification, or merger.

A hallmark anecdote of mirroring passed down at the Philadelphia School of Psychoanalysis starts with one of Spotnitz's patients angrily exclaiming to him one day, "I wanna kill you… gonna throw this chair at you!" (S. D. Ellis, personal communication, 2015). Spotnitz, in a remarkably demonstrable move, responded, "Not if I throw this chair at you first!" The patient laughed and both sat down to talk. Much could be elaborated about the multitude of dynamics underlying this formidable exchange. It prominently illustrated Spotnitz's emphasis on embedding the message "I am like you" in one's communications with clients, and his genius in elevating the art of joining to a higher level of sophistication through the therapist's role as a

maturational agent. Thus, mirroring might be seen as a comparatively more passive attitude that the analyst *does* or *becomes.* While joining can be construed as a more active intervention that provides to the client a feeling of being understood, mirroring is less an act of doing than becoming. It is an embodiment of a whole demeanor, attitude, and way-of-being that synchronizes with a client subtly.

Marshall (2006), a contemporary writer and practitioner in the field of modern psychoanalysis, wrote about the converging concepts of mirroring across various fields including anthropological, clinical, developmental, and social cognition studies. He reiterated the language of abstraction in describing mirroring, construing it as "a spectrum of processes that create in the patient the experience that the therapist is like her… Various words describe this experience of sameness, for example, resonance (Meadow, 1991), symbiosis, fusion, twinness, merger, synchrony, or attunement with another person" (p. 292). He acknowledged that taking mirroring, joining, psychological reflection, and other cognates as interchangeable was an oversimplification.

In mirroring, the therapist literally presents themself as a mirror image of the patient's emotional expression or condition. In so doing, the therapist mirrors not only the patient's speech, but also its affective colors. In the example of Spotnitz above, when the client expressed rage targeted at the therapist, the therapist expressed a similar intensity of hostility at the patient. "The mirroring is not of a single thought or attitude of the patient, but of his total approach" (Margolis, 1994a, p. 215). Because mirroring is considered under the umbrella of joining interventions, albeit to a more absolute extent, it maintains the same functions of building the narcissistic transference (i.e., a sense that "the therapist is like me"), priming early feeling states, and establishing a psychotherapy atmosphere where the client is facilitated to attend sessions,

"discharge aggression, and resist the main treatment goal of "saying everything"" (Marshall, 2006, p. 292).

As a previous student at the institute, confronting the abovementioned definitions left me with a feeling that the literature was sorely lacking, and the practice of effective psychotherapy was acutely inaccessible. Despite Margolis' (1994a) well-meaning intentions and Marshall's (2006) revival of the terms, the question of how joining and mirroring concretely takes shape in a therapist-client psychotherapeutic exchange remains ambiguous at best and confused at worst. Margolis' article on joining, mirroring, and psychological reflection represented one of the few, if not the only, efforts in the modern psychoanalytic literature to delineate and differentiate joining and mirroring in therapeutic dyads, much less describe it concretely. For interventions that hold as much significance in modern psychoanalysis as mirroring and joining do, this revelation was jolting.

Syntonic and Dystonic Joining and Mirroring

Spotnitz (1976, 2004) further distinguished between ego-syntonic and ego-dystonic forms of joining and mirroring. Margolis (1994a) stressed the use of ego-syntonic joining when delicateness and gentleness are considered more appropriate for resolving resistance patterns. Specifically, ego-syntonic interventions are used to provide empathic support and to protect or insulate the client's fragile ego state, particularly when therapy would benefit from counterintuitively maintaining current resistant patterns. The patient implicitly receives the message that not only are his defenses not being challenged or attacked, they are surprisingly being supported or even reinforced. In such a case, ego-dystonic joining might be experienced as an attack and possibly lead to ego fragmentation or treatment termination, both of which are highly undesirable. The beginning of psychotherapy is one scenario that often favors ego-

syntonic joining and mirroring over its dystonic counterpart (Margolis, 1994a). Anna Freud's

(1974) initial work with a 10-year-old boy is an exemplar of ego-syntonic joining and mirroring

blended together:

> At first, for a long time, I did nothing but follow his moods and humors along all their
>
> paths and by-paths. If he came to his appointment in a cheerful disposition, I was cheerful
>
> too. If he were serious or depressed, I acted seriously… If he preferred to spend an hour
>
> under the table, I would treat it as the most natural thing in the world, lift the tablecloth
>
> and speak to him under it. If he came with a string in his pocket, and began to show me
>
> remarkable tricks, I would let him see that I could make more complicated knots and do
>
> more remarkable tricks. If he made faces, I pulled better ones; and if he challenged me to
>
> trials of strength, I showed myself incomparably stronger. But I also followed his lead in
>
> every subject of talk, from tales of pirates and questions of geography to stamp-
>
> collections and love stories. (p. 12)

On the other hand, ego-dystonic interventions are appropriate for times when the client is

thought to be able to tolerate their aggressive impulses and self-limit to expressing these feelings

verbally (Margolis, 1994a). Spotnitz (2004) described ego-dystonic mirroring as "taking the

wind out of the patient's sails" which was reportedly cathartic for the client. Nevertheless, he

stressed that this catharsis was not curative in and of itself but rather aided the client in learning

that verbalizing (not acting out) aggression was acceptable (Marshall, 2006).

How joining and mirroring interventions are perceived by the client (i.e., congenial and

relatable, or unpalatable and dissonant) depends on the emotional valence of the

psychotherapeutic context at any given moment (Margolis, 1994a, Spotnitz, 1976, 2004). As a

result, Margolis (1978) and Sherman (1983) have maintained that emotional communication in

the form of joining and mirroring interventions make for countless "nuances of interplay between content and feeling, and of providing the patient with emotional experiences of infinite syntonic and dystonic variety" (as cited in Margolis, 1994a, p. 215). The fluctuating nature of the therapist-client emotional landscape – or the therapeutic relationship in and of itself – in any given psychotherapy session prevents the formulation of a generalized framework of the dynamics of syntonic and dystonic emotional communication.

The interventions of joining and mirroring operationalized by modern psychoanalytic treatment can be considered as more distilled versions of behaviors that occur naturally amongst human beings and even primates (Arizmendi, 2011; Madonna, 2017; Marshall, 2006; Meadow, 2003; Spotnitz, 2004; Stern, 1973). The caregiver-infant bond is one such example. For instance, Kohut (1971) believed in reflecting idealizing self-objects and empathically mirroring the patient's self-worth. Rogers (1946) advocated for a reflection of the client's words and feelings. Techniques commonly used in psychotherapy across various schools such as paraphrasing, asking questions, clarifying, self-disclosure, agreeing with a statement, providing suggestions, or expressing a feeling may also be considered as ways of joining and mirroring in modern psychoanalysis, with the condition that the therapist can match the client's emotional valence and with the goal of resolving a resistance to say more.

Succinct illustrations of four configurations of ego-syntonic and dystonic joining and mirroring were laid out in Margolis' account (1994a, p. 216; Table 1). Note that the emotional undertones of these psychotherapeutic exchanges are not adequately reflected in these joining and mirroring examples. Implicit expressions such as affective resonances and paralinguistic features were not as well-captured and were highly dependent on spontaneous factors such as the therapeutic context as well as the client's maturational state at the time (Dales & Jerry, 2008;

Lyons-Ruth, 1998; Madonna, 2017; Margolis, 1994a; Meadow, 1991/1996b; Spotnitz, 2004).

Lyons-Ruth (1998) elaborated that "language is used in the service of this [implicit relational] knowing but the implicit knowing governing intimate interactions are not language based and are not routinely translated into semantic form" (p. 285). As such, the psychotherapeutic exchanges illustrated below are only thinly reflective of joining and mirroring interventions in practice. Nevertheless, these examples are still useful in providing brief instances of ego-syntonic and dystonic joining and mirroring in modern psychoanalytic treatment. In reading these brief statements, it would be best to view them as simplified examples not grounded in rich description or histories and as such, might seem peculiar out of context. This was a common occurrence while reviewing current literature and likely contributed to the problem of ambiguity and confusion. The beauty of joining and mirroring interventions became opaque when viewed from an outside perspective detached from the shared therapist-client experiences, consultation meetings, supervision hours, and time spent waiting and carefully crafting an appropriate intervention(s).

Table 1 Ego-syntonic and ego-dystonic joining and mirroring interventions taken from Margolis (1994a, p. 216)

	Ego-syntonic	Ego-dystonic
Joining	Patient (P): I feel miserable. Analyst (A): You're entitled to feeling miserable.	P: I feel worthless. A: You *are* worthless.
	P: My mother was more interested in having fun than in taking care of me. A: She neglected you.	P: I feel hopeless. A: There's no hope for you.
Mirroring	P: (after a harrowing review of his life history) I haven't had much in the way of pleasure. A: Life has been one misery after another.	P: I didn't feel like coming here and seeing you today. A: I can't say I was looking forward with great eagerness to seeing you today.

P: I'm not doing so well in the analysis. A: Perhaps I'm the one who's not doing so well.	P: What's the use of my saying this over and over again? A: What's the use of my listening to this over and over again?

Timing and quality of attunement are considered when joining or mirroring in psychotherapy, such that these interventions are used in a more purposeful and conscious manner, rather than in a way that is largely automatic or unconscious. Spotnitz's contribution was his ability to identify and ultimately synthesize these naturally-occurring, typically non-conscious albeit therapeutic, ways-of-being into a formalized treatment approach. Marshall (2006) proposed that "mirroring techniques are not simply 'default' techniques, but constitute an array of interventions that have powerful effects on people" (p. 308). That joining and mirroring finds universality in human behavior underlines the importance of devoting thoughtful attention and careful scrutiny to its clarified functioning in psychotherapy, and particularly so if it lends itself to be refined as a psychotherapeutic intervention.

Relevance for Psychotherapy and Modern Psychoanalysis

How are joining and mirroring relevant and important for psychotherapy? The literature suggests at least three ways in which the views presented above can further enrich central concepts in clinical practice: 1) A clarified understanding of therapeutic mechanisms of action at the procedural level; 2) Enriched insights into how moment-to-moment, real-time components of interventions take place in psychotherapy; and 3) Improved accessibility of modern psychoanalysis.

Therapeutic mechanisms of action at the procedural level

In their study on the links between affect attunement and attachment security in psychotherapy, Håvås et al. (2015) called attention to the "pivotal role played by nonverbal,

procedural factors in adult psychotherapy" (p. 247), while acknowledging that much still remains to be explored. Additionally, their research supported results from the Boston Change Process Group (Stern et al., 1998), which argued for the importance of understanding "the something more than interpretation" (p. 247) prevalent in therapeutic change. This "something", the Group argued, was too poorly understood in psychoanalytic practice – and even more so in the psychotherapeutic process in general. Ramseyer and Tschacher (2011) expressed that "despite this widely accepted opinion and acknowledgement of the phylogenetic and ontogenetic primary of nonverbal behavior (Segerstråle & Molnár, 1997), research exploring the bonding process in psychotherapy has focused on speech content rather than nonverbal behavior" (Tickle-Degnen & Gavett, 2003; as cited in Ramseyer & Tschacher, 2011, p. 284). Other researchers who have conceded likewise include Beebe et al.'s (2000) investigation into how vocal rhythm and coordination impacted attachment at both developmental and dynamic levels, Meadow (2003) on the transmission of feelings both voluntarily and involuntarily, and Arizmendi's (2011) illustration of the relationship between emotional contagion and imagery through a neuroscience lens.

Although it has not been formally established in modern psychoanalytic literature, the neuroscientific basis for the mechanisms of action in joining and mirroring could be understood from the intersection of neuroscience and psychotherapy. Of particular interest is the limbic system that is thought to be central to emotional processing, as well as the mediation of non-conscious, affective communication (Dales & Jerry, 2008; Grosjean, 2005; Lewis et al., 2000; Schore, 2003, 2015). According to Dales & Jerry (2008), Schore's (2003a, 2003b) research on affective neuroscience has established the link between "hemispheric lateralization of emotion and narrative" (p. 284) and psychotherapeutic processes. This understanding has allowed for an

integrative perspective on how the tacit processes underlying emotional communication in psychotherapy possibly works. Specifically, the research proposed that emotional communication in psychotherapy operates on two levels – the hierarchical (e.g., limbic-to-cortical) and the lateral (e.g., emotion versus narrative lateral processing) (Dales & Jerry, 2008). These possibilities highly resemble Beebe et al.'s (2000) illustrations of the reciprocal interaction between the action-perception (procedural) and symbolic-narrative levels.

Psychoanalysis may be a talk therapy emphasizing verbalization, but words only tell half the story. Feelings, operating at a level beyond the verbal, compose the other half where therapeutic mechanisms of action are comparatively less delineated (Beebe et al., 2000; Geltner, 2013; Håvås et al., 2015; Kiesler, 1979; Spotnitz, 1976, 2004; Meadow, 2003; Spotnitz & Meadow, 1995; Stern et al., 1998; Tickle-Degnen & Gavett, 2003). Psychoanalysis, as a method of treatment, would benefit from an understanding that incorporates both verbal and non-verbal levels of intervention (Håvås et al., 2015). While interpretation provides insight and cognitive awareness on the verbal level in many psychoanalytic approaches, emotional communication plays a salient role in conceptualizing moment-to-moment therapist-client interaction and co-constructed relatedness. The systems are always in joint contact, the former providing a regulatory backdrop to the symbolic-declarative aspects (verbal processes) occurring in the fore. A close observation of emotional communication within psychotherapy, in the forms of joining and mirroring interventions, will clarify existing concepts of therapeutic mechanisms of action at the procedural level. According to Beebe et al. (2000), "… each [therapist-client pair] has a way of getting 'in' to the other's experience. And each can further comprehend, question, and 'deconstruct' (Slavin, 1998) the symbolic level through elaborations, alterations, or discrepancies at the perception-action level" (p. 116). Arizmendi (2011) suggested that the "[therapist] could

use his own intuition or emotional state to sense the emotional condition of his patient" (p. 408), a concept that strikingly parallels Spotnitz' use of counter-transference analysis (Geltner, 2013), thereby facilitating treatment direction. Affective dynamics within the therapeutic relationship and environment are fundamental psychoanalytic sensibilities, out of which stem a multitude of emotional experiences that eventually form the crux of therapeutic change. Thus, a careful observation of how joining and mirroring occurs and how they are taken up by practitioners in psychotherapy will clarify therapeutic mechanisms of action at the procedural level.

Enriched insights into psychotherapeutic interventions

There is prevailing support in the literature that the quality of the therapeutic relationship is a primary variable in successful psychotherapy (Borelli et al., 2019; Orlinsky et al., 2004; Ramseyer & Tschacher, 2011). However, specific factors or techniques contributing to a well-established therapeutic relationship are less well-defined. Ramseyer and Tschacher (2011) poignantly asked, "What are the ingredients for a good relationship?" (p. 284). In modern psychoanalysis where the emphasis lies heavily on the relational, the intersubjective, the dyadic, the therapeutic relationship operates as the grounds in which the seeds for successful treatment are sowed, while at the same time serving as the treatment itself. The interventions of joining and mirroring have been variously used for several effects including protective and regulatory functions as mentioned above.

When utilized for allying with the patient, joining and mirroring have direct implications for the therapeutic alliance. Joining and mirroring, as two forms of emotional communication, are closely tied with nonverbal or implicit attunement. Researchers have consistently asserted that therapists' nonverbal attunement play an integral part in establishing a strong, trusting therapeutic relationship (Borelli et al., 2019; Ramseyer & Tschacher, 2011). "A therapist's

matching communicates something very important to the client – that his or her experiences have been seen, are understood, can be safely shared with another person, and can be contained" (Fonagy, et al., 2002; Lipps, 1907; Merten et al., 1996; as cited in Borelli et al., 2019). Skillful joining and mirroring have been commonly associated with improved relationship formation (Borelli, et al., 2019; Håvås et al., 2015). Although these therapeutic outcomes were well-documented in the literature, the processes and therapist's considerations leading up to the delivery of these interventions as they occur in real-time were less explicitly discussed. An intricate look into how joining and mirroring interventions are translated into practice would allow for an enriched description of these interventions in modern psychoanalysis. It will also provide a closer look into oft-nonverbal components in practicing psychotherapy such as therapist decision-making processes, considerations, thought processes, and even affective attunement to the client.

Allying with the patient not only serves to improve psychotherapeutic relational outcomes, but also is a way for the therapist to reverse resistance patterns (Meadow, 2003; Margolis, 1994a; Spotnitz, 1976, 2004) and to nudge patients towards a path of recovery (Margolis, 1994a, p. 223). Although the efficacy of joining and mirroring is evident in clinical practice, the underlying dynamics for why these interventions are effective deserve more attention. Margolis (1994a) listed four possibilities from several theorists to explain the effectiveness of joining and mirroring interventions:

(1) Sherman (1961) underlined the role of ambivalence in the joining process which agitates the client's mental state. This reduces their rigidity and leaves them more susceptible to consider progressive change. Over time, the therapist appears to adopt the client's problematic

position. In response and by virtue of negative suggestibility, the client responds by adopting a healthier position of their own accord (or so it seems).

(2) Nelson (1956) suggested that through joining and mirroring, the analyst adopts the client's representations of the bad object that originated from caregiver frustrations during the preoedipal period. With this toxic introject now externalized (via the therapist's role), the patient can then express repressed aggressive impulses, thus ridding themself of the toxic introject.

(3) Davis (1965-1966) centralized the paradoxical nature of joining and mirroring that surprises the patient and evokes other affect such as anger. "With respect to the discharge of the latter affects, it is as though a powerful ally has intervened in the life of the patient, taking over some of the more onerous tasks (his defenses), thus freeing him to experiment with new attitudes or hitherto repressed feelings" (pp. 101-102).

(4) Finally, Spotnitz (1976, 2004) described joining and mirroring interventions as supportive of the patient's core feelings and emotional needs. The use of joining and mirroring to establish the narcissistic transference prompts the patient to (unconsciously) realize that defenses are unnecessary because the therapist does not challenge them. The energy that would have been used to maintain those defenses can now be put towards healthful purposes. Additionally, experiencing a twinship with the therapist gives the client a feeling of genuinely being understood and improves their ego strength, thus encouraging them towards maturational growth.

Improved accessibility of modern psychoanalysis

To reiterate, other than Spotnitz's essential book (2004), Margolis' (1994a) account on the terminology, definitions, and theoretical considerations of joining, mirroring, and psychological reflection possibly represents the only thorough examination of just how joining

and mirroring comes about in practice. Margolis highlighted the confusion and ambiguity that surrounded the delineation and differentiation of these interventions. Then, he subsumed joining and mirroring under the umbrella of psychological reflection as a general reference, noting that both the terms "joining" and "psychological reflection" may be used interchangeably to refer to combined joining and mirroring interventions. Later on in the same article, he also advised caution and differentiation, "when discussing specific treatment procedures, to distinguish between joining and mirroring (psychological reflection) qua techniques" (p. 213). I imagine then that the challenge, particularly for trainees or professionals from other fields, would be in being able to differentiate when joining refers to the broader, specific, or some other (undescribed) notion, as well as what joining, mirroring, or a blend of both actually is in a modern psychoanalytic psychotherapy.

These sorts of puzzling concepts are likely part of what deter newcomers from picking up an already complicated subject. Coupled with the situational dependencies and individual client factors that underline psychotherapy in general – not to mention modern psychoanalysis, the difficulty in mastering these concepts for practice make for an inaccessible method despite its benefits. For modern psychoanalysis – or any field for that matter – to remain relevant and useful, it is important that there exist resources for providing some sense of structure and organization. This research study would make modern psychoanalysis potentially more accessible to a wider audience, particularly those who are interested in informing themselves with modern psychoanalytic teachings as well as incoming trainees.

Studies such as those above exemplify a growing pool of literature that have provided clear and empirically-supported evidence for some of the core ideas of psychoanalysis. In turn, this has generated greater validity for time-tested psychoanalytic theories while also facilitating

the accessibility of psychoanalytic wisdom to the larger psychotherapy community. This study aims to do the same for the cornerstone interventions of modern psychoanalysis – mirroring and joining.

The symbiotic phase of early life is primarily responsiveness to emotional, rather than linguistic, communication. Early patterns of dyadic communication are cultivated during this period. These learned patterns have rippling effects on attachment patterns and how the individual navigates later relationships in adulthood, as well as how they relate to self, other, and world. Research has supported the notion that these early and later patterns are interactive, thus making early patterns amenable to psychotherapeutic processes that operate in a realm beyond the verbal. Since more than a half century ago, modern psychoanalysis has recognized the relationships between pre-verbal development, emotional communication, attachment, and later psychology (Spotnitz, 2004). Resting on the belief that resolving preoedipal difficulties are as important as resolving oedipal ones, modern analytic practitioners have elevated the interventions of joining and mirroring into a fine art, formulating them to emotionally communicate with patients throughout the lifespan. Unfortunately, dissemination of the theory of treatment is mainly limited to practitioner and supervisory circles. Definitional confusion, ambiguity, and abstraction are a current gap in the literature. Here, modern psychoanalysis stands to evolve with the practice and understandings of its contemporary practitioners. Ultimately, I envision my contribution as a bridge between existing modern psychoanalysis – where theory may be lagging behind practice – and the body of literature in other core areas of psychology that have not yet been translated into clinical practice.

METHOD

Research Question

The complexities of joining and mirroring interventions in therapist-client interactions were explored from the therapist's point of view in this study. Modern psychoanalysis advocates for the use of emotional communication through joining and mirroring interventions. While practitioners from this school have exercised these interventions with lasting success since Spotnitz pioneered the method more than a half-century ago, current literature of it is foggy and abstract. What do joining and mirroring interventions look like as practiced in a modern psychoanalytically-informed psychotherapy? How has the decades-old theory, primarily passed around verbally in supervision, didactics, and consultation, been taken up and translated to practice by current practitioners? Given the influence of the symbiotic phase of early development and its ties to later psychological functioning and emotional capacity, this approach's wisdom can contribute much to the field though it is in need of updating. Current articulations are grossly needed and this research study attempted to do so with the core interventions of joining and mirroring in modern psychoanalysis. This study aimed to investigate patterns in participant practitioners' utilization of joining and mirroring interventions that underlie idiographic interactions as they unfolded between therapist and client. This was done through a close observation of therapist-client interchanges in the modern analytic environment from the therapist's perspective.

Methodology

This study was qualitative in nature and used semi-structured interviews. Qualitative, as opposed to quantitative, inquiry retains the richness inherent to the art of psychotherapy, particularly in regards to a phenomenon as intricate and fleeting as joining and mirroring in

psychotherapy. Qualitative research has often been referred to as being "naturalistic, emergent, interpretive, phenomenological, hermeneutic, critical, or ideological" (Bailey, 1997, p. 19). In this respect, qualitative research is able to shed light on abstract or intangible concepts which might otherwise be difficult to measure. This was particularly important given that some aspects of human experience cannot be wholly understood through comparatively reductionistic measures (Mishler, 1990, p. 420). Qualitative research uses inductive data analysis, allowing information and meaning to emerge, as opposed to fitting data into predetermined frameworks. Lewis (2015) described qualitative research as the most appropriate method to use when seeking to understand the context of a phenomenon.

The semi-structured interviews in this research study were designed to begin with a prompt for participants to identify specific moments in their individual psychotherapy sessions. The proceeding interview focused on how these exchanges were relevant to what joining and mirroring looks like in practice. Semi-structured interviews allowed participants to delineate specific moments of joining and mirroring as it organically occurred in interaction within the therapist-client exchange. The participants were asked to recall specific moments in order to aid them in recollecting transient reactions and impressions unique to those moments, including therapist intentions, decision-making procedures, delivery processes, and immediate reactions. The dynamics and processes that characterize emotional communication in a psychotherapeutic environment are implicit and typically preconscious in nature. These semi-structured interviews lent to the study a considerable level of flexibility that integrated real-life treatment directions and client autonomy with scientific stringency, thus encouraging results that were both clinically practical and academically sound.

I consulted Ruthellen Josselson's 2013 book *Interviewing for Qualitative Inquiry* to better prepare myself for the recruitment and interview stages.

Participants

Given that the modern psychoanalytic circle is comparatively smaller than the psychoanalytic community as a whole, there was a potential challenge of finding enough participants and possible attrition during the study. In hopes of "casting a wider net" in the beginning, so to speak, I advertised the study by word-of-mouth by distributing my recruitment letter on professional listservs and social media pages in the larger psychoanalytic community. I reached out to various modern psychoanalytic institutes located in the northeastern region of the US. These include the Center for Modern Psychoanalytic Studies and The Center for Human Development in New York City, the Philadelphia School of Psychoanalysis and its adjoining clinic, the Philadelphia Consultation Center, the Academy of Clinical and Applied Psychoanalysis in New Jersey, the Boston Graduate School of Psychoanalysis in Massachusetts, and the Pittsburgh Psychoanalytic Center. An email briefly detailing this study, eligibility information, and my contact information was sent to the above sites.

Additionally, my committee reader, Dr. Sandone-Barr, offered to advertise my study in her professional network. Dr. Sandone-Barr is an experienced modern psychoanalytic practitioner who has practiced and taught modern psychoanalysis for decades. We first met while I was completing masters-level coursework. Some participants described her as a mentor with whom they have sought consistent consultation and supervision on various clients over the years. Dr. Sandone-Barr sent out a recruitment email to her contacts which outlined the parameters of the research and offered personal endorsement of my credentials. In the email, Dr. Sandone-Barr included my description of the purpose of the study, the nature of the phenomenon that I was

trying to understand, and she attached the recruitment letter. To read the recruitment letter, see Appendix A. To ensure that we were taking extra precautions in protecting the confidentiality of potential participants, Dr. Sandone-Barr provided my contact information in her emails and advised prospective participants to reach out to me directly via phone or email.

I recruited six licensed practitioners / analysts who aligned their clinical work with modern psychoanalysis and who had experience in providing individual psychotherapy (in the past or present). A seventh practitioner reached out after the interviews were underway. They were thanked for expressing interest in the study and informed that I had completed recruitment.

Informed consent

All six participants informed me of their interest in participating in the study via email. I responded by first thanking them for their consideration, and then briefly described the study of interest, the data collection procedures, and subsequent interview processes. I also included a link to an electronic version of the informed consent form on Qualtrics (see Appendix C for a copy of the consent form). All informed consent procedures were done remotely due to the global COVID-19 health pandemic.

Prior to each interview, I carefully reviewed the consent form with the participant, reiterating the study goals, procedures, and potential risks and benefits. Participants were given another opportunity to clarify any inquiries or concerns they might have had. They were reminded that 1) They were allowed to withdraw from the study at any time for any reason, after which the data they had provided (recordings, transcripts, findings) would be destroyed completely; and 2) the names and identities of speakers and anyone speakers mention in the transcribed interviews will be deleted in the transcriptions. They were then asked to electronically sign the consent form after which we began the interview.

Interviewing the participants

The data collection for this research study coincided with the onset of the global COVID-19 pandemic and as a result was heavily disrupted by it. As required by the Institutional Review Board (IRB) at Duquesne University, the entire data collection occurred entirely remotely through semi-structured interviews that were recorded and transcribed for thematic analysis.

Remotely interviewing each participant involved scheduling two steps: 1) An initial call to collaboratively review the informed consent form and address any questions or concerns; and 2) The actual interview. Participants were asked if they wanted to do these two steps together or in separate calls. All participants decided on the former. They were also asked what platform they were most comfortable using for the interview (i.e., Zoom/Skype video-conferencing or phone call).

A couple of days before the scheduled interview, an email reminder was sent to each participant reminding them of the date and time of our interview, instructions for joining the remote interview, a link to another Qualtrics form to complete some basic demographic information pertaining to this study (see Appendix B for the list of demographics questions), and a summary of the procedures they could expect during the interview. In the body of this pre-interview email, I also asked each participant to prepare to dialogue extensively about a significant exchange or moment in a psychotherapy session with a client. It was worded as follows:

> I'd like to learn from you about what joining and mirroring looks like in your practice by asking about specific instances in which you joined or mirrored your patients during therapy, where their response told you they felt understood, or that they implied you really resonated with them. In preparation, please reflect on a couple of instances

between your client(s) and you that stands out in your memory. It may help to write down details of the memory, sketch, or surround yourself with objects related to these memories.

"… stands out in your memory" was not defined and no direction was provided regarding the duration of these selected periods. According to Josselson (2013), the use of these visual representations or other interview aids help to focus the interview around the question(s) to be explored, functioning as "good 'launching pads' for interviews" (p.188). Once again, I invited the participants to clarify any questions or concerns they may have.

The interviews took place over Zoom, with four out of six participants opting for video-conferencing over Zoom and the other two preferring an audio-only call over Zoom. Each semi-structured interview lasted approximately an hour and a half to two hours, including the informed consent review. Participants were invited to ask any follow-up or clarifying questions throughout the research process. I had some open-ended questions prepared in case they were needed to expand towards a participant-led conversation or inquire for more details. The interviews flowed so well that I only referred to my prepared questions at the start and end to ensure that the major topics had been covered. In general, I spoke as little as possible and preferred to allow participants to direct the conversational flow with whatever associations they had. Clarification and reflective listening were frequently used to ensure that I did not mishear my participants and that I understood their meanings accurately. This was especially important with the participants who had chosen an audio-only meeting given the absence of visual cues. The list of interview questions can be found in Appendix B.

To promote participant privacy and transparency about the data collection process, information about security was included in the consent form. Additionally, due to this study's

heavy reliance on technology, protocols were established for both myself and participants. These included what to do in the event of connection issues, measures to protect privacy, use of a passcode to enter the meeting room, instructions for navigating the chosen interviewing platform, as well as the importance of being in a non-disruptive and private space with little distractions for the interview (Marhefka et al., 2020).

That data collection was to be conducted entirely remotely introduced the need for taking extra steps to create a meaningful and connected interaction that would have been more easily achieved in-person (Marhefka et al., 2020). During video-conferencing, I made sure to place the video-conferencing window right below the computer's webcam. This enabled me to see the participant's face and feel that I was speaking directly to them while also enabling the participant to feel that I was maintaining eye contact with them.

I entered Zoom meetings ten minutes earlier than the scheduled interview time and took some time at the beginning to become acquainted with each participant and establish some rapport. This involved sharing some of my experiences at the Philadelphia Consultation Center and my interest in modern psychoanalysis. I let them know that while my prior exposure might have provided me with some familiarity with common modern psychoanalytic terms, I was also oriented towards learning from them, that their clinical experience makes them uniquely suited to talking in-depth about the topics in this research study, and that they will be making a contribution to knowledge. Heeding this invitation, participants' stories ranged broadly, including vivid case vignettes, background contexts, narratives spanning their early modern psychoanalytic training experiences, as well as other therapeutic exchanges that they recalled spontaneously during the interview. Their enthusiastic reception to my research encouraged my curiosity and provided a morale boost for embarking on the project.

Four out of the six participants appeared to have written down notes that they regularly referred to during the interview, with two others appearing to speak from recall and reflection. After interviewing each participant, I immediately jotted down initial impressions of the interview in my reflexivity journal, not wanting any fleeting observations or responses to vanish while the experience was still fresh (Josselson, 2013). I recorded things the participant mentioned that I was drawn to, my reactions to their ideas, lingering questions, confusions, and any thoughts or insight that I might have had in relation to the study.

Recording

All of the Zoom meetings were audio-recorded with two dedicated audio recorders in the event that one malfunctioned. At the start of the interview, participants were shown the devices and notified when the recording was starting. All audio recordings were immediately transferred from the audio recorders to a secure, hardware-encrypted and password-protected flash-drive belonging to me. Original audio files were erased from the audio recorders. Recordings and subsequent transcripts (also saved to the flash-drive) were named using the date DDMMYY format on the date that they took place. The flash drive was programmed to automatically erase all onboard data if an incorrect password is entered multiple times. All collected data is to be destroyed three years after data collection is completed.

Data analysis

Interviews were analyzed following recommendations in Braun and Clarke's (2006) landmark paper on thematic analysis (TA) in psychological research. The authors suggested that the first phase of conducting a TA is to familiarize yourself with the data. All audio-recordings were first transcribed using Trint transcribing software. Next, I went over each transcript to ensure accuracy, correct errors, and de-identify all identifying information. At the end of each

interview, I had worked with each participant to create pseudonyms and case-specific descriptions to substitute any identifying information that was mentioned. Actual participant names were removed and all data, including case examples, were de-identified in the transcription and manuscript. The names and identities of anyone who speakers mentioned (e.g., client talking about a friend or therapist referring to their client by name) were changed in the transcription and manuscript. I also read each transcript while listening alongside the original audio recording for moments that were not adequately captured through words alone such as significant pauses or punctuation, making sure that the transcripts retained information that was maximally true to its verbal account.

To begin the analysis, I first read through the transcribed data, engaging with it in an open and freely associative way to get a sense of the whole. Initial notes and interesting ideas that came to mind were annotated in the margins on Microsoft Word. I referred to my post-interview journal reflection while annotating, making sure to pay attention to passages marked in my journal and integrating the reflection with the annotations. Through this first phase of manual transcription, reading, and rereading the data, I immersed myself into the breadth and depth of the content and developed a more thorough understanding of the transcripts.

Phase 2 involved generating initial codes inductively. Codes are meaningful and significant themes relevant to the research study and question that arise directly from the data (Boyatzis, 1998). To gather a more comprehensive understanding of the coding and analysis step in thematic analysis, I referred to resources other than Braun & Clark's (2006) article prior to coding. These were 1) Steinar Kvale's (2007) *Doing Interviews*, and 2) Steinar Kvale and Svend Brinkmann's (2009) *InterViews: Learning the Craft of Qualitative Research Interviewing*. Coding began with a close line-by-line analysis of the transcribed interview, one participant at a

time, to "identify re-occurring patterns through the entire data set and extract them into preliminary meaningful groups" (Braun & Clarke, 2006, p. 87). Emerging codes were organized in the qualitative research software NVivo, which allowed for ease of organization, visualization, and code rearrangement throughout an increasingly complex dataset.

Three questions functioned as a broad guide as I went about coding: "What is the topic being discussed here?", "How does it relate to my research question?", and "Is this code an interpretation of what I already know or is this what the speaker is saying?" At times when I was unsure of the meaning of a particular section, I coded broadly rather than narrowly to prevent missing any potentially important details. I also listened to the original audio recording repeatedly to recall my experience with that participant during the interview. I noted my reflections on the coding process, larger dissertation process, and evolving thoughts about the research study after completing the line-by-line analysis of each transcript.

Because the first transcript had no previous codes to compare to, coding it freshly was uncomplicated. As the list of codes grew, so did the frequency of iteration. Reading about this well-documented phenomenon in the abovementioned books and articles on thematic analysis and interviews did little to prepare me for the actual experience. My assumptions of linearity were consistently challenged.

It would be more experientially accurate to say that Phase 3 and 4 occurred simultaneously. Phase 3 involved a search for themes by organizing codes into potential overarching main themes and/or sub-themes. For Phase 4, themes are refined at two levels – 1) Face validity (i.e., whether extracted codes are coherent with their assigned overarching themes); and 2) Construct validity (i.e., whether the themes are accurately representative of the meanings evident in the entire data set) (Braun & Clark, 2006). The process of moving between coding,

categorizing, rearranging, analyzing, and thematizing was anything but linear. It was iterative, messy, and contained contradictions, conditions, and tensions. I soon realized that qualitative research courses, papers on doing qualitative research, and methodology sections have always seemed linear due to the medium of expression.

As in Braun & Clark's (2006) Level two of theme refinement, themes were further revised until they seemed to make sense in relation to the data as a whole. Once all of the interviews had been coded, I began to look for patterns among the codes and organize them into thematic groups. Per Dr. Koelsch's suggestion for analyzing qualitative data, I wrote the NVivo codes down onto post-it sticky notes and displayed them on a large surface for visualization. This method was particularly helpful in noticing possible code clusters which would go on to become themes and how they may relate to one another. As my theme wall was rearranged, so was my NVivo code list. Throughout Phases 3 and 4, I consistently reviewed and refined my code list with committee members several times to ensure that the overall direction of analysis was proceeding appropriately.

Some of the initial codes went on to form main themes or sub-themes. Others that did not seem to belong anywhere were parked in a "Miscellaneous" category (Braun & Clark, 2006). Yet others which seemed conflicting or different had new categories created for them. My work with each subsequent transcript exponentially reshaped my impressions of previous ones, such that I would circle back to revise the initial codes and themes I had come up with. Zooming out from a transcript and returning to previous transcripts to re-code or re-thematize, searching for possible patterns between old and new, as well as repeatedly interrogating these codes and themes in terms of their relevance and purpose to the research study were some of the major undertakings of this cyclical process. My experience mirrored Braun & Clark's (2006) description of ending

"Phase [3] with a collection of candidate themes, and sub-themes, and all extracts of data that have been coded in relation to them" (p. 90).

The iterative process progressed in Phase 4 as I reviewed the associations within and across my candidate themes. Each theme was considered within the broader picture, its relation to other themes, and the data. Once again, my experience mirrored Braun & Clark's (2006) description that themes are refined by expanding, collapsing, merging, or separating them. I re-read my entire data set and data extracts to code any additional data within themes which had been missed during earlier coding stages, making sure that the extracts in each theme were relevant and coherent (Braun & Clark, 2006). The authors have acknowledged that "the need for re-coding from the data set is to be expected as coding is an ongoing organic process" (2006, p. 91). Eventually, a meaningful framework – or "thematic map" (Braun & Clark, 2006, p. 92) – was established containing clusters of themes and subthemes, each with supporting data extracts. I was then able to define and name my identified themes and sub-themes (Phase 5).

Reflexivity

Qualitative research literature reflects the consensus that personal identities, cultural biases, professional attitudes, ideological tendencies, self-narratives, affective patterns, and language spoken play a crucial role in the construction and interpretation of research results (Berger, 2013). In a way, a consideration of these elements represents the qualitative research counterpart to psychoanalytic counter-transference.

> Reflexivity is commonly viewed as the process of a continual internal dialogue and
> critical self-evaluation of researcher's positionality as well as active acknowledgement
> and explicit recognition that this position may affect the research process and outcome.
> (Berger, 2013, p. 220)

Including myself as researcher in the project was critical given that it was concerned with specific interventions in psychotherapy. As a psychotherapist-in-training, I maintain that, like all researchers, I brought to this study a host of subjectivities, including professional attitudes, preferred clinical theories and techniques, cultural patterns, my perceived experiences of joining and mirroring in my own psychotherapy, as well as my early relationships. These all had invariable influence on the dialogic qualitative research process (Churchill, 2018; Josselson, 2013; Mauthner & Doucet, 2003), shaping the findings I produced (i.e., what I asked of my research participants) and the meanings I would identify in my participants' stories (i.e., how I attuned (or not) to what participants shared).

Journal

Reflexivity holds a special place in qualitative research. Adopting a reflexive attitude represents one of the field's efforts to reinforce the empirical value of its investigations by thoughtfully making transparent the researcher's position and operative assumptions in the research process since absolute objectivity is impossible (Aherne, 1999). Reflexivity was crucial in this study's quite interpretive nature (Walsh, 2003) where in addition to my interpretation of the participants' retrospective accounts of joining and mirroring in their practice, each participant also based their accounts on unique interpretations of formal psychoanalytic theory, supervision, and peer consultation. Each participant had metabolized the same theoretical content in their own way. Moreover, I, myself, have had brief courses in modern psychoanalytic theory. Keeping a journal was paramount to my efforts at maintaining an attitude of reflection and self-awareness as I embarked on this study. I utilized the journal log to describe a preliminary sense of what it was I imagined discovering before embarking on the formal research procedures. The journal was a place where I recorded the evolution of my interests, biases, and presuppositions and the

way I checked and revised my expectations in terms of the data. Josselson's (2013, p. 28) suggested inquiry prompts provided an excellent place to begin the reflexivity practice.

Additionally, I was particularly mindful of my positionalities as a researcher, psychotherapist, and psychotherapy client, all of which sensitized me to my emotional and professional investment endowed in this specific study. These roles persisted throughout the dissertation process alongside interview data collection and later analysis. The use of an ongoing reflective journal throughout the course of the research helped me to maintain an active process of reflexivity and documented the evolution of my research insights. For example, I came to a greater awareness of my prevailing anxieties and motivations for conducting this research (e.g., What if my experience [or lack thereof] shows? Why do the concepts of mirroring, joining, and implicit emotional communication hold great interest for me?). This allowed more space for me to receive the impact of the participants' experiences by situating myself as a learner, a student, a receptacle (Josselson, 2013). Journal entries were made following each interview session, coded transcript, and around major procedural steps. These entries included a log of my feelings, thoughts, conflicts, and dissonances as they related to and arose from the research process.

Through my journal reflections, I came to recognize how my role as researcher was an especially relevant factor given my direct impact on the interview process and data analysis. I have a clearer understanding now how failing to reflexively acknowledge this role would undermine the quality of my findings and study. How were my interview question phrasing influencing participant contributions? What did my changing the subject tell the participant about who I am? Having not completed formal modern psychoanalytic training, how did my (outsider) assumptions and subjectivity shape my attunement to the participants' experiences of joining and mirroring in psychotherapeutic exchanges? Furthermore, how did this knowledge

contribute to my overall findings on mirroring and joining through psychotherapeutic exchanges? For example, as I listened closely to one of the recordings, I relived a fork in the conversation where I had to choose which to pursue in my response. I became aware that my choice, coupled with the time constraints, meant a foreclosure on exploring how this participant understood and practiced dystonic interventions as separate from the umbrella of joining, unlike previous participants.

Incorporating these journal reflections into the research process forced me to pay attention to my positionality. As a student of modern psychoanalysis, as well as a psychotherapist who draws from it, it is sufficient to say that I had a vested interest in demonstrating that mirroring and joining could indeed be readily observed in psychotherapy. For one, I had hoped to produce a dissertation which expanded a field that intuitively spoke to me. In addition, I imagined that elucidating mirroring and joining would indicate a certain level of my therapeutic development. Portions of the journal were read and re-read throughout analysis and discussion write-up.

As described earlier, because I was also using the same medium of expression – writing – and thus limited to a linear presentation, I have found it exceedingly difficult to account for the myriad ways I could thematize my data. That joining and mirroring in psychotherapy vary greatly depending on client and contextual factors made it almost impossible that the themes did not somehow overlap with one another. It was as though the huge blob of data collected in the beginning had only morphed into a different form, but was sure to remain a blob nonetheless. Braun and Clark noted that "there should be clear and identifiable distinctions between themes" (2006, p. 91). Therein I felt the rift between theory and practice. This was the most challenging part of the analytical process.

For the sake of presenting my research in a coherent manuscript and to organize my insights, I came to acknowledge that my eventual thematization would be artificially linear and seemingly categorized. One such example would be my initial assumption that there was a succinct difference between joining and mirroring so that my participants and I could explicitly distinguish between them in the case vignettes. When I first began this study, I thought of mirroring as more complicated and having a steep learning curve that was difficult to grasp. I scoured the existing literature hoping that I would chance upon a section that had previously eluded me. Perhaps finding one would bring about an a-ha moment. There were even interview questions geared towards naming this difference and asking participants about their 'well-developed' understandings of mirroring, as if my assumption were true. Unfortunately, I was mistaken. Conversations with the participants gradually wore those assumptions down and the analysis process concluded differently.

Interview questions

Prior to interviewing the participants, I worked with my dissertation reader, Dr. Sandone-Barr, to fine-tune the interview questions posed to the participants. This was important to a modern psychoanalytic study because the approach itself encourages reflexivity. It requires that practitioners pay careful attention to how questions are phrased, aware that a slight tweak in wording or tone can greatly influence the kinds of responses evoked. Dr. Sandone-Barr and I read the questions aloud, collaboratively wondering about the impact of the questions were they to be asked of us as interviewees. Dr. Sandone-Barr suggested that the interview questions be phrased in similar style to what modern psychoanalysis called object-oriented questions. In the clinical theory, object-oriented questions are "calculated to direct the patient's attention away from his own ego and toward objects or events external to himself. What is the man's name?

What was the movie about? Would I behave like that?" (Margolis, 1994b, p. 187). Extrapolated for the use of interviewing, questions phrased in an object-oriented way were intended to draw attention away from the participants' decisions to intervene as they did in their identified exchanges, thus potentially reducing anxiety about one's clinical style and conceptualization. Phrasing a question as "why did you decide to join and/or mirror at this moment?" makes one feel judged, calls for justification, and induces defensiveness of one's action. This certainly interferes with the quality of content shared. In contrast, "what motivated a join and/or mirror at this moment?" invites curiosity and a leaning-into the experience. This allowed for open association and a response more attuned to the experience than feeling self-conscious and inhibited, a notion that Josselson (2013) regarded as conducive for qualitative inquiry. Rewording questions to better encourage exploration and association came about from an awareness of how my questions can change the meaning evoked during interviews.

RESULTS

In the following sections, I introduce each of the participants' identified vignettes woven together from the interviews. The vignettes are meant to highlight important themes and give readers a general sense of key moments during the interviews which can then be referenced in the discussion. It is not an exhaustive, chronological, or verbatim description of content from the entire interview, but it is instead summarized for brevity. At times, these vignettes served as jumping boards from which my participants and I explored other topics related to joining and mirroring interventions as practiced in psychotherapy. After the vignettes, I present a table of themes which emerged from the data analysis. Following that, I elaborate on each theme and show how it was identified within the data. The small size of the modern psychoanalytic community presented additional challenges to confidentiality. It is likely that the people who

come across this study are also members of the community. Additional steps were taken to ensure that confidentiality was maximally preserved. All the names of participants and people mentioned by participants are pseudonyms. All identifying information of the participants and the patients they described, including pronouns and other demographics, have been changed.

Dennis

Dennis (they/them) was the first participant to reach out and volunteer their time for the study. Dennis identified their clinical work as being modern-analytically-informed. They had been practicing for twenty years at the time of the interview in addition to providing supervision to masters-level therapists. On average, Dennis was providing more than 25 hours of individual psychotherapy a week. The global COVID-19 health pandemic did not seem to cause much disruption as they described continuing to meet with psychotherapy clients in-person with appropriate precautionary measures in place.

The music has to sound the same

Dennis identified a salient exchange concerning joining and mirroring with Sabine (she/her). Both of them shared similarities in their backgrounds and identities discussed during sessions. Sabine had been experiencing considerable difficulty in getting medical care. She was no stranger to the healthcare industry, having been hospitalized in the past, during which "she felt demeaned and condescended." At the time of the interview, she was reportedly suffering from a severe skin condition all over her body which led to complaints of constant scratching. In addition, Sabine would reportedly dissociate whenever she scratched herself and upon coming to, she would discover that she had scratched her skin raw. Most of the psychotherapeutic content revolved around the everyday difficulties caused by suffering from such a pervasive issue, how

excruciating it was, and how difficult it was to live with it. Some of the psychological reasons for this epidermal flare up would later surface once she was able to discuss it in psychotherapy.

According to Dennis, they gradually noticed that Sabine would say from time to time that her thoughts were creating this problem although she was unable to elaborate more on what those thoughts were. The itching all over took up most of her attention. Dennis conceptualized this to be a resistance in a few ways, namely that "it was… keeping her from just talking and thinking about the things that were bothering her." Not only was it keeping Sabine from talking about the psychological contributions and impacts of her problem, it was also making her life miserable. Past experiences, left undiscussed, stopped her from getting the care she needed for the skin issue and in turn, interfered with psychotherapy.

When Dennis attempted to explore medical treatment with Sabine, she was less than willing due to negative experiences with previous medical doctors. She did not think going to the doctor now would be helpful. Dennis had a hunch that Sabine's unexplored trauma was "stopping her from getting the care she needed" and thus interfering with the treatment. "And there's where I used mirroring and joining to join her in her disgust of the experiences that she had," Dennis shared. With this conceptualization in mind, Dennis seemed primed to identify – in real-time – potential moments in their future psychotherapy sessions where he could intervene.

Specifically, Dennis recalled a recent moment during a session when Sabine said, "The last time I spoke to someone about this [skin problem], they looked at me like I was some kind of science experiment. They looked at me like I was a foreign, a foreign… like a, like… like an alien… Not only was the doctor sort of very clinical, he even brought in an intern to show them the rashes all over my body… I can't believe how they just stood there and looked at me!" Things somehow clicked into place for Dennis at this moment. Audibly and visibly angered,

Dennis recalled sitting straight up in their rocking chair, its rocking momentum now sped up from their sudden movement. Their face morphed into a serious frown, their body now slightly tensed up as they leaned forward and yelled, "That's ridiculous!" They said that they "wanted the music to sound the same," making sure to be angry alongside her and that their tone was similar to hers.

When asked to reflect on what motivated their joining and mirroring interventions at that moment, Dennis cited several factors. The similarities in their social identities and background helped Dennis to resonate with what Sabine was going through. Beneath this bodily affliction was another layer of past trauma that gravely impaired Sabine's well-being. Some immediate relief from the itching and pain was necessary to prevent potential hospitalization or decompensation. Dennis said, "I just know her and I felt more active at that point in the treatment… I felt like I needed to say something… so that she could have this resistance resolved." Dennis further cited the considerable influence of spontaneity, "it's just a spontaneous thing that comes from you. And this is why the therapist must be a sharpened tool. You can't be uncomfortable with feelings as a therapist and join. You have to know what [a wide range of] feelings feel like. So when it comes up in your patient, you're ready to sing that song."

Dennis described this join as an effective one because afterwards, Sabine chuckled and emphasized, "That WAS ridiculous!" and she continued to talk more and deeper about the experiences. The joining and mirroring intervention had resolved a resistance to seeking dermatological treatment which would in turn free up Sabine's attention so she could examine the psychological underpinnings. By the end of the session and at Dennis's suggestions, Sabine appeared appreciative of Dennis' understanding and said that she would consider phoning her physician. She eventually sought appropriate medical treatment that provided some much-needed

relief from her physical condition, after which she was reportedly able to focus on talking with Dennis about how awful she felt emotionally from past trauma, something that she had never been able to do with past psychotherapists.

"I want to make sure the music sounds the same" was a memorable phrase I took from my time with Dennis. In fact, music-related metaphors featured frequently in our interview, including notions of singing a duet together, playing jazz as a spontaneous and wonderful feeling that comes from oneself, harmonizing, and tonality. My interview with Dennis highlighted the relational aspects of joining and mirroring interventions.

Sipes

Sipes (she/her), a licensed mental health counselor in her early-40s, had been in private practice for approximately eight years at the time of the interview. She described herself as a modern analyst who was also open to integrating other modalities when clinically sound. She was providing more than 30 hours of individual psychotherapy a week through a variety of platforms including in-person, telephone calls, and telehealth video-conferencing software (Doxy.me, Zoom, Google Meet, Skype, etc.).

Sipes re-read Margolis' article (1994a) prior to our interview as a refresher and to "get down to the basics." Echoing Margolis, she emphasized "how the point of the join or mirror is to pursue the patient's perceptions" but diverged from his notion that this meant "agreeing with them." She felt that while she was not always in agreement with her clients, she did not need to agree with them to join and/or mirror their perceived reality. Rather, prioritizing "what's right with them" and communicating that to clients took precedence over explicit agreement. Enabling clients to "embellish on what's right with them" was crucial. Sipes also wrote reflections and personal notes when recalling significant exchanges of joining and mirroring with her clients.

She's really showing you what's correct

Sipes' first identified salient exchange of joining and mirroring was with Zoe (she/her) who initially came to psychotherapy years ago with numerous chronic illnesses and medical complications. Sipes recalled the client's recovery as "quite astounding to me" and taking the most pride in the growth of this client. Zoe and Sipes worked together for several years.

Sipes described Zoe's primary issue as "a medical condition where one of her limbs went completely numb, like she couldn't feel parts of it at all, couldn't move it. It was dead…" Unfortunately, Zoe's hesitance to call a doctor and reliance on family members to do so meant that she never got the necessary treatment she needed for her medical condition. Relatedly, Zoe had made a request for multiple sessions a week to which Sipes consented. Her acquiescence unfortunately brought unintended consequences as "the case went really haywire after that. It got really chaotic." Zoe would frequently either show up to sessions late or forget them altogether. In reality, and at best, their session frequency was closer to once a week. Sipes brought this issue to supervision where she was advised to return to a weekly frequency despite Zoe's request. "[Zoe] is really showing you what's correct," her supervisor pointed out. Her supervisor also suggested gradually "weaning" Zoe away from some of the heavy content that the latter was bringing up. They suspected that "things were a little too fast and furious" and Sipes was not yet familiar enough with Zoe to know "what was on the other side of [talking about potentially disturbing experiences]." Neither was Zoe comfortable enough with Sipes to share so much so soon. Her inconsistent attendance seemed to be a kind of distancing from how overwhelmed she might have been with more than one session a week. In effect, reverting to a weekly frequency was thought of as a dystonic join that 'joined the resistance' of Zoe's inconsistent attendance and encouraged her to set a boundary. Sipes described her joining and mirroring interventions with

Zoe during their therapy sessions to be "simple and subtle, with no fancy business," mostly through tweaking the speed at which she explored. Those appeared to be the appropriate joining and mirroring interventions for Zoe who "would talk very well" following the frequency adjustment.

A modern analytic miracle

The second salient exchange that Sipes identified and termed "a modern analytic miracle" also took place with Zoe a while later in psychotherapy. During one session, Sipes noticed Zoe's limb move and pondered whether or not to call attention to what she had noticed. Two threads of consideration persisted before Sipes ultimately decided on a joining intervention. On one hand, it was a clearly considerable milestone for Zoe to be able to move her limb, even if only slightly. Sipes thought this was important to call attention to because "if you don't notice things that are extraordinary about the person's physical presence sometimes, it's like the opposite of a join." A lack of recognition could have been perceived as neglectful, ignoring, indifferent, even rejecting.

On the other hand, Zoe had not volunteered any such information in previous sessions despite its significance. This was meaningful from the modern psychoanalytic perspective because of its belief in building the narcissistic transference (the symbiotic bond) with the client. Particularly in the beginning of treatment, therapists strive to communicate to their clients a sense of similarity, agreement, and understanding in service of building a trusting and comforting therapeutic relationship. Communicating to the client "I am like you" is a primary intent of the therapist. Making an observation about Zoe's movement when Zoe herself had been silent would have opposed this endeavor. While calling attention to this achievement might seem like a straightforward decision for some, the process that Sipes underwent before joining Zoe

spoke to the nuanced thoughtfulness that modern analytic practitioners regularly give to their interventions.

Mindful not to treat Zoe with the same neglect that her mother had reportedly shown, Sipes returned from her meandering to give voice to her observation, "Did your limb just move?" In response, Zoe affirmed and began demonstrating small movements, "Oh yeah, I've been able to move it for a month now. Didn't I tell you?... I can't twist it and move freely but I can move it like that a little…"

Sipes described this as an effective yet simple, subtle join. By recognizing Zoe's non-verbal but significant milestone, she paved a path for Zoe to be able to put words to the phenomenon. And if modern psychoanalysis' motto is to help the client say everything, then this join was a step in that direction. Zoe started to explain her recent achievement, telling more of her story that she had not previously shared. Additionally, Sipes' sharing her observation conveyed to Zoe, "I notice you," far different from the parental neglect Zoe experienced with her parents, and could be considered a corrective emotional experience.

Sipes' proceeding exploration stuck closely to facts such as range of movement, how long ago it happened, how did Zoe find out, and so on. She had a hunch that were her timing poor, it would bring potential repercussions of psychological splitting. She decided on another joining intervention, this time joining the resistance, by not inquiring further about Zoe's limb. Perhaps in time, the opportunity might present itself again.

Zoe's elaboration on her newfound movement was seen as one marker of an effective joining intervention because it encouraged Zoe to talk more (i.e., progressive communication) as opposed to shutting down. Sipes cautioned that this was just half of the story and there was still the second thread of consideration – "The most important thing is [Zoe] didn't say [she was able

to move her limb] to me. And I had to help her say that. But there's even more to the story that still has yet to be said because she never told me."

In-utero

Sipes third identified exchange took place with Kenny (he/him) over a telehealth session and was highly illustrative of mirroring interventions. The session began like previous ones with Kenny showing up late, except that his video was turned off this time. Sipes followed suit and turned hers off before asking, "Should we do our videos?" "Fuck off," Kenny quipped and went silent. A few intentional minutes passed before Sipes calmly inquired, "Should I be silent?" Again, Kenny dismissed her, "I don't care." Sipes conveyed her non-verbal joining and mirroring in further silence – she stopped caring as well for a few more minutes. Then, not wanting to go an entire session in silence, Sipes lightly pressed, "Should we talk?" Kenny responded, "Wake me up in two minutes," as he gradually slumbered.

Sipes "got the feeling that there was something wrong, like [her] joins were not helping Kenny move along and talk." Two minutes went by. Having gathered over time that his cat "was like his teddy bear… and makes him feel comforted," Sipes gently awoke Kenny with a question about where his beloved cat was. Her spontaneous idea of an intervention paid off. Kenny's following response was the most he had revealed in the whole session. Several more repetitive exchanges of "Wake me up in two more minutes" occurred until the last 15 minutes of the session approached. All this time, she had been "matching his energy," staying calm, waiting, and "building the narcissistic transference."

Drawing from her familiarity with Kenny, Sipes braced herself, knowing that Kenny beginning to talk in the last 15 minutes – and getting mad at himself for not being able to fully utilize the session – was par for the course. As expected, Kenny started rustling although he did

not talk. Once again, a previous session reminded Sipes how he preferred to be woken up and she said "hello." Sure enough, Kenny's face appeared on the camera, a contrast from the past 30 minutes. Sipes asked, "Should we use the remaining time to talk?" to which Kenny responded, "I don't care." Sipes mirrored his language and tone, "Should I care then? Am I supposed to care?" This finally nudged Kenny to start talking for the rest of the time left.

The extent of mirroring interventions in this exchange was rich. Although it was initially challenging to analyze Sipes' interventions, our ensuing discussion clarified that what felt like spontaneous interventions in the moment were actually based on educated decisions, Sipes' experience of Kenny, and theoretical knowledge. A couple of things guided Sipes' interventions in this exchange. For example, Sipes said that she would look off into space when she noticed Kenny doing it. "But he only does it 50% of the time, so I only do it 50% of the time. I just try to do what they do and talk very little and remain calm." She also drew heavily from her familiarity with Kenny from previous psychotherapy sessions and tailored her state to match his.

Tennis-style joining through time

The final salient exchange that Sipes identified was different from previous vignettes. Rather than a traditional case example, Sipes shared a brief line-by-line, "tennis-match-style" dialogue with a client, Jarek, who had come in "freaking out, panicking, and crying." Sipes felt that the joining and mirroring interventions were effective because they helped Jarek "go on a roll" and "it got them to talk." The dialogue was as follows:

Jarek, panicked and tearful: "I was an asshole to my friends."

Sipes: "Well, you're going through a lot. I mean, at some point the balloon is going to pop with the pressure."

Jarek: "But it's uncomfortable, it doesn't feel good."

Sipes: "I know it's shitty."

Jarek: "I don't want to sound like a broken record."

Sipes: "I want you to sound like a broken record."

Jarek: "A while ago I did something similar to this. I went berserk on my friends. And like, honestly, I'm just really afraid I'm not progressing at all."

Sipes: "Well, psychological progress is not a straight line, you're going to go up and down.

Jarek: I don't care if I hurt people's feelings right now, honestly, I have a marriage coming on the way."

Sipes: "Exactly."

Jarek: "I just don't feel like being patient with other while there are other priorities I have over them."

Sipes: "Nor did you sign a contract saying you would put them over your priorities."

Jarek: "Yeah, this is bullshit. And I don't think their priorities are important. They are not. There are more diplomatic ways to say that though."

Sipes: "You don't need to bother yourself with explaining anything in any way."

Jarek: "Yeah, because now what my friends and I are going to do is micro-analyze and manage everything. And that's annoying."

[A few minutes later…]

Jarek: "I'm afraid I've frustrated everyone."

Sipes: "You don't have to take responsibility for their frustrations, do you?"

Jarek: I don't?

Sipes: "You could offer to follow up with them, but you don't have to cure them of their feelings."

My conversation with Sipes plumbed the depths of what modern analytically-trained practitioners pay attention to when crafting a joining and/or mirroring intervention (i.e., prior to the moment of joining or mirroring). I felt grateful to Sipes for having shared her understanding, use, and evolution of joining and mirroring interventions so thoroughly. True to her artistic background, she utilized creative metaphors and analogies to describe what she experienced as joining and mirroring in therapeutic practice such as the stock market and martial arts.

As I was reflecting in my journal after the interview, I found myself impassioned by how helpful this discussion with Sipes would have been when I first traversed the modern psychoanalytic terrain as a newcomer lacking any remote familiarity with it. Sipes' style of practicing joining and mirroring seemed more longitudinal and occurred over a protracted period of time. It led me to wonder about how joining and mirroring interventions are often discussed in consultation and supervision as though they typically occur in clearly-demarcated moments. This contrasted with extended exchanges such as the line-by-line snippet mentioned above where joining and mirroring interventions occurred through a period of time. This pondering would eventually lead me to reflect on how the wording in my interview questions implicitly assumed joining and mirroring were singular and discrete moments.

Ezra

Ezra (he/him), a Caucasian male in his early-30s and also licensed as a mental health counselor, had been providing modern psychoanalytic psychotherapy for approximately five years at the time of the interview. He described his clinical modality as modern analytic, though he added that his understanding of the field was always evolving. At the time of the interview, he

was providing approximately 30 hours of individual psychotherapy a week through a variety of platforms as well.

From the beginning of our interview, Ezra made clear that he thought about joining and mirroring differently. As such, he had also divided his experiences and memories into mirroring and joining. Some portion of our conversation was directed towards explicating the contrast between joining and mirroring interventions as he understood it.

Being with suicidal ideation

Ezra's first identified salient exchange was with Finn (they/them) who he had been working with for more than a year, with a break of several months in between. Finn was back in therapy after recovering from a suicide attempt. Following the attempt and to Finn's dismay, friends and family responded to Finn with a mix of care, concern, interrogation, hysteria, safety contracting, and shock. During the hospital visit, a group of Finn's friends banded together to "[insist] that Finn get better and never hurt themselves again." Finn's sister "wrote them a really long letter about how they're the greatest sibling." Various other friends phoned them daily to express concern and check in. Afraid that they were suicidal again, Finn's relatives had surreptitiously arranged for them to move in temporarily. Finn quickly had wishes of wanting to return to their own apartment and privacy but hesitated from sharing these wishes because their relatives would likely disagree under the pretense of enjoying their company ("Oh, it's just so nice having you here. Why don't you wait a few more weeks before you go back?"). The significant exchange encompassing a blend of joining and mirroring interventions peaked when Ezra explored Finn's thread of suicidal ideation:

Finn: "They're worried that if I go back there, I am going to try to kill myself."

Ezra: "Well, do you think that you would?"

Finn: "Yeah, I think I might, I think I might…[pause]… I guess in saying that, that means that, you know, you have to report me."

Ezra, picking up the ambivalence in Finn's tone: "What do you think? Should I?"

[After a pause] Finn: "Well, let's just sit with this and then make a decision at the end of the day, at the end of the call, and then let's see what we're going to do."

Ezra described this exchange as illustrative of effective joining and mirroring due to Finn's resulting progressive communication. These seemingly simple questions were brimming with all sorts of undercurrents. They communicated to Finn Ezra's understanding that suicidal ideation was a difficult subject which their family was unable or disinclined to discuss. While Finn's family might have been afraid of their self-destructive actions, the family was more likely to do anything else except talk about what was considered a taboo subject. Finn did not receive the support they needed from their family. In contrast, therapy with Ezra provided a space that was non-existent in Finn's life, one where they could "sit with these very heavy feelings that have not really changed since the attempt… talk about them and [not] have to react." Progressive communication occurred when through appropriate joining and mirroring, Finn's initial ambivalence transformed into a decision to acknowledge an emotional impasse since their attempt and the therapeutic space became a holding environment for the heavy feelings.

Being in the same arena

The second vignette that Ezra identified was with Jasper (he/him) whom he had been working with for several years. More an interaction that took place over a period of time than a specific moment, Ezra found this psychotherapeutic exchange counter-intuitive to his understanding of joining and mirroring. "It took [him] a really long time to realize that the join with [Jasper] is arguing with him, as in being a devil's advocate." Ezra first resorted to

suggesting alternatives due to growing "impatience and frustration" with Jasper's cynicism and unwavering belief that he was never going to be successful in all spheres of life. When Jasper bemoaned, "It's pointless for me to work on [finding a partner] because it's just a waste of my time! Just look at me, like you interact with me. You know how miserable it is." Underlining his tone with doubt, Ezra questioned, "I do?" When Jasper repeatedly fretted about how impossible it was to find a job, Ezra eventually grew tired during one session and snapped back, "Well, what do you expect? You don't even try."

Rather than a decisive lead-up to an intervention, Ezra stumbled upon an appropriate join and mirroring stance with Jasper on a whim. Ezra's recognition of the efficacy of his counter-intuitive intervention came after Jasper shared in another session that owing to what Ezra said previously, he had spontaneously reached out to a friend, spent some time together and found it more enjoyable than he expected. While Jasper appeared to return to his pessimistic baseline soon after, Ezra did not again enter a state of frustration and impatience in response. Rather, he silently noticed the behavioral change that had occurred outside of session, began to pay more attention to the flavor of the joins that were well-suited for Jasper, and tweaked his understanding of effective joining interventions.

With Jasper, the evidence for whether joining and mirroring interventions were effective or not stemmed first from his actions outside of psychotherapy sessions and second from progressive communication during sessions. Ezra recalled constantly "arguing" with Jasper over several things he had wanted to do but never got to. Despite coming up with many excuses for not even attempting to do what he said he wanted to do, Jasper would have done it by the next time they talked. However, Ezra cautioned, "a big part of my modern analytic training was that you just can't hang your hat upon what the client does outside of sessions because we don't have

any control over that. You don't know if what they're telling you is even correct. Ultimately, all you can do is focus on [whether] you [are] helping the client talk progressively. And trust that if that's the case, then things will sort themselves out in the person's life." Ezra observed Jasper's widening range of speech and content about the new things he attempted outside of psychotherapy was widening. This substantiated Ezra's hunch that his role as devil's advocate was an appropriate joining and mirroring stance for Jasper.

Ezra's interview brought to the fore several key highlights. A good portion of the beginning of this interview was dedicated to understanding Ezra's stark contrast between joining and mirroring. While other participants had alluded to some distinction between the two, those seemed to be used loosely or not as thoroughly explored. Ezra and I stumbled upon overlaps between the two in practice that were not as easily differentiated as in theory. In addition, this interview cemented the phrase "being in the same arena" as one of the key elements in crafting a joining intervention. As will be discussed later, cognates of this phrase were echoed by most of the participants in some way, shape, or form. Additionally, I began to wonder whether the therapist's level of activity (or passivity) was one of the main differentiations between joining and mirroring even though both are intended to achieve similar outcomes, which is eventually addressed in the discussion. One last highlight of my time with Ezra was a detailed breakdown of factors he used to guide joining and/or mirroring interventions. He conveyed an acute awareness of his process that took place after observing that a join/mirror is timely but before the actual delivery.

Dylan

Dylan (she/they), an Asian-American in their mid-50s and a licensed social worker, was in both private practice and community mental health settings. They provided approximately 20

hours of individual modern psychoanalytic psychotherapy a week in-person at both settings. At the time of the interview, they had been providing individual psychotherapy for more than two decades.

Mirroring "shit"

Dylan's first identified salient exchange of joining and mirroring was with Joe (he/him), with whom they had been working for more than a decade. His motivations for being in psychotherapy were less specific and mostly due to a severely troubled past including foster care involvement, physical abuse, parental neglect and absence, and chronic homelessness. Dylan described Joe as "not very forthcoming… slippery," someone from whom they "never got a lot of affect, never got a lot of detail from," someone whose tendency was to talk about chores around the house in psychotherapy, and whose life story they had only come to piece together after many years in the telling.

Joe arrived at their session one day unexpectedly "feeling shitty… his mood was pervading the room." It quickly became apparent why: A family member had recently passed away. Dylan picked up on the change in atmosphere right away. They recalled Joe's sadness as "a mourning-sad like you would have for a departed loved one. It was kind of an angry-sad for someone who had abused you." It was the first time they had seen Joe feeling so down after so many years. Dylan "spontaneously decided to" pursue their observation, using the word 'shitty' to empathize with Joe's situation. Dylan was unable to verbalize how they came to such a decision for it happened so quickly – "it just came to me in the moment… I just had it!" Dylan declared. Their uncharacteristic swearing and use of the word 'shit' resonated greatly with Joe, prompting him to echo, "I'm living in a world of shit." Dylan carried their join further, "You are *drowning* [speaker's emphasis] in shit." At this, Dylan witnessed Joe crying for the first time

ever since they began working together. It was a powerful moment. Dylan described, "In my mind's eye, Joe took the word 'shit' and exploded it onto all of the walls and said, 'I'm living in a world of shit. Like everything is shit. And I just continued on that he was drowning in shit. And he felt understood and cried for the first time."

When asked if they would characterize this as a joining, mirroring, or both intervention, Dylan explained it as "a mirroring… a kind of reflection translation" in which they perceived the mood in the room, put it into words, and in so doing helped Joe to "articulate his feelings." That there is little exchange of information beyond what the client said made it a mirroring intervention. On the other hand, "the join describes the emotional work that happening."

Get in line!

A second, briefer salient exchange that Dylan identified also occurred with Joe. Joe had reportedly been transferred to various psychotherapists across time because he frequently directed inappropriate comments at his psychotherapists which made them uncomfortable. He was no different with Dylan, making comments about their body and appearance ("Oh, I like your legs!" "Hey sexy lady," and "How did you get such toned muscles?") as well as explicitly propositioning them for sex. Dylan saw Joe's behavior as being entirely in line with the modern psychoanalytic notion of being able to say anything whatsoever as long as it was put into words and not acted out. Dylan's feathers remained unruffled and they shot back, "You think you're the first person to come in here and say they want to sleep with me? Get in line!" Joe's ensuing roar of laughter was a clear indication that Dylan's response 'got' him.

Like one of Ezra's significant exchanges, this response had a mix of joining and mirroring elements. Where others practitioners might professionally explore, dismiss, or gloss over Joe's comment due to its potential for boundary crossing or discomfort, Dylan's

intervention "pursued the patient's perceptions" (Margolis, 1994a) by mirroring Joe's overt sexual intent and playfulness. That unspoken responsiveness symbolizing Dylan *being-with* Joe, not interacting with him with the presence of a detached onlooker, was what made this a joining intervention. The emotional communication implied was along the lines of "I hear you and it is okay for you to say anything. In fact, I'll even indulge it by "playing in the sandbox with you"".

Joining and mirroring, that's all I do

Dylan identified a third significant exchange with Chloe (she/her) with whom they have also been working for more than a decade. When asked about their rationale to join and/or mirror with Chloe, Dylan clarified that joining and mirroring were the primary – perhaps even only – interventions that they have used with Chloe throughout treatment because they felt that "there [was] no room for anything else, and I don't know that she would tolerate anything else."

Painting Chloe as "an intellectual," "an autodidact," and "a tenacious fighter," Dylan observed early on that she had a penchant for researching and scrutinizing fine-print to her benefit. Chloe frequently put this ability to good use in her numerous legal dealings. She has represented herself and won almost every court case she has been involved in. Her involvement in these legal battles have formed the bulk of their psychotherapeutic content with Dylan consistently joining and mirroring Chloe's perspective in variations of the following:

Chloe: "Am I crazy? Do you think I'm crazy? Do you think I like to fight?"

Dylan: "Absolutely not, you don't like to fight. These fights find you!"

Chloe: "Is this me, because everyone is telling me I like to fight and I tell them I don't like to fight, the fights find me. But I don't want to lose my business because I've

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invested so much. So if my partner is picking a fight with me, I need to fight it in order to survive. So is that me liking to fight? Is that me attracting crazy?"

Dylan: "How can I argue with that? You didn't ask to fight but you have to because otherwise, you'll lose your business."

Chloe: "Am I crazy? Because I don't think I'm crazy, I just think I have bad luck."

Dylan: "You're not crazy. You have bad luck."

Chloe: "You don't think I'm crazy?"

Dylan: "No."

Chloe: "Do I have a choice?"

Dylan: "No you don't have a choice."

Chloe: Some of my friends don't understand why I don't just give up my business, especially when [my partner] has taken me to court so many times and lost. He's just wasting my time and harassing me to death. They ask, "What's your problem? Why are you putting up with him?" But what they don't understand is that all of these court cases are public records. And any other businesses, when they look me up, they will think that the trouble is me. They'll think I'm the trouble one. They're not going to see that it's his fault. They're going to see it's my fault. And people will be hard-pressed to work with me as long as I live. I am never giving up this business, I don't think I can."

Dylan: You're right.

Years of repetitive joining and mirroring wore down Dylan's confidence about whether their interventions were effective. Chloe's response came as a surprise when Dylan raised their doubts with her and inquired about treatment. With emphasis, Dylan said Chloe *ran* to their defense saying, "No. You are the best therapist I've ever had. I'm never seeing another for as long as I live. So many people are alive because I could come here and talk to you about these people that have made me so angry and that were tormenting my life." Chloe's definitive response laid to rest Dylan's doubts about the effectiveness of their affirmative and reflective stance. Dylan's seemingly uncomplicated joining and mirroring stance with Chloe reminded me of Ezra's thought that "often, a join is just a question [even though] a lot of times in the literature, a join is like a really sexy line." One of the things that sets modern psychoanalysis apart is that the core interventions of joining and mirroring fit naturally into a regular conversation, particular ego-syntonic joining interventions. It does not feel as though the therapist is intentionally trying to do a technique. A particularly memorable moment in this part of our interview was when Dylan casually summarized joining and mirroring as "fundamentally being on the same page as the patient… [not] being more ambitious than the person. That sounds simple but is a big therapist problem." Well-said, Dylan.

With Dylan being one of the longer-practicing modern analytic practitioners, my conversation with them revealed how the design and delivery of joining and mirroring interventions might change with years of practice, for example becoming more tacit and reflexive. Dylan commonly attributed the lead-up to their joining and mirroring interventions as spontaneity and was not able to verbalize much of their largely automated process. Curiosities punctuated my thoughts as I listened to Dylan's exchanges and I had to remind myself that excessive interjecting questions or clarifications might ruin the interviewing flow, thus affecting

the quality and depth of data. Having to balance my unending curiosity with limited time was a challenge. That I had to be very selective with my questions meant that some interesting threads – such as Dylan's understanding and use of dystonic interventions – were not further explored.

Kevin

Kevin (he/him) was a licensed clinical social worker with French roots in his 60s who worked primarily in his private practice while also providing supervision and teaching psychotherapists in training. He identified as a modern psychoanalyst. At the time of the interview, he was providing more than 30 hours of individual psychotherapy a week in-person.

One join, several impacts

Kevin's first identified exchange was with Niki (she/her), with whom he had recently started psychotherapy. Though she enjoyed a successful career, the same could not be said about her personal life where she was reportedly "self-destructive and very disturbed." She had experienced sexual abuse and rape since adolescence. A host of self-injurious behaviors from suicidality to medical conditions were just some of the ongoing difficulties she had to endure. Crisis management and contracting for safety were at the forefront of the initial therapy process with the pair meeting multiple times a week. Kevin highlighted a counter-transferential response of exhaustion, helplessness, and powerlessness that stemmed from traditional methods of contracting for safety. These methods were often bloated with procedural factors, leaving little room to understand the psychological underpinnings of suicidal ideation unique to Niki. This counter-transference drove him to search for alternative ways of responding to suicidal ideation. He wanted to "change the pattern of talking about [these issues]" which tended to be overly-focused on symptoms.

The modern psychoanalytic perspective provided an alternative way of grappling with his

client's suicidality which married both the procedural and the psychological. Specifically, Kevin

utilized a dystonic join in response to Niki's issue of suicidality by explicitly stating that she

"would not be permitted to kill herself until after therapy was completed and [Kevin] decided

when therapy was completed." This was to be their treatment contract. In response, Niki

instinctively exclaimed, "That's fucked up!" On another occasion, she once again referenced the

impact of their contract on her, "You and your fucking contract. But I'm still living. I'm still

abiding by it!" Nevertheless, that she has consistently committed to their contract, attended

therapy sessions consistently, and lived by it spoke to its effectiveness. For Kevin, the

intervention was effective because it achieved several things. Similar to Ezra's "being in the

same arena," it was an intervention which emotionally underscored the inherent importance that

he attributed to their potential years of work together. It evoked some emotional response from

Niki such that she was able to talk about it, thereby giving her a voice. And finally, it enabled "a

re-polarization of that self-attack that's going on within [Niki] every day."

To be held

Kevin's second identified exchange of joining and mirroring was also with Niki. Like the

identified exchanges from Sipes (*Tennis-style joining through time*) and Ezra (*Being in the same

arena*), Kevin's second exchange was more drawn out than the first, with joining and mirroring

taking place throughout two conversations. Their session on a particular day started off like

many others; they discussed current events, the past week, and recent difficulties, but the

conversation gradually deepened. Niki shared that she was going through another binging-

purging episode to cope with feelings of sadness and depression. Thinking about her family

filled her with anger and rage. "Her parents were constantly putting her in this position where

she [had] to live in this bubble of their denial. She felt that she couldn't speak. She had no voice." Expressing to them the silence, denial, and secrets that she had held on to for years would mean jeopardizing her parents' already-ailing health. Kevin asked Niki poignantly, "So when you're feeling this distress, this sadness… In a perfect world, what is it that you think you might want? That you might desire at that point?" Niki buried her head in between the blanket and the couch and mumbled, "To be held." Kevin described this as a silent "a-ha" moment for him as he "started to get the picture… of what Niki missed on out" and what she needed. He stowed this piece of information in his mental back pocket for future use as the conversation continued. Some simpler joins in the form of continuing the conversational flow, intended to explore and encourage Niki to give voice to her narrative, were interspersed throughout.

A timely occasion for providing such a symbolic holding environment came later on in the same session when Kevin and Niki's conversation had deepened towards the sexual abuse she had endured through adolescence and beyond, particularly those that involved taste. As Niki's memories intensified, so did her feelings of nausea:

Niki: "I feel disgusted with myself."

Kevin's face morphed into a disgusted expression as he joined her feelings: "It's sickening to think of that. I feel sickened by thinking about what you had to do, was forced to do."

Niki, visibly upset: "I'm feeling nauseated, I feel like I want to puke."

Kevin pressed gently: "Let's just stick with it."

[After a brief pause] Niki: "I think I'll be okay. You're here, so I don't think I'll puke. But at other times, I feel disgusted with myself because I enjoyed it and I felt pleasure and they could make me aroused and I feel disgusted about that."

Kevin: "Well that's how our biology works. It was your body that was feeling that. It couldn't help it. And that's part of the confusion maybe."

Niki: "We used to be close. And we would have fun together. And I felt good that I was getting their attention. And so it was really confusing what was going on. Part of me liked it, but then I didn't like it anymore and I felt it was wrong and it started to hurt… the things they did to me."

Kevin recognized the parallels of distress between Niki's abuse and her recounting of it. He even mirrored the disgust she had experienced through his facial expressions. At the same time, he perceived that it was important to provide a holding environment for her and communicate, "in a parental sort of way," "That's going to be okay. I'm here with you, I see you. It's okay to go further. Take your time, I'm focused on you and listening."

According to Kevin, he utilized two measures to assess the effectiveness of his joining and mirroring interventions throughout this exchange. He observed Niki's "emotionality or the emotional response and whether or not she talked more." After Niki's brief pause, she directly addressed Kevin's soothing and nurturing presence while voicing the mixed feelings of pleasure and disgust she had during those experiences. "New information was talked about with emotion connected to it." Reminiscence, disgust, self-blame, shame, guilt, and anger were among Niki's expressed emotions at the end. In addition, Kevin told of Niki's behavioral change outside of the session. Niki was keen on trying to eat without indulging the reflexive purge that usually followed. To aid with that, she would "imagine [Kevin] being there with her to manage that impulse." And as Kevin would later learn, Niki was able to keep her food down. These series of exchanges were effective in "advancing the transformational experience" of being held in the

therapeutic environment, reparative attachment, associating in a more nuanced way, as well as here-and-now symptom relief.

By the end of my conversation with Kevin, the multi-effects of joining and mirroring interventions had become increasingly clear. So varied is the use of a joining and/or mirroring intervention that, whether taking place in a singular moment or through a period of time, different outcomes can be achieved depending on situational context, therapeutic content, and therapist-client factors. The challenge then was to distill common threads in the process of joining and mirroring interventions in psychotherapeutic practice.

Ben

Ben (he/him), a Caucasian in his early-50s was also a licensed clinical social worker who provided a mix of individual and group psychotherapy through his private practice. His years of being a modern-analytically-informed practitioner numbered 19 at the time of the interview. He was providing almost 30 hours of individual psychotherapy a week through a variety of platforms.

Neutralizing aggression

Ben's first identified exchange was with Mike (he/him) who he described – and said he still would – as the "most difficult patient of my career." Working with Mike acquainted Ben with the art of joining and mirroring at first in desperation and later in appreciation. Mike seemingly had "all kinds of hostility and problems… everybody rejected this man." He frequently berated Ben during therapy sessions, threatening attacks and confrontations as well as complaining about "how terrible [Ben] was as a therapist... you're the worst counselor I've ever seen." It was frustrating to deal with this kind of difficulty. Ben was desperate in his efforts to relate and communicate with Mike. At his wits end, Ben decided to try some joining despite

uncertainty about the possible outcome. He began to agree with Mike's criticisms "partially

defensively" simply because nothing else had been successful. In various ways Ben would agree

with Mike's assessment of his therapeutic ability every time Mike had a criticism:

Mike: … You really suck. You're so bad at your job.

Ben: Yes, I'm the worst therapist's you've seen.

Mike: You're the worst counselor I've ever seen.

Ben: You're right, I sure am.

Mike: … you're terrible…

Ben: I'm a terrible therapist.

Ben was amazed at the effectiveness of the joining interventions. The criticisms lasted no

longer than a few minutes after which Mike "dropped the hostility and just talked to [Ben],"

something he had not done in a while. His increased comfort allowed Mike to relate to his

psychotherapist "in a cooperative way," gradually putting words to thoughts and feelings. These

syntonic joins had worked to "neutralize his aggression" and enabled a more harmonious and

trusting relationship between the pair. For some time, joining allowed for therapeutic progress to

be made – "it met a need and allowed [Mike] to talk regularly with [Ben]."

Externalizing aggression

Ben illustrated a different flavor of joining in a second identified exchange with Liam

(he/him) who had gotten lackadaisical with their reported body odor issue. Constant reminders

and several well-intended comments from friends and family were falling on deaf ears. Instead

of the typical remarks, Ben sought to try something different – a dystonic join – such that a 'shock to the system' might get ahead of this impasse. The next time Ben caught an unpleasant whiff from Liam, he remarked, "It doesn't matter. You're not going anywhere anyway." Liam's response marked the intervention as an effective one. He instantly erupted in anger, its intensity catching Ben off guard. Ben had (knowingly) placed himself on the receiving end of Liam's hostility, disappointment, and criticisms of being an inadequate therapist. Despite the undesirable response and Liam staying angry with Ben for a while, what followed after was a period of desired change where Liam did improve his grooming.

To understand what happened, Ben speculated that "that kind of hostility is what gets in the way of people making progress in life, being able to relate to somebody else, being able to be yourself, being able to take initiative, being able to take care of yourself. And all these things got in Liam's way, here came all the stuff that came down [on me]." As was explained to me, this intervention supported (join) the negative way that Liam treated himself (dystonic). It subtly communicated to Liam that he did not need to care for himself anyway since he would be happy staying in that situation for the rest of his life. So what if he smelled? While this was not immediately apparent to Liam – it was preconscious for him, Ben's dystonic join brought that perspective to the fore so that it could no longer be unignorable. It was also in agreement with how Liam thought of and perceived himself. The intending result was that Liam disliked the suggested confrontation so much that he was motivated to do something progressive. The joining intervention thus negated psychological defenses by supporting them and allowed Liam to enact behavioral change. Where before there was opposition to these defenses, now there is nothing to defend against. The eventual hope is that there is no need for these defenses at all. Ben said, "These joins, particularly when they're a little more complicated, get past the defenses and the

ego of the person. We're somehow tied up with ourselves and our conflicts about being able to act in the best way. And somehow, these joins are helping us feel more comfortable with ourselves, or loosening the bonds that are holding us captive in ourselves, or helping us feel comfortable with another person that's going to be the partner in us changing."

Relieving palpable anxiety

Ben identified a final exchange with David (he/him) who constantly worried about everything around him. Similar to Dylan's stance with Chloe, Ben's entire attitude with David was also characterized by joining and mirroring interventions. David would discuss numerous worries in therapy and ask Ben for direct feedback ("Do you agree with me?"). It was as though he had "trouble believing that what he [said] makes sense." Ben's support came primarily in the form of ego-syntonic joining interventions such as assurance and agreement. David gave favorable responses to these interventions including "I like the fact that we agree," "It's great that we're alike. I like talking to you, I feel better after doing it," and "Thank you for saying that, that makes me feel so much better." During the peak of the COVID-19 pandemic, David was experiencing tremendous anxiety as a result of having to make a difficult decision of working face-to-face in healthcare. David had spoken about this dilemma on multiple occasions and pressured Ben several times for what he should do. David's anxiety was contagious and permeated the therapeutic atmosphere. Although Ben could have provided a definitive answer, he opted to share a personal experience instead which was relevant to David's troubles. In response, David thanked him and said, "That was soothing, it helped me with considering this issue." Although David ultimately did not work face-to-face, he spoke lesser of the dilemma and gave the impression that he would have been able to cope with either outcome anyway.

While David's response to Ben's joining and mirroring interventions had been favorable all along, Ben doubted their true efficacy because he could not observe any change. Ben said that with David, "We just have more of the same. And he continues to question what sense he's making… I'm picturing that he's sort of lost in this… He was so dismayed and upset, feeling stuck about what to do that it was very palpable." David's persistent and intense pattern of worrying prompted Ben to consider an 'overjoin'. Although he had not come up with a specific one at the time of our interview, Ben hypothesized that an overjoin intervention might just have the potential to help David progress in treatment.

DISCUSSION

The complexities of joining and mirroring interventions in therapist-client interactions were explored from the therapist's point of view in this study. To work through narcissistic disturbances that originate in the pre-verbal period of life when language and cognition are still in their nascent stages, modern psychoanalysis advocates for the use of emotional communication through joining and mirroring interventions. While practitioners from this school have exercised these interventions with lasting success since Spotnitz pioneered the method more than a half-century ago, current writings about it are foggy and abstract. What do joining and mirroring interventions look like as practiced in a modern psychoanalytically-informed psychotherapy? How has the decades-old theory, primarily passed around verbally in supervision, didactics, and consultation, been taken up and translated to practice by current practitioners? Given the influence of the symbiotic phase of early development and its ties to later psychological functioning and emotional capacity, this approach's wisdom can contribute much to the field though it is in need of updating. Current articulations are grossly needed and this research study attempted to do so with the core interventions of joining and mirroring in modern psychoanalysis. Literature from

other fields were also consulted to inform these interventions and extend further ideas. This study aimed to investigate patterns in participant practitioners' utilization of joining and mirroring interventions that underlie idiographic interactions as they unfolded between therapist and client. This was done through a close observation of therapist-client interchanges in the modern analytic environment from the therapist's perspective. Table 2 includes the themes and sub-themes that emerged from the data analysis. Following the table of themes, I discuss each theme and sub-theme individually and elaborate on it using direct quotes from the participants.

Table 2 Themes and sub-themes from data analysis

	Themes	Sub-themes
1	Initiation: An Inciting Moment	Client-driven moments Therapist-driven moments Initiation as co-constructed
2	Guiding Elements	Saturation of knowing the client What can the client tolerate? Giving a join vs. joining the resistance Mutuality
3	Markers of effectiveness	Speech Emotion Behavior
4	Comparisons Between Joining and Mirroring	N/A

Theme 1: Initiation – An Inciting Moment

An overlooked area in examples of joining and mirroring interventions is the lead-up to them. More attention is given to the process as it is taking place through to resolution where therapeutic progress usually follows. Before these interventions even occur, how is the decision for a joining and/or mirroring intervention made? What are some factors that drive this decision? The literature suggests that joining and mirroring are not the end in themselves. Applied recklessly, their potential impact is quickly reduced to a mildly benign gimmick (Meadow, 2003; Spotnitz, 1976, 2004). In paradigmatic treatment, Nelson and Nelson (1957) warned against

"shotgun" application (p. 12). Margolis (1994a) wrote that "the joining technique, powerful as it is, has no intrinsic significance… Its value derives wholly from its role as a handmaiden of a clinical method" (p. 211). The analysis identified at least two elements that were considered in the decision for a joining and/or mirroring intervention(s): client-driven and therapist-driven moments.

Client-driven moments

Client-driven moments are defined as joining and mirroring interventions that were initiated by the therapist in response to a client's explicit request. Participants shared examples such as when their clients would directly ask the therapist, "Do you understand what I'm saying?", "Like, am I the crazy one here or do you see the problem with that?", "Does that make sense?", or "Do you know what I mean?" These prompts induced a response from the therapist. There was an inciting pull to be supportive of the client, to understand what was nurturing to them and then infuse one's communication back as similarly nurturing. Clients did not have to understand what joining and/or mirroring was in order to want to feel understood. The client, by contacting the therapist for agreement and understanding, created a recognizable opportunity for a join or mirror. One participant described an inquisitive client who symbolically and indirectly demanded the therapist's presence with them, "Why are you quiet? You don't have anything to say? You've got to say something. You have to be thinking about something. Aren't you thinking about something?" Responding to these moments with a joining intervention carried the function of encouraging the client to keep on talking.

Using client-driven moments to guide appropriately-timed joining and mirroring interventions align with the concept of *contact functioning* in modern psychoanalytic literature. The role of 'contact' in psychic development was first introduced by Winnicott (1975) where he

stated that "at the start a simple contact with external or shared reality has to be made [by the infant]" (p. 154). Elaborating on the adaptive response that would be provided to an infant by a perfect environment, Guntrip (1961) foreshadowed the model of the contact function as now adopted in modern psychoanalysis:

> This "perfect" environment is provided by the mother who actively adapts to the infant's needs as they develop and *are expressed*. Here maternal intuition recognizes and provides what the baby wants and *when he wants it*… Active adaptation is response to the baby's own initiative in "seeking". (p. 400; emphasis in original)

So too does the modern analyst wait for the client's contact to examine it before making an adaptive response in the form of joining and mirroring interventions. Spotnitz (1976) defined the contact function of the ego as "the patient's… direct attempts to elicit some personal information about the analyst or to involve the analyst in some emotional problem he is unable to express in words" (p. 54). It is a function of the client's capacity to perceive, engage, and maintain a relationship with an other (i.e., the therapist/analyst). Questions of when the client engages (or not) with the analyst and how they do so come to mind.

The contact function serves several purposes from being a gauge of therapeutic progress to a form of resistance to progressive communication (Margolis, 1994c). Within the context of joining and mirroring, its relevance acts as a guide to the analyst who initially knows little about the client sitting across from themself. In this case, contact functioning was a sign for practitioners to determine whether a joining and/or mirroring intervention should be considered. Reciprocating with a response when the client called for it was seen as "meeting the client half-way" with appropriate specificity, intensity, and timing that avoided both over- and under-stimulation. According to Spotnitz (2004), interaction with the client is thus characterized by

"brief verbal feedings on a self-demand schedule." These findings are echoed by Meadow (1974), who pointed out that the therapist's response, when individualized and timed to the client's initiation, presents an improved alternative to the "subjectively determined timing of classical interpretation" (p. 92).

Therapist-driven moments

The moments leading up to the decision for joining and/or mirroring interventions were frequently engendered by spontaneity. Participant descriptions typically came in the form of "I just had it!", "It just came to me naturally," "an a-ha! moment," "I had the gut feeling that I had to say something to them or mirror back to them what they just said," "When I mirror, when I join, it's almost always a spontaneous decision," "it just popped into my head in the moment," "this mood was pervading the room," and "I was in a highway hypnosis, like [the intervention] came from me somehow, it's a little unexplainable or maybe shamanistic." Therapists were compelled to respond in some way to their clients, whether it was to build the therapeutic alliance or provide some relief and support. This was clearly illustrated in Dennis' exchange with Sabine about her severe skin condition. Dennis said that they felt compelled to join Sabine so that she would consider getting some treatment instead of decompensating further. They also felt it was a natural step towards progressing the therapeutic alliance with Sabine. Ben shared that David's anxiety was so palpable in the room that he thought it was necessary to provide a joining intervention to ease his client's severe uncertainty.

Participants also unanimously expressed how rapid these decision-making mechanisms occurred. This, coupled with the intangibility, made them difficult to deconstruct and describe. Much further exploration, such as a different method of data collection, would be required to make these processes more amenable to observation and analysis. One of my readers, Dr.

Sandone-Barr (personal communication, 2021), has said that the decision to join/mirror seems second-nature in the moment but is far from so. The timing of an intervention is thoroughly informed by a saturated understanding of the client. Accessing this knowledge is an almost instantaneous process, and even more so for experienced practitioners. Innumerable elements of what is occurring with the client, the therapist, and the dyad at that very moment converge towards the decision of whether a joining/mirroring intervention is timely. Some elements include the client's affect, paralinguistics (e.g., a tone of uncertainty of what to say next), whether there is hesitancy or struggle in the client's speech, history, the opportunity to model an appropriate emotion for the client, the opportunity to responsively affirm one's understanding, ego functioning, and the shared relational matrix with the therapist. An inexhaustible list of factors is considered at the action-perception level, in seconds, during the decision-making process for a joining and mirroring intervention.

Additionally, participants in my study said that sensing some ambivalence from the clients might prompt them to consider an "overjoin," which is a specific variation of joining interventions. Existing information on this specific type of joining/mirroring intervention is mostly absent and its use is dependent on each supervisor-therapist-client triad. Participants defined it as a more aggressive joining or exaggerated mirroring intervention. Ben shared having joined and mirrored David for months on end to no avail after which he considered an overjoin intervention. "He says this and I agree and he says that and I agree, it's not really going anywhere." It was inferred from the data that an overjoin can be considered when other regular joining interventions had only a meager effect and the resistance remained largely unresolved. Typically used when encountering ambivalence in the client, it goes the extra mile in affirming the therapist's assent and support for the client's perceptions. For this study, none of the

participants had an example of an overjoin intervention. Dr. Sandone-Barr shared a personal overjoin intervention with a client who was described as having hypochondriac tendencies. The client had called with health worries after reportedly eating a candy "that had gotten stuck in [their] head."

Client: Should I call my doctor or go to the ER?

Therapist: Why not do both? Why not call your doctor AND go to the ER? And if you should get admitted to the hospital, please let me know if you're not going to make your appointment tomorrow because you've been admitted.

The therapist's overjoin intervention was inclusive of both of the client's presented options. Then, the therapist went a step further by offering the option to cancel the therapy appointment in case of hospitalization. The next day, the client did attend therapy and reported that all they did to appease their worries was call the doctor's office.

My analysis identified that the therapist's decision to make an intervention relies in part on knowing when not to. One is as important as the other and both inform each other. This notion might seem self-evident but is not explicitly mentioned in existing literature. Participants gave various reasons for deciding not to intervene at a given moment. However, the common thread on when not to initiate a joining or mirroring intervention was when clients were speaking progressively. In other words, was the client talking as freely as possible? Was the client sharing material in a fresh way, such as with more specific emotion, new content, or a different perspective? Most participants tended not to join or mirror when they perceived that their clients were engaging in progressive communication. Their stance reflected the saying "If it isn't broke, don't fix it". As long as the client was progressively communicating, maintaining an attentive listening presence was enough. This appeared to continue until such a time when any of the

abovementioned events of initiation occurred, such as when the client made direct or indirect contact, when additional support was necessary, or when progressive communication had ceased.

The field of dynamic systems theory might shed more light on the organization of complex interacting systems – such as the therapist-client pair. Dynamic systems theory was first introduced into developmental research and observation by Louis Sander in the 1950s. Numerous other writers later elaborated on its application (e.g., Beebe et al., 1992; Sameroff, 1983; Stern, 1971, 1977; Tronick, 1989). Drawing from this model, Beebe et al. (2000) conceptualized that psychopathology lies on either ends of a dyadic non-verbal coordination spectrum. An excessively high coordination suggested that partners in the dyad were experiencing too much predictability, rigidity, and enmeshment. Similarly, drastically low coordination was also undesirable. It indicated that partners in the dyad "had lost coherence" (p. 113), experienced increased unpredictability and lacked meaningful relations. Mid-range coordination between dyads, characterized by flexibility and consistent adaptation, was indicated as promoting attachment security, more complex communicative behaviors, maximal transmission of information, and optimal psychological functioning (Beebe et al., 2000; Tononi et al., 1994).

In a similar vein, Meadow (1991/1996b) wrote, "Patients cannot remain alone, nor can they be "in synch" always with the environment. They need instead the presence of an external self, a reflection or a twin, before they can entertain new perceptions other than those on which ego was originally built" (p. 180). Problems arise when clients have historically and chronically been on either ends of the spectrum. Therapy simulates the mid-range coordination where new associations and patterns can be learned. The therapist comes to embody the external twin as

well as a platform for new perceptions through purposefully employing joining and mirroring interventions.

It may be that disturbances to a mid-range coordination triggers the therapist to initiate joining and mirroring interventions. It is still unclear how these disturbances are perceived, although Arizmendi (2011) suggested that emotional contagion and sensory imagery might play important roles in the non-verbal communication of emotional states between therapist and client. Providing the intervention(s) attempts to return the therapist-client pair back to the optimal mid-range non-verbal coordination in the emotional landscape of the psychotherapeutic environment. This should not be seen as a quantitative translation to psychotherapeutic technique, such that therapists strive to attune with their clients in the mid-range (i.e., intermittent interventions of joining and mirroring). That could come across as inorganic, inauthentic, and overly focused on techniques as opposed to the quality of the relationship. This notion highlights the largely unconscious, but powerful, emotional communication that underlies the therapeutic dyad, or what Beebe et al. (2000) termed the "action-perception, procedural level of organization" (p. 112). Further research into the procedural aspects of relationship functioning would clarify fundamental mechanisms of psychotherapeutic change.

Initiation as co-constructed

I believe that rather than one or the other, both therapist and client play bidirectional roles in the lead-up to a joining or mirroring intervention. Drawing from a systems view of organizing dyadic behavior, the balance model for optimal psychotherapeutic exchanges was put forth by Beebe and McCrorie (1997) and Tronick (1989). If the quality of a psychotherapeutic exchange is seen as a spectrum, then "interactive vigilance" lies on one end of the spectrum denoting disproportionate monitoring of the other while sacrificing self-soothing behaviors. On the other

end of the spectrum lies "withdrawal" or "inhibition" which denotes excessive self-regulation and impoverished interpersonal engagement (Beebe & Lachmann, 1998, p. 485). Operating at either end for most analytic dyads would contribute to a disturbance within the interaction and non-optimal psychotherapy. One exception to this would be when working with the narcissistically- or psychotically-organized individual who mostly prefers the therapist to be more withdrawn and less interpersonal early on in treatment. They can be easily overwhelmed by a therapist who is even moderately interactive (Meadow, 1991/1996b; Spotnitz, 1976). Extrapolated developmental studies further suggested that these imbalances might point to difficulties in attention, arousal, and affect within the dyad, thus compromising on therapeutic progress (Beebe & McCrorie, 1997; Jaffe et al., 1998). The balance model suggested that at the midrange, "interactive coupling is present but not obligatory, and self-regulation is preserved but not excessive" (p. 485).

The concept of the contact function in modern psychoanalysis attempts to approximate this balance as closely as possible by relying on client communication or observations to appropriately time joining and mirroring interventions. The therapist's being attentive to and waiting for the contact function facilitates a therapy process where narrative sharing, regulation, and affect arousal – both positive and negative – is comfortably paced for the client.

Recognizing possible disturbances in the interaction, such as a client's prolonged silence or uncomfortable shifting, might trigger the therapist to consider a joining and/or mirroring intervention. Delivering the intervention would then signal an attempt on the part of the therapist to repair a rupture in the interaction and approximate it back to the optimal midrange.

The distinction between client-driven and therapist-driven moments is one way of conceptualizing triggers to joining and/or mirroring interventions, though it might ultimately be

an artificial and non-definitive one. I believe that this theoretical distinction eventually lessens as familiarity in practice increases. It is analogous to asking which hand is drawing which in M. C. Escher's (1948) Drawing Hands when they are really co-drawing each other into existence. The existing focus on the contact function, while a helpful one to mediate levels of tension and stimulation, places heavy emphasis on the client. It inadvertently omits the therapist's influence and results in a partial exploration of the process of modern psychoanalytic psychotherapy. Studies on interpersonal dynamics across multiple fields have increasingly pointed to the jointness model of involved parties, whether they be caretaker-infant, therapist-client, human-nature, business, and nursing. In their exploration of non-interpretive mechanisms of psychoanalytic therapy, Stern et al. (1998) speculated that what they call "moments of meeting" are intersubjective occurrences between (two) people who share a unique *fittedness* with regard to their interaction, at that moment. By virtue of their relationship and interaction with each other, they have each "captured an essential feature of the other's goal-oriented motive structure… each grasps a similar version of 'what is happening, now, here, between us'" (p. 908). Ogden's (1994) concept of the analytic third points to an intersubjective space unconsciously co-created by the analytic pair which takes on a life on its own in the interpersonal field. Psychotherapeutic moments which are ripe for impactful joining and/or mirroring interventions might be no different.

Beebe and Lachmann's (1998) study of co-constructive therapy processes might offer some potential clues as to how joining and mirroring interventions might be jointly initiated. Joining and mirroring interventions are inextricably relational processes. Triggers to joining and mirroring interventions are also similar, occurring as a result of both self and bilateral processes rather than either one or the other. The authors argued that experiences of influencing and being

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influenced by the other are simultaneously organizing each other. This highly interactive process suggested that "contingencies flow in both directions between partners" (p. 485) and that each partner's response was partially influenced by the other. However, the process did not imply a positive or negative direction (i.e., less or more likely to join and/or mirror). Neither did it imply equal degrees of influence from both therapist and client. At times, one partner exerted a stronger influence than the other. This might have parallels with the client-driven and therapist-driven subthemes that emerged during analysis. Joining and mirroring interventions appeared to be more client-driven or therapist-driven when the client or therapist exerted a stronger influence respectively.

Ben's brief exchange with David, his anxiety-ridden client, can better illustrate the reciprocal process at play leading up to when a therapist considers a joining and/or mirroring intervention. David was extremely worried about whether to work face-to-face in healthcare during the COVID-19 pandemic and had pressured Ben multiple times for feedback and support. The overwhelming anxiety, coupled with the client's pressure, was becoming increasingly palpable to Ben in the moment (he had to do deep breathing and take a walk immediately after the session). He soon felt as though he needed to provide some relief. Ben opted for a joining intervention in the form of a personal disclosure to resonate with David's dilemma, who responded favorably. It is difficult to say whether the joining intervention here was client- or therapist-driven, or both, in which case the extent of influence of each partner is difficult to measure. What is clear is that both Ben and David were each contributing to the regulation of affect during the exchange which in turn precipitated Ben's joining intervention. Additionally, the reciprocal regulation and David's favorable feedback to Ben's joining intervention also coordinated further self-regulation and organization of personal experiences for both parties.

Elaborating on this dyadic model of therapeutic action, Tronick (1996) added that "as each affects the other's self-regulation, each partner's inner organization is expanded into a more coherent, as well as a more complex, state: 'each individual is a self-organizing system that creates its own states of consciousness – states of brain organization – which can be expanded into more coherent and complex states in collaboration with another self-organizing system'" (p. 9). Precipitators of joining and/or mirroring interventions can be co-constructed. Subsequent interventions then coordinate mutual and self-regulation within the exchange, which in turn coordinate further precipitators and so on. I am reminded of counter-transference in this illustration. The degree to which this framework points to counter-transference – or even expands on the mechanisms of counter-transference – is the subject of another study.

Theme 2: Guiding elements

Strictly speaking, the sole purpose of a join is to resolve a resistance, or in other words, to help a client say everything (Margolis, 1994a; Spotnitz, 2004). With this as its ultimate goal, formulating the content of a join or mirror is largely situational and specific to each therapist and client. What kind of joining or mirroring (e.g., ego-syntonic or ego-dystonic) would practitioners lean toward during a moment? How do they decide what it is they are going to say? Breaking down exactly how modern psychoanalytic practitioners design their joining and mirroring interventions is exceedingly difficult due to the rapid decision-making process which takes place as well as the myriad details that are being considered at one time. However, the interviews revealed a few overarching factors which practitioners use to guide themselves when crafting optimal joining and mirroring interventions.

Saturation of knowing the client

A less-mentioned but nonetheless important factor that participants used to guide their joining and/or mirroring interventions was a saturated knowing of the client. A saturated knowing of the client is a function of time, cannot be rushed, and is essential to "the analyst's total response to the patient's needs" (Little, 1857; as cited in Winnicott, 1965, p. 164). Participants credited this knowing with helping them to make highly individualized and context-appropriate interventions, particularly for joining interventions. One participant said that they crafted each join together with their supervisor for future use, thus implying that joining interventions are tailored to an individual and requires a thorough understanding of a client's psychological dynamics to be effective. To name a few guiding prompts, participants frequently wondered "What happened during a client's life in each psychoanalytic developmental stage?", "What is the client's character structure?, "What about the character structures of the people they often interact with such as family?", "What kinds of trauma have they endured in their life?", and "What is their medical history like?" Participants said that contemplating questions like these were helpful in building a scaffolded understanding of their clients, which in turn allowed them to come up with joining or mirroring interventions that were maximally genuine and impactful.

For example, Kevin noted that his understanding of Niki's needs accumulated over a series of many meetings across months. He had to gradually learn to recognize that she was in need, what need it was, how her early environment had responded to this need, and how to provide for that need in psychotherapy. He first noticed her manner of occasionally burying her head between herself and the couch during certain sessions. From the many times she had shared different parts of her narrative, Kevin was able to put together bits and pieces of her childhood that told him that "she never felt like her parents recognized her for who she was…and had to

live in a bubble of their denial." Slowly, he was able to connect this behavior to whenever she talked about distressing events in her life. A join in the form of an exploratory question elaborated on this pattern. He eventually realized that she wanted "to be held" during times of distress when she buried her head in psychotherapy.

One participant said, "Exploring is the compass… If I can explore you, I know what is a safe join, what's an unsafe join... I know what's a good mirror and what's not a good mirror. But when you don't let me explore you, I don't know you as well, I have to take guesses and I don't like to do that." The literature noted however that exploring, benign as it might seem, constitutes an input from the therapist. It can be overstimulating for a client who is more psychotically structured if used without caution. Additionally, excessive exploration undermines the client's flow and capacity to free associate. Like all other interventions, therapeutic judgment should be exercised when exploring.

The analysis suggested that exploration seemed to serve two functions within the context of joining and mirroring interventions. Firstly, as mentioned before, it enabled participants to get an increasingly saturated understanding of client dynamics in order to craft a personalized intervention that would not lead to narcissistic injury. Second, exploration – particularly in the form of a question – were occasionally used as a join in itself. When intended as a joining intervention, exploratory questions imply the practitioner's curiosity and interest and hence, support, for the client's reality.

Ezra's exchange with Finn's suicidality exemplified the use of exploratory questions that concurrently served both functions. As with other participants and their clients, increasing familiarity with and saturated knowing of Finn heavily guided Ezra's decision to intervene with a mix of joining and mirroring. This familiarity broke down into four components, the first being

knowledge of the client, their tendencies, patterns, character, and so on. The second component is knowledge of how the client typically uses sessions. In this case, Ezra knew from previous sessions that Finn would "direct the session to wallow in these moments." The third component is knowledge of how other people have been responding to them and how the client felt about that. Ezra recalled it seeming "very obvious that [not insisting on recovery] was the right thing to do with Finn" because of how friends, relatives, and family had responded. The fourth component of familiarity involves the here-and-now elements of their interaction, particularly body language and paralinguistics such as intonation, pitch, and prosody. Ezra picked up Finn's disappointed tone of voice (i.e., "Oh, I guess I blew it. I guess you have to report me now. Uh, shoot, shouldn't have said that...").

This four-pronged familiarity was called to action at a key moment of recognition during that exchange. Ezra perceived that Finn might have been indirectly asking for a space where their therapist was not going to respond in the way that everybody else had so that they could process the situation from a different angle. Ezra was also attuned to Finn's ambivalence and uncertainty of what to do with these "heavy feelings" – Should they be shared or ignored just like how Finn's family has done? By reflecting the question ("Should I?") back, Ezra mirrored Finn's ambivalence at that moment and in doing so, carved a space implying that there was no need to rush into anything. This elevated the exploratory question to a joining intervention in itself. Through the use of consecutive exploratory questions, Ezra had gained a progressive understanding of how other people had responded to Finn's suicidality, what Finn thought about their responses, and how to possibly respond to Finn in a more reparative way.

The notion of a saturated knowing of the client resonates with Stern et al.'s (1998) research into the processes of change in relational psychoanalytic approaches, where the

therapeutic relationship (and therapist) is seen as the primary agent of change. Using concepts from cognitive neuroscience, they proposed that the two primary and contrasting domains of knowledge – declarative (i.e., a knowing-that) and procedural (i.e., a knowing-how) – can be applied to the therapeutic relationship. Declarative knowledge is typically verbal, explicit, and conscious or pre-conscious. It contains specific information or facts that can be readily called up from memory for use such as recalling a memory, telling a story, and sharing one's perspective. Procedural knowledge is performative and takes place outside conscious awareness. It focuses on bodily interaction with the environment, on *doing* activities such as tying shoelaces, brushing teeth, touch-typing on a keyboard, and riding a bicycle. These activities can be described in words, although it takes significant effort to verbalize and understand. Doing them requires much less effort and thought.

Within the realm of therapy, clients most significantly remember two kinds of pivotal events: 1) critical therapeutic insights through which the client experienced a paradigm shift; and 2) significant moments of genuine connection with the therapist that transformed the therapeutic relationship and thus the client's sense of self (Stern et al., 1998). The first occurs when declarative knowledge guides the client and therapist towards insight. One example of a therapeutic intervention guided by declarative knowledge is psychoanalytic interpretation. An interpretation put forth by the therapist attempts to influence the client's intrapsychic landscape through cognitive insight and verbal explanation.

The second pivotal event occurs when the client and therapist (in particular, the therapist) apply procedural knowledge towards the interpersonal and intersubjective dimension, resulting in a meaningful connection and emotional response between the two which is potentially curative and reparative for the client. Therapeutic change is precipitated by moments of

emotional arousal (Bucci, 2013; Diamond et al., 2016; Fosha, 2000). Doing takes on the form of *being-with*, or *how to be-with* someone (Lyons-Ruth, 1998; Stern et al., 1998). Lyons-Ruth (1998) termed this form of procedural knowledge, "implicit relational knowing." Implicit relational knowing "alter[s] the relational field within the context of the 'shared implicit relationship'" (Stern et al. 1998, p. 905). While this knowing operates outside of conscious experience and focal attention, it continues to "integrate affect, cognition, and behavioral/interactive dimensions" (Bollas, 1987; Sandler and Fonagy, 1997; Stern et al., p. 905). Within the therapeutic context, implicit relational knowing concerns how therapist and client come to *be* with each other at each meeting. Some aspects include their comportment, accent, transference and resistance dynamics, verbal content they choose to share (or not), and unconscious behavioral patterns when in the presence of the other. Unlike declarative knowledge, this knowledge is difficult to verbalize and describe although it might be possible with enough effort and attention. These manifestations of implicit relational knowing occur automatically in the therapist-client relational matrix without much conscious awareness. Yet, the most profound moments of change can occur when the therapist very purposefully brings something about their relationship to the client's attention.

Practitioners are guided by a saturated knowing of their client in the creation of joining and mirroring interventions. This saturated knowing of the client consists of both declarative and procedural knowledge. Participants accessed both forms of knowledge to inform their interventions. Declarative knowing typically included the client's diagnosis, character structure, narrative arc, current life events, how other people were interacting with the client, and how the client felt about those interactions. Implicit relational knowing consisted of the therapist's knowledge of their client's ways-of-being, mannerisms, patterns and tendencies, how the client

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related to the therapist, counter-transference, as well as here-and-now elements of the therapeutic exchange (e.g., body language and paralinguistics). Other than the earlier example, Dylan's exchange with Joe using the word 'shit' is an excellent illustration of how a saturated knowing of the client can help to maximize movement towards a meaningful connection between therapist and client that is healing. Dylan's observation of Joe's atypical demeanor in the beginning of session and their perceived mood in the room both demonstrated an implicit relational knowing with Joe. Recognizing Joe's occasional difficulty with verbalization from previous sessions, his relationship with the deceased family member, and life narrative were all demonstrative of declarative knowledge. The split-second processes in recognizing the opportune moment for an intervention, calling up these domains of knowledge specific to Joe, and tailoring a joining and mirroring intervention to support him culminated in using the word "shit" to describe his mood.

The constituents above are not exhaustive. Myriad client presentations necessitate an equivalently infinite permutation of joining and mirroring interventions which is only achievable through a saturated knowing of the client. The sizeable task of designing an appropriate joining and/or mirroring intervention that is suitable and positively impactful for a client is less daunting when the saturated knowing can be broken down into more digestible constituents.

What can the client tolerate?

The weight given to the question of what the client can tolerate is perhaps a uniquely modern psychoanalytic one. It concerns how the analyst can join and/or mirror without causing undue narcissistic injury to the client (Meadow, 1991/1996b; Spotnitz, 1976, 2004). Intervening with reckless abandon might result in the client's further decompensation or regression. Permutations of joining and mirroring interventions that are commonly used in modern psychoanalysis are infused into many other therapeutic approaches, such as paraphrasing, asking

clarifying questions, exploring, modelling, psycho-education, and self-disclosure. However, the difference is that modern analysts are trained to be sensitive and responsive to the timing and quality of the therapist-client attunement when intervening. For individuals with more primitive defenses, any intervention – including joining, mirroring, and exploratory questions – might feel very intrusive, foreign, and attacking. A good example was Dennis' client who erupted in fury after their other therapist asked an attacking question which caused the client to immediately terminate therapy. That question is one that is possibly not thought by many therapists to be attacking, but can be felt as such by clients. Because modern psychoanalysis was originally developed in the treatment of psychotic and pre-psychotic patterns, the consequences of decompensation and regression were far riskier than with other client populations. It was necessary to carefully regulate the level of stimulation from the therapist that was experienced by the client. Nevertheless, as mentioned above, since modern psychoanalysis aims to influence pre-oedipal patterns and early ruptures, it is applicable to all individuals. A careful consideration of what the client can tolerate is still critical in guiding the practitioner towards crafting optimal joining and mirroring interventions, regardless of presentation or diagnosis.

Participants said they were always assessing their clients' levels of ego strength and fragility throughout a session in order to adjust their own communication or craft a joining intervention that would not be ego-wounding. Meadow (1991/1996b) highlighted that the therapist's responses, if not well-thought-out, run the risk of further isolating the regressed patient – they are able to "obliterate thoughts and feelings in order to protect the early impressions on which their egos were built," after which they may "go blank… or may stop talking… or respond to gestures that accompany the analyst's language as if wary of danger in

the relationship. Any attempts to persuade, control, influence or convince will meet with the wall of narcissism" (p. 174).

One participant even differentiated between the client's state at the start and end of the therapy hour. As the client transitions from the outside world to the therapy room in the beginning of the therapeutic hour, they bring with them a habitual comportment comprising societal norms, rules of being in public, communal ways-of-being, what is and is not appropriate to say, and so on. As the client talks in a therapeutic setting, this "public" comportment naturally transitions to a more vulnerable or regressed state. Clients react differently in response to this change: They might feel less inhibited, looser, safer, and become more receptive to therapist intervention. On the other hand, the developing transference might cause them to increasingly struggle with talking freely. They might feel the need to protect themselves by withdrawing and sharing less. The therapist's input changes depending on the client's state.

Sipes' time with Zoe is an example of how psychotherapy can be stimulating to the point of overwhelming the client. Although Sipes had agreed to Zoe's request for two sessions a week, her good intentions backfired. Coupled with the higher session frequency, the therapy content that was being discussed seemed to be overly-stimulating and increasingly intolerable for Zoe. Her resulting inconsistent attendance was inferred to be an attempt at self-regulation and protection from the mounting disturbances that frequent therapy was bringing up. Sipes' response was guided by the need to provide some insulation and prevent Zoe from becoming too overwhelmed, thereby joining what Zoe was demonstrating in her behaviors. Returning to a weekly frequency was critical in helping Zoe to reduce and regulate the amount of stimulation she was experiencing. Sipes said, "I didn't know her well enough to know what was on the other side of [the story Zoe was sharing]."

Additionally, participants commonly made mention of "Where the client is at in their treatment" to determine what they can tolerate. In this vein, participants wondered about various conceptualizing questions: "What kind of transference does this client have to me? – Narcissistic or objective?", "Did this person seem like they were addressing me while they were talking? Or were they just talking [as if nobody was in the room]?", "How can the client's tone, body language, pitch [and other non-verbal communication] right now give me a clue about their age range or developmental stage?", and "How old does this client feel to me psychologically as they're talking?" Clients can give the feeling that their psychological functioning might more resemble a different age than their actual chronological age. One participant explained with great clarity:

> You might have seen an adult at some point throw a temper tantrum and you think, "Wow, they're really acting like a two-year-old." Or if maybe someone's gossiping and you go, 'Are we in high school?' So the psyche, the unconscious, it's not really bound to time the same way that our biological clock is bound to time. You can bounce around unconsciously to different ages that you've been. And the characteristics of that age can come out, especially if you've been triggered or if there's a regression of some sort, or someone did puncture your preoccupation or obsession, you might regress down to maybe a two-year-old. So I like to listen for when people are talking. Where do they take me age-wise? And I watch it throughout the whole session because they can be a two-year-old one minute and then an 18-year-old in the next. That will tell me also what kind of join to do.

An educated guess about the client's psychological age clued practitioners into their clients' maturational stage. This influenced what joining and/or mirroring interventions they

might give. They further guided their interventions by considering how primary caretakers of an individual at that age would respond optimally. If the contact function of the ego hints at an appropriate 'verbal feeding' schedule (i.e., when to feed), then the psychological age of the client hints at what should be fed. Sipes' 'in-utero' session with Kenny was a rich demonstration of joining and mirroring interventions tailored to the client's psychological age and in line with what the client can tolerate. Their teletherapy session began with similarities to the uterine environment – "rustling," lacking in visual cues, non-verbal, and prone to over- or under-stimulation. Being with Kenny was more like being with an infant in the first few months of life. It was best to give them what they needed and wanted. Tolerance to frustration was low. Kenny had turned off his video several times throughout the session. Rather than ask for the video to be turned on, which would risk visual stimulation, Sipes returned the favor by also promptly turning her video off. When Kenny went to sleep and stayed silent, Sipes mirrored his silence for a while before gently nudging him awake. Her occasional nudges were in the form of calm and hesitant questions such as "Should I be silent?" and "Should we talk?" so as to avoid too much intrusion. Even her frequency of "looking off into space" was adjusted to "50% of the time" to match Kenny's. Sipes gratified all of Kenny's requests to be woken up and asked about his cat (perhaps a soothing object in itself). Sipes' mirroring and joining interventions were carefully modulated to simulate how a caretaker optimally interacts with an infant – attentive, non-intrusive, and as-necessary. It culminated into the progressive outcome of Kenny turning his video on during the last two minutes of therapy and beginning to talk. This constituted an engagement – contact – with the therapist and was the most that Kenny had said during the session.

Some participants used relationship capital to further assess what their clients could tolerate. In plainer terms, this meant using the perceived strength of the relationship and level of

trust with the client to determine if potential disturbances arising from an intervention was more likely to be tolerated or not. Should the intervention not be as well-received as intended, relationship capital also provided a sense of whether the therapeutic relationship would be able to weather the rupture. The strength of the relationship and level of trust, and by extension, relationship capital, between therapist and client typically increased with time and familiarity. During Jasper's sessions, Ezra described being constantly "fed up" about the current course of treatment. He felt that therapy had be mostly unhelpful and that it was stagnating despite having worked together with Jasper for years. Even then, Jasper did not seem to be demonstrating progress or verbalizing progressive communication.

Ezra's joining intervention was an incidental one as he acknowledged "acting out of despair… I had no idea that it would be beneficial." What he banked his joining intervention on was the relationship capital he had with Jasper. He said, "I knew it wouldn't be the end of the relationship if I acted out a little bit…I thought we had enough trust… enough time together that if I did something that hurt him, like argued with him, that he would come back and talk to me about it instead of just leave… a join that will work after 10 years is not a join that's going to work after three months."

Participants often applied the analogy of banking and the stock market to relationship capital. They noted that just like a financial account, the relationship capital in therapy builds from zero at the start of treatment. In the same way that various sources of income can be deposited into an account or investment fund, various interactions between therapist and client accumulate relationship capital. Some examples include, but are not limited to, interactions for scheduling, payment, referrals, and of course, regular therapy sessions. A problematic interaction, premature interpretation, or joining intervention that the client experienced as

injurious would subtract from the relationship capital, with a negative resulting in the client leaving therapy. Ezra had faith that the relationship capital with Jasper had been "invested in" enough that their relationship could withstand an erroneous intervention on Ezra's part. He was comfortable with making a significant withdrawal that would not put him in the negative. Or as another participant said, "You take a liberty when you have money in the bank."

The stock market analogy is helpful in understanding the role of relationship capital in guiding joining and mirroring interventions. Just like a stock on the stock market, the preferred overall trend of the relationship capital and therapeutic relationship is upwards. Opportunities to provide support, a holding environment, and timely interventions were likened to investments into the relationship to earn more relationship capital ("it takes money to make money"). Over time, this investment would compound into more relationship capital. With more increased relationship capital, participants had more space to consider "dangerous" (or riskier) joining interventions. Yet, there were also times when the relationship capital, like a stock's value, diminished due to events not entirely in the therapist's or client's control. The range of this bouncing pattern resembled the margin of tolerance that a client would have. Participants suggested that what was more important was to provide enough support and presence to ensure that there was a general upward trend in relationship capital and client tolerance, regardless of session-to-session performance. A temporary dip is "not always a bad thing… a client's general trend is going up, the low is not as low as it was a week ago," a participant said.

Relationship capital thus plays a role in at least two ways. Firstly, it is used as a gauge for whether the therapist can give potentially risky joining interventions which might inadvertently wound or decompensate the client's ego. Early in treatment, joining interventions are used sparingly because of low relationship capital and low saturated understanding of the client. On

the other hand, a lengthier treatment period usually contributed to higher relationship capital where the therapist and client had greater familiarity and mutuality. The therapist had more flexibility in the kinds of interventions at hand.

Secondly, relationship capital also serves as a buffer to the undesired consequences of injurious joining and mirroring interventions, should they occur. The impact of a poor joining or mirroring intervention can be cushioned significantly by sufficient relationship capital with the client. Following a failed joining and/or mirroring intervention, the therapist attempts to repair the rupture by calling attention to it and checking in with the client. Relationship capital is relevant here because it not only influences *how* the therapist makes reparations with the client, but also how the client is likely to respond. With higher relationship capital, clients are more likely to tolerate any undesirable consequences or tension arising from an injurious joining or mirroring intervention and work through it with the therapist. On the other hand, the client may prematurely leave treatment when relationship capital is lower. With the first outcome, higher relationship capital indirectly provides for an opportunity at modelling conflict resolution and/or a corrective emotional experience (Meadow, 2003; Spotnitz, 2004). In addition, the opportunity to work through the rupture with the client can potentially increase relationship capital. The concept of relationship capital was a paradigm shift for me in terms of how I understood therapeutic progress. It provided a more expansive perimeter of experimentation that I give myself with clients.

Giving a join versus joining the resistance

The important distinction between the concepts of giving a join versus joining the resistance emerged from the data analysis. Giving a join is an active intervention from the therapist that is intended to develop rapport, increasingly ally with the client, or to help the client

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build ego strength. In contrast, joining the resistance is a passive, mostly non-verbal attitude whereby the therapist does not challenge, and thus accepts, the resistance. These two notions have not been given enough attention despite their wide-ranging use by modern psychoanalytic practitioners. Dr. Sandone-Barr, my committee reader on modern psychoanalytic theory, made this distinction (personal communication, 2022) and suggested that it would be helpful to provide some clarity. Articulating this less-known aspect of joining and mirroring in the literature is a contribution of my study which improves the accessibility of modern psychoanalytic literature to a wider audience. The participants commonly paused to reflect on what each form of joining was and how they differed whenever it was first brought up, similarly affirming that this idea is less discussed. The resulting confusion is compounded since joining and mirroring are sometimes used interchangeably. Several reasons might account for the lack of explication. At the psychoanalytic institute(s), the words "join" and "mirror" were used loosely in everyday conversation, supervision, and didactic training. Depending on the situational context and client background, saying "I gave a join" could either mean "I joined the client's resistance" or "I joined whatever the client said at this moment." Rarely did people explicitly say what they intended to join with their intervention. The rationale for joining remained largely unspoken and up to the listener's interpretation, thus adding to further complication. An opportunity for theoretical clarity is missed if these intentions are not explicitly laid out because these are part of what guides the creation of a joining and/or mirroring intervention.

Another possible area of confusion stems from the fact that giving a join and joining the resistance are meant to achieve the same outcome. Both attempt to resolve a resistance in helping the client say everything in the presence of the therapist – the modern analytic goal (Spotnitz, 1976, 2004). There is not always a direct cause-and-effect relationship where a successful

joining and/or mirroring intervention results in the client speaking more progressively (though it might often be the case). Helping the client to say more in therapy is the ultimate goal, but joining and mirroring interventions are also used for varying effects in indirect service of this goal. These effects include, but are not limited to, 1) supporting and insulating the fragile ego from overwhelming affects and impulses; 2) helping the client to build ego strength; 3) allying with the patient; and 4) accepting the resistance (Margolis, 1994a; Meadow, 2003; Spotnitz, 1976, 2004). In turn, these effects invariably help the client to increasingly put thoughts and feelings into words. Joining interventions – both giving a join and joining the resistance – can achieve one or a combination of these effects. Distinguishing between whether one intends to give a join or join the resistance is essential to further refining joining and/or mirroring interventions.

In giving a join, the joining intervention is intended as a way to develop rapport, increasingly ally with the client, or to help the client build ego strength (Margolis 1994a; Spotnitz, 2004). A combination of these effects might also be possible with a single intervention. Giving a join is an active intervention whereby the analyst verbally responds to what was just said by the client. It is designed to encourage the narcissistic transference especially at the start of therapy. Giving a join to the client facilitates the therapeutic relationship by making them feel understood (Spotnitz, 2004). The client feels as though someone "gets them." Participants emphasized that giving a join to a client is different from agreeing with them, even though it is written as such in existing literature. Giving a join was defined as giving a client the feeling that you understand what they are experiencing (even if you do not genuinely feel in agreement), rather than that you agree with them. When the client is thought to be in a state bordering on fragmentation, giving a join carries protective and regulatory functions. The presence and

support of the other (i.e., the therapist) during such moments can support and insulate the fragile ego from overwhelming impulses or intolerable affect, reducing the build-up of tension in the atmosphere (Margolis, 1994a). It would seem that the effects of giving a join are analogous to those found in the symbiosis encapsulating the caregiver-infant relationship that cushion and insulate. As Mahler (1952) noted:

> It is important to *let the [individual] test reality very gradually at his own pace*. As he cautiously begins this testing of himself as a separate entity, he constantly needs to feel the support of an understanding adult, preferably the mother or the therapist as mother substitute. Such continual infusions of borrowed ego strength may have to be continued for a lifetime… *separation as an individual entity can be promoted only very cautiously*… (p. 302; emphasis in original)

One illustration of giving a join is Sipes' dialogue with Jarek, who started the session feeling emotionally overwhelmed. They were experiencing disturbing feelings of guilt after reportedly going "berserk on [their] friends" but also unapologetic about prioritizing their needs before others. Sipes speculated that it was important for Jarek to voice the various sides of this conflict and responded with a series of statements intended as joining interventions to help them talk. In particular, her first response, "Well, you're going through a lot. I mean, at some point the balloon is going to pop with the pressure," supported the reasons for Jarek's actions towards their friends. Subsequent responses were a blend of joining and mirroring interventions that warmly acknowledged Jarek's emotional state ("I want you to sound like a broken record."), reinforced that their needs are worth prioritizing ("Nor did you sign a contract saying you would put them over your priorities."), and also 'helped the ego' by suggesting possible resolutions ("You could offer to follow up with them, but you don't have to cure them of their feelings."). Sipes

interventions through this exchange were guided by the intention to support Jarek in their panicked state, insulate Jarek from further self-attack, and normalize Jarek's feelings and behaviors. In line with the primary purpose for a joining and mirroring intervention, the joins and mirrors in this exchange facilitated more verbalization from Jarek about their frustrations and were just enough to help them start talking. Sipes added, "There are clients that sometimes the joins for them take tennis match kind of dialog, where like it kind of happens, where one join is not enough for them. They need many [to start talking more freely]."

In joining the resistance, the therapist attempts to "roll with resistance" with the end-goal of encouraging therapeutic progress. Where other approaches might challenge the resistance, modern psychoanalysis calls for the stance of accepting it and letting it run its course until the client does not need it anymore. Compared to the therapist's active input of giving a join, joining the resistance is a passive, non-verbal action on the part of the therapist. Most of the time, it consists of just letting the client continue to do whatever they are doing (i.e., "resisting") while the therapist continues to listen in acknowledgement.

An excellent illustration of joining the resistance is how Dylan described the essence of their treatment with Chloe as "join, join, join, I swear I do nothing with her but join." They said that rather than a specific example of joining the resistance, their work with Chloe was a "constant refrain of joining and mirroring… Almost exclusively, there is no room for anything else and I don't know that [Chloe] would tolerate anything else." Dylan's exchanges with Chloe were simple and reflective – "a reflection translation" as Dylan called it. Although Chloe was very vocal in sessions about her frustrations and anger towards various things in her life, her communication was not thought to be progressive because it was not talked about in a new way. It resembled what Spotnitz (2004) described as "an old-fashioned music box playing the same

unappealing tunes over and over again" (p. 205). The lyrics might have been different, but the melody was repetitive. Chloe's resistance was inferred to be a lack of self-awareness in understanding her role in these frequent fights. Some kind of developmental or environment arrest had interfered with Chloe's capacity to fully develop an observing ego, thus the pre-oedipal pattern persisted. She had yet to progress from "These fights find me" or "Do you think I like to fight?" to "How do I get into these fights?" By mirroring and joining Chloe's words and depth of content, Dylan was joining the resistance. This joining intervention was demonstrated not by a single exchange or response but by the therapist's entire attitude to the client's pace and content.

My analysis further indicated that when participants discussed joining in the form of joining the resistance, the "resistance" specifically referred to transference resistances. The five stages of transference resistances throughout treatment identified by Spotnitz (2004) are summarily listed as: treatment destructive resistance, status quo resistance, resistance to analytic progress, resistance to cooperation, and resistance to termination. With the exception of treatment destructive resistance (i.e., prematurely terminating treatment) which is rarely, if ever, joined, joining the resistance appears to be a mainstay intervention in the eventual resolution of the other stages of resistances.

Although other forms of resistances do manifest when working with narcissistic patterns, the important point to note is that regardless of the form of resistance (transference, environmental, intrapsychic, and so on), joining the resistance is the prescribed way to manage the resistance in modern psychoanalysis. Joining the resistance respects the necessary function of the narcissistic defense and demonstrates to the client that they have the right to resist. Acting as a "preverbal insulation barrier" for the individual, the narcissistic defense originated from the

need for protection against over-stimulation (Nelson, 1967, p. 9). Challenges to this barrier (e.g.,

interpreting it in hopes of imparting insight) only serve to strengthen it. It may be that

interpreting, instead of joining, the resistance reinforces the barrier and renders the client more

unreachable to the therapist, thereby hampering any development of the therapeutic relationship

and undermining therapeutic outcomes. Additionally, interpreting resistances possibly alters their

content but not its persistence (Sherman, 2007). Excellent illustrations of joining the resistance

occurred when Dylan and Ben joined Chloe and Liam's resistances respectively. Absolved from

the therapist's pressure to overcome the defense, the client correspondingly experiences no need

to mobilize it. Behaviors that undermine the therapeutic relationship and progress are

immediately negated, leaving space and energy for clients to intentionally develop more adaptive

and interactive patterns (Spotnitz, 2004).

In explaining the underlying dynamics of joining the resistance, Spotnitz (1976, 2004)

traced its effectiveness to its close links with the narcissistic transference. "The patient perceives

joining as support of his innermost impulses and needs. He is thereby induced to let down his

guard and enter a narcissistic relationship with the analyst, ultimately leading to the forthright

expression of feelings" (Margolis, 1994a, p. 224).

This idea is further corroborated by Mahler's (1952) recommendations for treating

symbiotic disturbances where she noted that "any pressure in the direction of sudden separate

functioning must be cautiously avoided… If the ego of the symbiotic type is overrated and

expected to be able to cope with reality without continual ego infusion from the therapist,"

regression or decompensation (or termination) may occur (p. 303). Thus, joining the resistance

communicates two implicit and unconscious messages to the client, firstly that the therapist

agrees with, approves of, and understands my perceptions – the therapist might even think like me. Secondly, and by extension of the first, there is no need to resist.

My study supported and expanded on two forms of the joining intervention – giving a join and joining the resistance. To my knowledge, it is an original contribution that is not articulated elsewhere in the literature. In addition to the already-existing overlap and interchangeability between joining and mirroring, subsuming both forms of joining under the single word "joining" added to existing confusion and ambiguity. The main purpose of both forms is always to help the client translate thoughts and feelings into words in the presence of the therapist, in spite of the struggle due to the transference (Spotnitz, 2004). The outcome when a therapist gives a join or joins the resistance might look similar across various therapist-client exchanges. However, what differentiates their use depends on the therapist's intention, client dynamics, and therapeutic context (i.e., whether to provide emotional support and insulation or to minimize the mobilization of psychological defenses). These intentions, though valuable in guiding how a joining and/or mirroring intervention is crafted, have often gone unsaid previously.

Mutuality

Finally, mutuality was another factor that participant practitioners used when creating joining and mirroring interventions. I once came across a video (Marine, 2022) of a girl who called her mother while having an anxiety attack. Her mother arrived to find her laying on the driveway in the rain. Rather than get upset, dismissive, or angry, the mother parked, got out, laid out on the ground, and held her daughter's hand. They stayed this way in the rain until the anxiety passed. The video is a powerful metaphor for psychotherapeutic themes of intimacy,

recognition, holding, and vulnerability. It reminded me of several illustrations of mutuality from participants' exchanges with their clients.

The term "mutuality" frequently emerges in psychotherapeutic process research and forms a core tenet of relational approaches although its definition is elusive and remains inconsistent. Cornelius-White et al. (2018) noted that up until their meta-analysis and meta-synthesis of studies on mutuality in psychotherapy, there was not a single agreed-upon definition of mutuality. The Oxford English Dictionary's 1971 definition of mutuality indicates "being possessed, entertained, or performed by each toward or with regard to the other; reciprocal." At the time of writing, Merriam-Webster's definition described mutuality as "a sharing or sentiments; intimacy; the quality or state of being mutual."

A comprehensive description from Jordan (1986) stated that "in a mutual exchange one is both affecting the other and being affected by the other; one extends oneself out to the other and is also receptive to the impact of the other. There is openness to influence, emotional availability, and a constantly changing pattern of responding to and affecting the other's state. There is both receptivity and active initiative toward the other… an appreciation of the wholeness of the other person with a special awareness of the other's subjective experience" (p. 2).

Murphy and Cramer (2014) said that mutuality is "the bi-directional, reciprocal experience of empathy, unconditional positive regard, and congruence of each person within the dyadic relationship" (p. 2). Sandor Ferenczi, whose work has influenced the development of object relations theory, relational psychoanalysis, and client-centered schools, was a proponent of using counter-transference, mutual analysis, and the therapist's self-disclosure for clinical purposes. Cornelius-White (2018), based on their systematic study, most recently defined mutuality as "an emergent property of the therapeutic relationship between the client and the

therapist that is the result of coexperiencing person-to-person qualities such as mutual empathy, positive regard, realness, affirmation, reciprocal affirmation, bond, and real relationship" (p. 500). Participants similarly tried to convey a sense of responsiveness, real presence, and collaboration as they formulated their joining and mirroring interventions.

Dylan's candid response (*Get in line!*) exemplified a joining and mirroring intervention to Joe's comment at both the content and process levels. Joe expressed overt sexual intent at the content level. Not responding, glossing over it, or changing the subject would have been experienced as dismissive and unattuned. At the process level, Joe communicated through a playful and flirty vibe. Dylan's response mirrored both the sexual intent and playfulness but also communicated more than that. Whereas past therapists had shunned or withdrawn from Joe's sexual explicitness, Dylan's feathers were not ruffled. They even pursued Joe's perceptions by engaging further with it. Doing so implied that Joe's sexual explicitness was acceptable – that anything is acceptable – as long as he could express it through words instead of actions.

According to Blatner (2022), establishing a degree of mutuality in the therapeutic relationship addresses "the sense of mild helplessness in entering a helping relationship in which one doesn't feel one can help the helper be most helpful" (p. 4). Clients frequently expect mutuality to be absent in relationships (Cornelius-White, 2018). This leads to a lack of agency which then becomes a source of distress and disconnection in itself. Integrating mutuality is an essential and corrective experience in the therapeutic process. It is in line with the spirit of several psychoanalytic notions including Kohut's insistence on the therapist's accurate empathy as the heart of healing and Lang's idea that whatever the client shares are related to the therapist or therapy itself. More importantly, it confers several lasting benefits to the client's ego and interpersonal functioning, as noted by Blatner (2002):

Learning to assert oneself, establish boundaries, compromise and negotiate… This kind

of interaction develops the sense of self as [the] locus of control, or as I like to call it,

"the choosing self." There is a strengthening of will, of explicit consciousness, and of a

capacity for directness in the interpersonal field – qualities which tend to be dilute or

deficient in a large percentage of cases [with developmental trauma]. (p. 5)

Dylan's response gave the impression that not only are they accepting of Joe's behavior,

but they will even indulge him by reciprocating in a mutually playful manner, thus giving an

impression of realness. Dylan's response was not couched in a professional veneer behind which

they interacted with Joe as though he was a specimen to be observed. Their response embodied

the same jest and authenticity which collaborated with Joe as an equal in a truly mutual

interaction while also setting boundaries for their relationship.

Participants used several colloquial phrases that pointed to an element of mutuality in

their joining and mirroring interventions. These included "a feeling-with [the client]," "getting

into a rhythm with the client," "I'm with you," "I feel you," "going together with the other

person," "making sure the music sounds the same," "like playing jazz together… being ready to

sing that song with your client," "singing a duet together," and "being in the same arena

together." There is an emphasis on collaboration, equal being, and harmonization. Participants

tried to communicate a nature of 'being-with', rather than similarity or resemblance. The modern

psychoanalytic message of "I'm like you" more so resembles "I'm with you" when mutuality is

considered.

Ezra's therapeutic style with Jasper best illustrates the dimension of collaboration

inherent to the design of joining and mirroring interventions. Ezra said that he began "arguing"

with Jasper out of "impatience and frustration." Joining interventions did not appear to be helpful

as Jasper would either continue to criticize himself or shut down Ezra's suggestions. Things changed when Jasper started to talk about more expansive and flexible behavioral changes outside of therapy which was corroborated by a more "heartfelt" and broader range of feelings during sessions. Ezra realized that being the devil's advocate with Jasper was a joining intervention because of the internalization and progressive communication that would occur later. He conceptualized that their debates allowed Jasper to express a considerable amount of agitation, ambivalence, uncertainty, and self-loathing, which he was otherwise left to cope with alone. Ezra said, "When we argue, he gets to externalize that, I get to be the stupid one… or at least I get to be the object of a lot of that negative energy."

Arguing with a client may not be common in some therapeutic approaches, but has a place in the modern psychoanalytic effort of building the narcissistic transference. Spotnitz (2004) described joining and mirroring interventions as intended for ego-modifying and supportive purposes, meant to convey to the client the sole underlying message of "I am like you" (p. 187). For clients with a more argumentative or oppositional nature, a therapist's similarly argumentative and oppositional style of communication will feel congruent and contribute towards the narcissistic transference.

Jasper's positive response to Ezra's counter-intuitive joining intervention can be better understood within the context of mutuality. When the phrase "being in the same arena" is applied to Ezra and Jasper, what appears to be disagreeable arguments transforms into a lively debate between two individuals. By arguing with Joe, Ezra indicated that he "had [his boxing] gloves on as well" and joined Jasper in the arena as a sparring partner. The therapeutic environment, now characterized by a friendly duel as opposed to animosity, is ripe for a more responsible, client-directed, and mature style of collaboration. Jasper perceives that he is not alone in this activity.

Not only does Ezra claim to understand him, Ezra also shows he does by taking on a role which is responsive to, expands on, and empowers Jasper's assertions.

Spotnitz (2004) hypothesized that the underlying dynamic for the efficacy of joining and mirroring interventions lie in their support of the patient's core feelings and emotional needs. The use of joining and mirroring to establish the narcissistic transference prompts the patient to (unconsciously) realize that defenses are unnecessary because the therapist does not challenge them. The energy that would have been used to maintain those defenses can now be put towards healthful purposes. Additionally, experiencing a twinship with the therapist gives the client a feeling of genuinely being understood and improves their ego strength, thus encouraging them towards maturational growth. This assertion may be expanded upon by understanding joining and mirroring interventions as encompassing a degree of mutuality. Mutuality is a critical balancing force in the inherently unbalanced therapeutic relationship. It demonstrates to the client that their aggression, in the form of confrontation, negotiation, argument, disagreement, and feedback to the therapist, is encouraged and accepted. The therapist may not always acquiesce but neither responds condescendingly, neglectfully, or abusively. This demonstrates support of the patient's core feelings and emotional needs. Developmental arrests and psychopathology typically occur when aggressive manifestations were not adequately responded to during highly dependent and evolving periods in life where relationships were similarly unbalanced. Guiding joining and mirroring interventions with an element of mutuality attempts to address the deficiency and empower the client towards a more energetic, constructive, and collaborative state.

The significance of using mutuality to guide joining and mirroring interventions can be explored with the perturbation theory of change, as proposed by Beebe et al. (2000). Perturbation

theory is used in a variety of fields. When applied to the mechanisms of change in psychotherapy, therapeutic change is understood to arise from perturbations in the therapist-client dyad. Like all human relationships, the therapist-client dyad is continuously responsive to ongoing experience, making it an inherently fluctuating and dynamic system that is always open to changes. This openness supports flexibility and adaptiveness yet also renders the system susceptible to changes; stability is temporary. This dynamism and receptivity bode well for the therapeutic endeavor precisely because change is the sought-after goal. However, experience has taught us that what is known and familiar tends to triumph over what is unknown, unfamiliar, and hence, scary. Therapeutic change cannot be rushed or its effects extended beyond what the client is comfortable with. Small perturbations – variations – within the dyad can safely encourage clients towards more adaptive behaviour if they are neither overly different to be considered alien nor excessively similar, which maintains stuckness or rigidity and stagnates progress. To adopt Winnicott's concept of "good-enough", a dyadic relation that is flexible-enough promotes a balance between the known and the new.

Beebe et al., (2000) explained that "systems can shift into new forms only if the system is sufficiently variable and flexible that perturbations can shake up old forms. The openness of the system leads to "preparedness" to pick up on perturbations. Change happens only when there is sufficient variability to explore options, and there is the opportunity to find new patterns. A small change can build on itself, exponentially, in a nonlinear way" (p. 115). Similarly, psychotherapy draws its effectiveness from its ability to explore new possibilities, whether they be in the form of narratives, beliefs, habits, behaviors, thoughts, or feelings. Modern psychoanalysis, in particular, prides the heart of recovery on expanding the client's range and vocabulary of emotions such that a majority of life challenges can be withstood, grappled with, and eventually

resolved in more fulfilling ways (Spotnitz, 2004). However, this expansion occurs gradually over a period of time and its intensity is best mutually-calibrated according to the client's needs. A therapeutic environment that is too different, foreign, or alien (e.g., a premature interpretation) may be experienced as an attack or a threat, while an exaggeratedly-mirrored environment (i.e., not resolving the narcissistic transference) might plunge the therapist-client dyad into an unhealthy symbiosis or stall psychotherapeutic progress. Regardless of either scenario, both waste time, resources, and effort at best, and bring about iatrogenic effects at worst.

Using mutuality to guide the formulation of joining and mirroring interventions sustains a "flexible-enough" environment that balances the known and the new. It represents the analyst's openness to the client's feedback, attention to the client's pace, and recognition for the purpose of the clients' defences (Spotnitz, 2004). When (i.e., timing) and how (i.e., content) these interventions are used depends on a close tending-to of the transference and resistance dynamics in the therapist-client system (Margolis, 1994a, 1994c) as indicated above. This selective utilization, as well as its inherently flexible and open nature – can be conceived as an attempt to achieve the optimal balance that is necessary for a "new dyadic rhythm" (Beebe et al., 2000, p. 115) and in turn, for repressed impulses to be neutralized or new relational patterns to occur. Although modern psychoanalysts train rigorously in the use of joining and mirroring interventions, ideal utilization is not always guaranteed. In fact, ideal utilization or "perfect joining and mirroring" might even result in excessive attunement and undermine the formation of new dyadic rhythms (Arizmendi, 2011). Joining and mirroring interventions guided by mutuality organize the dyadic system in a well-balanced way that respects what feels familiar and known while being receptive to new ways of being, much like what Mahler (1952) recommended in the treatment of symbiotic disturbances.

Theme 3: Markers of Effectiveness

There is growing research on psychotherapy outcome measures which monitor, justify, and improve the delivery of psychotherapy. Many studies focus on the overall efficacy of psychotherapy by using broad measures such as favorable consumer surveys, reduction in symptom severity, improved post-therapy functioning, and on-site audits (for example, see Brown et al., 2014). Changes in various spheres of a client's life outside the therapy room such as relationships, family, work, and health are typically documented across approaches as a gauge of general client progress. Less tangible but nonetheless critical signs of successful treatment include improved overall functioning or reduced impairment, lowered levels of distress, a growing sense of fulfilment, better physical and emotional well-being outside of therapy, as well as expansive and satisfying relationships with self, other, and world. Spotnitz (2004) described the modern analytic essence of recovery as when the client goes from "an old-fashion music box playing the same unappealing tunes over and over again… to the rich 'orchestration of the mature personality'" (p. 205). Within the psychotherapeutic process, what does the modern psychoanalyst observe from the client's response to joining or mirroring interventions to determine if those were effective, if at all? I recall my time at the modern psychoanalytic institute where colleagues frequently asked one another "Did your join land?" or "Did it hit the spot?" as one way of assessing one's interventions. These questions were more interested in the specific intervention(s) during sessions than the overall arc of psychotherapy. The participants described an array of client responses that they would pay attention to during sessions in order to appraise the effectiveness of their joining or mirroring interventions. Changes in the client's speech, emotion, and behavior were the primary ways that these participants assessed what came before and refined what would come after.

Speech

For a treatment modality described as the talking cure (Breuer & Freud, 1893-1895), it was little surprise that participants frequently relied on speech to determine how effective their joining and mirroring interventions were. Speech figured into all of the participants experiences. Some of them described clients who were forthcoming with giving direct verbal feedback. Dennis' client was so livid with another therapist's premature and ego-wounding interpretation that he decided to terminate immediately and return to individual psychotherapy with Dennis. With Dennis, psychotherapy reportedly proceeded comfortably at the client's pace and his fragility felt supported rather than criticized or rushed:

> They withdrew from my therapy [for a while] and went to someone else, some other hot shot. And they totally exploded on that therapist. They told me they wanted to kill the therapist because the therapist is trying to move them along too fast. The therapist said, "You know, I hear all the things you're talking about that people do to you. I hear about how, you know, you feel wronged, but the common denominator is you. What does that say about you?" And my client said- my client started yelling with me to the top of their lungs, "I WANTED TO RIP HIS THROAT OUT! I wanted to kill the therapist! I decided I wanted to go back to you immediately!"

In another example, Ben described David's expressions of appreciation and kinship after Ben had made a personal disclosure. Sensing David's heightened worry and anxiety, Ben felt pressed to provide him with a definitive solution to his dilemma. Instead of doing so, Ben shared a personal story of relevance to David's issue. David listened, thanked Ben, and said, "That was soothing, it helped me with considering this issue." On other occasions, David had also said, "It's great that we are alike. I like talking to you, I feel better after doing it."

Not every client communicates so directly and clearly about their responses to practitioners' varied ways of joining and mirroring. In such cases, some silent observation of their clients' immediate responses was required from the participants. All the participants mentioned progressive communication as a key determinant in whether interventions are well-received in more subtle situations. One participant casually described it as "to un-shutdown what clients have been previously shut down about." In other words, did the client talk more or seem to withdraw emotionally ("go flat"), disengage cognitively, perhaps even shut down into complete silence? When Dennis joined Sabine in her anger as they exclaimed, "That's ridiculous!", Dennis said they knew it was a good join "because afterwards she called out in solidarity, "That WAS ridiculous!" Not only did she reaffirm her experience using the same word 'ridiculous', she also continued to talk more and deeper about the experience. Fonagy et al. (2002), Lipps (1907), and Merten et al. (1996) have argued for the subtle but significant contribution of language-style matching to successful psychotherapy. Borelli et al (2019) noted that matching words between therapist and client imply that the client's "experiences have been seen, are understood, can be safely shared with another person, and can be contained" (p. 10). Moreover, at the end of the session, Sabine thanked Dennis and said that she felt more open to pursuing possible solutions to her issue. This additional form of indirect verbal feedback pointed to a less restricted mindset that affirmed Dennis' joining and mirroring intervention.

The participants in my research study commonly described good joining and mirroring interventions as resolving resistances to progressive communication and encouraging clients to tell their narratives freely with new meaning, perspective, and details (Margolis, 1994d). This has been echoed as an overarching treatment goal in the literature by Spotnitz in past decades: "The long-range treatment goal, one to which the therapist needs to be constantly oriented, is the

resolution of the patient's various resistances to telling the story of their life in a spontaneous and meaningful manner" (Spotnitz, 1976, p. 37).

Findings from my study are consistent with the literature in indicating progressive (verbal) communication as a key marker of effective joining and mirroring interventions. To this day, modern psychoanalysis holds that the ultimate goal is to help the patient resolve resistances to saying everything. Spotnitz concurred with Breuer & Freud's (1893-1895) classical assertion that "the patient only gets free from the hysterical symptom by reproducing the pathogenic impressions that caused it and by giving utterance to them with an expression of affect, and thus the therapeutic task consists solely in inducing him to do so" (pp. 282-283). Similarly, modern psychoanalysis maintains that joining and mirroring interventions are used for the sole purpose of resolving resistances to verbalizing with affect. Kevin's work with Niki's experiences of suicidal ideation provides a good illustration. With management of Niki's suicidality being so pertinent at the beginning of therapy, Kevin formulated a contract where she was "only allowed to kill yourself when therapy is over, and [Kevin] decide[s] when it is over." Niki's response ("You and your fucking contract…") was a combination of verbalized feelings, and intense tones. It demonstrated hostility but also vitality that nullified suicidal behavior. Niki might still have experienced suicidal ideations but what mattered was that she actively chose to not act on it.

A couple of the participants referenced the transference cure and indicated that listening for progressive communication was a common way for them to gauge therapeutic growth. Reiterating Greenson (1967) and Nunberg (1951) on the concept of the transference cure, Margolis (1994c) advised:

There is no certainty that these improvements, viewed by themselves, do not represent a transference cure, which denotes not a healthy identification with the analyst but imitation or compliance with what the patient perceives as the analyst's goals. The "cure" or improvement thus achieved will tend to fall apart when the analysis is terminated. (p. 238)

Others (Fenichel, 1945; Glover, 1955) have noted this improvement as a resistance to true therapeutic progress via a flight into health, where an abrupt disappearance of difficulties deem further psychotherapy unnecessary. In addition to straightforward expressions of appreciation and reported progress from clients, progressive communication helped practitioners to recognize that their interventions were working as intended. While it does not fall upon the therapist to "police" or ascertain the reliability of a client's therapeutic growth, getting a clearer sense of whether the growth is genuine or treatment-related (e.g., relational pattern, personality, transference and resistance, clinical diagnosis, and so on) was helpful for participants' decisions on further conceptualization, intervention, and overall treatment. Participants described cross-referencing clients' reported progress with observed progressive communication during psychotherapy sessions. This typically began with some exploration into the client's narrative to get an overall sense of how the client managed the experience while also considering the therapist's counter-transference reactions.

For instance, Kevin utilized Niki's emotional response and verbalization to validate her reported progress of being able to eat without purging outside of sessions. By soothing and nurturing through joining and mirroring interventions, Kevin symbolically held Niki as she put words to her abuse with increasing nuance. "New information was talked about with emotion connected to it," Kevin said. Reminiscence, disgust, self-blame, shame, guilt, and anger were

among Niki's expressed emotions at the end. Their relationship carried a reparative quality as Niki was able to draw strength from Kevin's presence which resulted in progressive communication (as described above) and subsequent behavioral improvement (i.e., able to eat without throwing up). Kevin and Niki's relationship is an illustration of how progressive communication genuinely moves the treatment and healing forward. Spotnitz (n.d.) once mentioned that "understanding alone doesn't help anyone get well… what [is curative] is dealing successfully with whatever interferes with your talking out your feelings, thoughts, and memories as they occur to you here." This directly connects with Freud's notion that what is curative in psychoanalysis is to resolve the transference resistance, to struggle to verbalize oneself in the presence of the therapist and continue to do so anyway. If the modern analytic motto is to help the client say everything, then the joining and mirroring interventions illustrated by Kevin were a step in that direction.

It is useful to conceptualize joining and mirroring interventions as *removing obstacles* to progressive communication. This suggests an inherently strengths-based perspective because of the unspoken assumption that the client already possesses the necessary elements for psychological health, but there are currently obstacles along the path. The function of psychotherapy and the therapist is merely to remove or help the client work through these obstacles. Further effort is, at best, unnecessary, and at worst, potentially psychologically injurious (Breuer & Freud, 1893-1895; Meadow, 1989/1996a; Spotnitz, 2004). Joins and mirrors facilitate movement towards increasingly meaningful speech through ego-modifying and supportive measures. Within the context of this perspective, joining and mirroring interventions in psychotherapy commonly "reflect the old adage: If you can't lick 'em, join 'em" (Spotnitz, 1974; Spotnitz, 2004, p. 180). Resistances to progressive communication are not confronted or

interpreted as it might bear several risks, including encouraging more of the same problematic behavior, stagnation in progress (i.e., lack of progressive communication), or even discouraging the client from coming back (i.e., poor attendance or premature termination). The therapist inadvertently becomes part of the obstacle instead.

Take for example Dylan's time with Chloe, the client who everyone thought loved to be in arguments and fights. While it is impossible to measure the true value of preventive psychotherapy as McWilliams (2004) has keenly noted, I believe that Dylan's conceptualization of Chloe as being unable "to tolerate anything else [other than joining and mirroring]" was critical for their long-lasting therapeutic relationship and Chloe's commitment to a less violent path in life. We will never know what might have transpired if the psychotherapeutic circumstances were any different. However, Chloe's insight when she defended Dylan's doubts in joining and mirroring provides a glimpse: "No. You are the best therapist I've ever had. If you ever leave this clinic, you have to take me with you. I'm never seeing another for long as I live…You have kept me from murdering so many people… So many people are alive because I could come here and talk to you about these people that… have made [me] so angry and that were tormenting [my] life." That joining and mirroring were Dylan's primary interventions helped transform the psychotherapeutic environment into one that was harmonious rather than antagonistic. Joining, not confronting, perceived resistant patterns helped to free the psychotherapeutic space of the verbal combativeness that seemed to plague much of Chloe's life. In turn, it was a space where Chloe was able to share her frustrations that might have otherwise led to potentially dire consequences. Thus, joining and mirroring interventions carved out a safe space which encouraged Chloe to engage in more progressive and less repetitive communication.

Emotion

The data suggested that an emotionally-charged response from the client is another key indicator of effective joining and mirroring. The notion that therapeutic change occurs during emotionally-charged moments underlies the theory of several treatment models in psychology (Bucci, 2013; Diamond et al., 2016; Fosha, 2000). All the participants described paying attention to an emotional reaction such as a person becoming flat affectively, attempting to self-regulate, or tears. Some of these client responses referenced something in the client's life in an affect-laden way that had never occurred before. This was evidenced clearly when Chloe ran to Dylan's defense with the astute insight, "You have kept me from murdering so many people. So many people are alive because I could come here and talk to you about these people that have made me so angry and were tormenting my life." Chloe's expression of positive feelings for Dylan was itself a direct indicator of successful joining and mirroring. Further inferable from Chloe's comment was how Dylan's use of joining and mirroring interventions in psychotherapy were successful in helping Chloe to safely and non-judgmentally express the anger that she had frequently experienced with others. This is another fine example of the therapeutic discharge of aggression. The cathartic relief following these emotionally-laden sessions were indispensable in containing the aggressive impulses to a verbal level. Borelli et al. (2019) further suggested that interventions which match the dyad's language style and are highly relevant to aspects of treatment content may predict better therapist-client attunement, relationship quality, and therapeutic outcomes.

Another example is Dylan's attunement to Joe's atypical demeanor and subsequent use of the word 'shit' during a session. Joe's reportedly poor mood that was pervading the therapeutic atmosphere prompted Dylan to make an observation using the word "shitty". This resonated so

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greatly with Joe on verbal and affective levels that he broke down into tears for the first time since they had begun therapy. In Dylan's original words:

So it was something along the lines of just a very simple observation that it feels shitty… Then he's the one who took the word 'shit' and sort of *exploded* - Like in my mind's eye, he just, like, *exploded it onto all of the walls* and said, *I'm living in a world of shit*. Like everything is shit. And I just continued on that you're drowning, *you're drowning in shit*. And he felt understood and cried for the first time.

The effectiveness of Dylan's intervention was demonstrated by Joe owning their word 'shit' and expanding his responses, furthering his progressive communication. Joe's response became more intensified with each conversational turn, ultimately culminating in a response with genuine feeling. This response was also uncharacteristic of Joe's typical demeanor in other psychotherapy sessions.

Modern analytic practitioners have consistently witnessed the success of their technique but the process through which it works is not delineated in the literature. I believe that an explanation for Joe's response could be found in studies on dyadic affect regulation. The joining and mirroring intervention might have seemed simple but the undercurrents it stirred were not. Affect attunement and dyadic affect regulation were palpable in this therapist-client interplay. The notion of attuned and regulated feeling states within dyads have taken shape on the basis of extensive literature on the nature of caregiver-infant emotional communication (for examples, see Beebe & Lachmann, 1988; Leclère et al., 2014; Schore, 2003; Stern, 1973; Tronick, 1989; and Tronick & Weinberg, 1997). Similar to how mother-infant interactions influence the child's developmental trajectories, optimal psychotherapeutic engagement allows for a number of therapeutic benefits, chief among them being the dyadic regulation of affective experience, thus

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making it particularly poignant for emotionally-laden exchanges such as that between Dylan and Joe (Beebe & Lachmann, 1998; Dales & Jerry, 2008; Fosha, 2001; Meadow, 2003; Stern, 1973, Winnicott, 1958). Fosha (2001) detailed elements of dyadic affect regulation as follows:

- Each partner is open and communicates to the other, who responds openly in turn – evidenced throughout Dylan and Joe's continual engagement.

- The partners remain engaged and oriented toward one another even when things get difficult – evidenced in the beginning when Dylan had a hunch that something was different with Joe and decided to call attention to it gently.

- Partners are motivated to maintain connection and communication even in the face of discord or difficulty without withdrawing into oneself and closing up or putting up a wall. Mutual coordination does not mean perfect empathy and flawless mutual attunement (p. 228) – evidenced when Joe felt safe and trusting enough with Dylan to express and engage with his grievances.

Dylan's joining-mirroring intervention possibly achieved what Beebe and Lachmann (1998) described as affect regulation "through ongoing interactions with a significant other (implying relatedness or intersubjectivity)" (as cited in Håvås et al., 2015, p. 239). Joe's capacity for affect expression and regulation – something that Dylan reported was rarely observed in him – was a vital function of Dylan's capacity for emotional attunement in the form of their joining and mirroring intervention (Beebe & Lachmann, 1998; Blass & Blatt, 1996; Bowlby, 1940; Dales & Jerry, 2008; Fosha, 2001; Håvås et al., 2015; Tronick, 1989). Feelings that might have been too disturbing for Joe to experience were now able to find expression and support through Dylan's intervening presence without overwhelming him. In the pair's powerful

psychotherapeutic moment, one could observe the abovementioned elements of ideal dyadic affect regulation.

According to Mitchell and Black (1995), "[object relations theorists, self-psychologists, and Freudian ego analysts] all agree that what is curative in the analytic relationship is the analyst's offering of some form of basic parental responsiveness that was missed early on" (p. 240), or as the modern analysts say: a corrective emotional experience. Madonna (2017) elaborated that the fundamental affect-related activities that occur in analysis – consistent presence, listening, psychological reflection, attending to, measured responsiveness, and mindful interpretation – mirror the dynamically interactive caregiver-infant dyad. This resemblance to "attentive parenting… reanimate[s] the stalled developmental process which elevates transference dynamics for interpretative action" (p. 5). Dylan's initial offering of the word "shitty" and continued engagement with Joe was a combination of all these factors that captured Joe's emotional state and provided a coherent fit with his here-and-now experience.

The data also suggested emotionally-charged reactions directed towards the therapist as another marker of successful intervention – typically anger. Ben became the target of Liam's rage after his dystonic remark about his client's body odor. Liam responded in kind with all sorts of criticisms about Ben's failure as a therapist. Ben's dystonic joining intervention provoked Liam to externalize his anger towards the therapist. Per Spotnitz (1976), aggression was "released in the form of emotionally crystallized and verbally discharged energy" (p. 38). With Ben's assistance, Liam was able to stay in the room while "separate[ing] himself from the bad" and began to externalize the bottled-up aggressive urges (Meadow, 1991/1996b, p. 178). Spotnitz (2004) similarly noted that one of the rewards for a joining or mirroring intervention that has successfully resolved a resistance is when the therapist finds themselves on the receiving end of

an emotional explosion. With less disturbances, there is then more space for the client to act in more healthful ways. This release of negative energy likely precipitated the behavioral improvements that came after this session, where Liam did demonstrate better grooming for a period of time before reverting back to old ways.

Emotions, while adaptive and protective, can also be intolerable and engulfing, thus overwhelming the individual's capacity to successfully manage them. A lack of empathic support from an other, usually a parenting figure, in constructively managing aggressive impulses such as hostility, frustration, tension, and anger may lead the individual to eventual emotional dysregulation. In more severe or chronic cases, this results in narcissistic pathology, affect regulation difficulties, or developmental arrest (Fosha, 2001; Gedo, 1988); this is thought to be particularly so from a modern psychoanalytic perspective (Meadow; 2003; Spotnitz, 1976, 2004). Building upon Freud's (1940) ideas on psychosis and the aggressive drive, Spotnitz noted that "the aim of the aggressive drive… is the destruction of object representations or their precipitates, which contribute to the formation of the infantile ego. The aggressive drive, free from control, operates to destroy and disunite, to fragment the personality, and sever the ties between people" (Spotnitz, 2004, p. 24). The theory asserts that the narcissistic defense is developed to protect object impressions from being destroyed by the individual's aggression. This is done by turning negative impulses toward the self. Unfortunately, the consequences are disastrous. The individual is now in a conflict between bottling up the aggression for the sake of protecting others (the narcissistic defense) or self-preservation at the risk of permanently destroying the valued objects. It is theorized that this conflict eventually depletes the individual's psychological, social, and emotional life in varying degrees, causing a range of developmental arrests. The oft-chosen response of the narcissistic defense constitutes a self-attack which

eventually results in various somatic and psychological illnesses. Joining and mirroring interventions are deemed effective when they can aid the client in resolving this conflict by redirecting these impulses away from the self, preferably with a skilled therapist who is trained to tolerate and metabolize them, as well as respond optimally in a way that helps to neutralize the expressed aggression.

Bearing striking resemblance to the conceptualization of the narcissistic defense and aggression, Nelson (1956) proposed that through joining and mirroring interventions, the analyst takes on the client's representation of the frustrating object that was originally internalized due to caregiver frustrations during the preoedipal period. The analyst simultaneously represents a toxic introject and an external object. The therapist "now represents the depriving parent figure of old" (Margolis, 1994c, p. 233). This narcissistic transference is gradually worked through as the client is increasingly able to verbalize how the therapist represents that depriving figure of old. This is done with the use of interventions such as joining and mirroring, which leads to progressive communication. Working through the narcissistic transference resolves maladaptive patterns that resulted from the client's developmental needs not being optimally met in early life. As a result, the client can now experience and separate from the negative impulses which were once repressed. In turn, the analyst now has the opportunity for affect attunement, reflection, regulation, resistance resolution, and more, all of which can provide a maturational or corrective emotional experience (Alexander & French, 1946; Spotnitz, 2004).

Other researchers have concurred likewise. According to Håvås et al. (2015), "such coordination has the potential to activate and modify preverbal experiences encoded in procedural, implicit memory" (p. 238). Developmental emotional arrests during the pre-verbal period of life can now be authentically revitalized and matured in the psychotherapeutic space.

"The unconscious process of mutual enactment of, and disembedding from, client expectations is a vehicle for therapeutic change" (Christian et al., 2012; as cited in Borelli et al., 2019, p. 15). Accordingly, the data speculated that Liam's verbal expression of anger not only discharged hostility but also freed up (libidinal) energy that was previously used to keep the aggression in check. No longer impoverished, this freed up energy is now available for the client to use more constructively elsewhere in service of improved functioning.

The concept of aggression is frequently discussed in the literature as part of client conceptualization. In theorizing on the role of aggression in psychopathology, Spotnitz (2004) indicated that the aggressive drive is fundamentally destructive. Aggression turned towards the ego, body, and sense of self results in the fragmentation of schizophrenia, somatic disorders, and depression respectively.

Because of its frequency, I had anticipated more explicit mention of aggression as a possible marker of effectiveness of joining and mirroring interventions, such as a constructive management of aggressive impulses. While practitioners seldom spoke overtly about aggression to describe what their clients shared, there were many examples of displays of aggression and aggressive language during the interviews. For instance, practitioners were attuned to their clients' self-attacks (e.g., "Everybody treats me like their little plaything," "Oh maybe it's just me being crazy, I shouldn't discuss it," "I was an asshole to my friends," and suicidal ideation). Aggression also revealed itself through the clients' relationships to their bodies (e.g., persistent itching and scratching, non-suicidal self-injurious behaviors, and unhealthy eating habits) and their minds (e.g., fragmented sense of self). In addition, the clients were repeatedly able to express aggressive affect to their therapists. Some examples include Kenny telling Sipes to "Fuck off, Finn contemplating a second suicide attempt, Jasper's debates with Ezra, Niki

despising Kevin's therapy contract ("You and you fucking contract"), as well as Mike's criticism of Ben as a terrible therapist. This was achieved by the use of joining and mirroring interventions that resolved resistances to these aggressive impulses being verbalized freely. Manifestations of aggression were very prominent even though participants did not explicitly use the word "aggression" in their stories.

Another possibility as to why the word "aggression" was not used as prominently could be due to the normalization of discussing, expecting, and managing aggressive expressions in modern psychoanalysis. Since practitioners are frequently exposed to concepts of aggression in theory and practice, there is a sense that it is normal – perhaps mundane – to the human experience. Not only is aggression central to modern psychoanalytic conceptualization, but it is also to be expected in psychotherapeutic practice. Aggressive displays, language, and affect may have been so normalized and matter-of-fact to participants such that they did not think it necessary to draw attention to and explicitly label "aggression" in their exchanges with clients, even if they intuitively recognized aggressive expressions.

Behavior

Finally, the participants in my research study commonly described behavioral change as a major indicator of effective joining and mirroring. Whether by client self-reports or the therapist's direct observation, behavioral changes are clear feedback on whether one's joining and mirroring interventions were well-received or not. Spotnitz (2004) noted that "an intervention is of value only when it helps the patient move out of a pattern of resistant behavior that is being engaged in right now" (p. 179). As detailed above, Sipes' exchange with Zoe about the latter's newfound movement of her limb is an undeniable example of bodily improvement brought about by the modern psychoanalytic approach.

Participants frequently noted subtle but noticeable shifts in a client's demeanor during therapy sessions as another form of behavioral feedback. For example, a joining or mirroring intervention was thought to have resonated with the client if they spontaneously switched over to their native language or accent because it was far more natural and genuine to express oneself in a native rather than second language. Ezra, on the other hand, observed Jasper's behavioral change outside of session. Although it did not seem successful at first, Ezra gradually noticed that Jasper "would go do something [in his life] based on what we had talked about in therapy." Most notably, both would argue over Jasper's reportedly stubborn beliefs after which he would do something outside of therapy entirely contradictory to those beliefs.

It is important to remember that while behavioral change is easily observable, one should not hang one's hat upon observing such changes in the same way that a clinical diagnosis should not be made upon the presence of a single symptom. Margolis (1994c) noted that all aspects of the client's well-being – physical and psychological, inside and outside of the therapy room – must be considered. Thus, any client-reported improvements in the intra- and interpersonal, bodily, environmental, financial, and all the varied spheres of life are considered "criteria in evaluating the patient's progress in analysis" (p. 174). Other criteria, such as those described above, when used in conjunction will serve as further confirmation.

Theme 4: Comparisons between joining and mirroring

One of the aims of this study was to explore the differences between joining and mirroring interventions in therapeutic practice, particularly since these two terms have considerable overlap which led to confusion and ambiguity around their delineation (Margolis, 1994a). Participants agreed with the overlaps, with some participants understanding them as synonymous with each other early in training. The most notable similarity is that both joining

and mirroring are used towards the same purpose of resolving the resistances to talking progressively (i.e., how can I get the client to say more?). When Spotnitz was asked about what to join and mirror, he advised, "Do whatever works to keep the patient talking… [it] depends on what the therapist has to do to appear like the patient" (Marshall, 2006, p. 293). Both joining and mirroring develop the narcissistic transference by conveying responses that imply twinship. They are also utilized by practitioners to manage preverbal resistances and functioning that interfere with therapeutic progress (Spotnitz, 2004). With so many overlapping aspects, it is no wonder that joining and mirroring interventions can sometimes seem synonymous while at other times, they can be clearly differentiated from each other. My analysis highlighted several comparisons that provide greater clarity to these two interventions.

A key difference between joining and mirroring interventions is their mode of operation. Joining requires intentional and active input from the therapist while mirroring is a largely passive and automatic stance which persists in the background of the therapeutic atmosphere; it is more of a "being" than a "doing". Participants' joining interventions were precipitated by a careful consideration of a host of factors at hand including the guiding elements mentioned in Theme 2, environmental factors, the therapeutic relationship, and so on. Many participants mentioned that joining interventions were regularly created during supervision for use in future sessions when necessary and appropriate, implying the strategizing and forethought that goes into joining. Some participants said they spend time outside of sessions coming up with possible joining interventions, especially if their client's speech had started to become repetitive. In contrast, mirroring seemed to occur even when the therapist does not intentionally decide to intervene as when Kevin's face unknowingly morphed into a disgusted expression and his body felt increasingly sickened as Niki recounted a particularly repulsive sexual abuse incident.

Mirroring is an embodiment of a whole attitude, demeanor, and way of being that matches a client. Described as "the basic blocking and tackling of being a therapist," mirroring naturally develops as a fundamental addition to any therapist's repertoire. It may be that the act of mirroring draws primarily from an implicit relational knowing such as how therapist demeanors automatically change when one client steps out and another client steps in the room. In contrast, joining draws from both declarative knowledge and implicit relational knowing as when practitioners utilize existing client conceptualizations to substantiate and formulate an intervention. Joining interventions, in particular those that connect with preconscious or unconscious content, entails much more deliberation. They occur on top of the therapist's consistent mirroring attitude. Mirroring goes on constantly in therapy (whether intentionally or automatically).

Research across several fields including neurobiology, cognitive science, animal studies, human development, drama, and social cognition have reiterated mirroring as a naturally-occurring and critical process amongst humans, including between therapist and client. Participants also echoed how they mirrored clients naturally without thinking too much about it. I am reminded of how my way-of-being varies with each client. From being highly excitable with an energetic client to adopting a more solemn demeanor with a contemplative client who chooses their words with calculated precision, I have noticed how these changes can occur rapidly and drastically with different clients. Mirroring occurs so effortlessly that it takes purposeful effort and intention to do otherwise, which would come off as awkward, questionable, and counter-productive in the therapeutic setting. Modern psychoanalytic practitioners infuse this natural occurrence with a degree of intentionality by consistently observing and employing it in service of treatment. Practiced consciously over a period of time, the typically-automatic process

of mirroring takes on an additional dimension of intentionality where it can be used as a therapeutic intervention while also occurring naturally in the background.

It may be that mirroring interventions reaches its more advanced form in modern analytic practice. When utilized with intentionality and therapeutic judgment, as it is in modern analytic practice, the therapist's mirroring interventions "communicate something very important to the client – that [their] experiences have been seen, are understood, can be safely shared with another person, and can be contained" (Borelli et al., 2019, p. 10). McWilliams (2011) posited that when it occurs naturally between therapist and client, mirroring unconscious aspects of the therapeutic environment can potentially lead to therapeutic change comparable to its conscious or observable counterparts. Research is still limited in this area but newer techniques (e.g., the use of Language-Style Matching to research other social contexts by Gonzales et al., 2010 as well as the Communicative Modes Analysis System [CMASP] built by Giacco et al, 2019) for examining the automatic and less conscious parts of dyadic behavior show promise.

Findings from Borelli et al. (2019) support how participants described their use of mirroring interventions. Participants preferred mirroring over joining interventions especially during the early stages of psychotherapy, in part due to low relationship capital, uncertainty about client tolerances, and an undeveloped saturated knowing of the client. Mirroring interventions were seen as more reliable and suitable for building the narcissistic transference before other kinds of therapeutic work could take place. Borelli et al. (2019) affirmed this practice, noting that more frequent mirroring interventions early in therapy improves perceived fit between therapist and client. In turn, this moves the course of treatment towards greater readiness and favorable circumstances "for the client to engage in meaningful therapeutic work" (p. 15), thereby predicting better therapeutic outcomes.

Another difference between joining and mirroring interventions in practice lie in their complexity. While both were commonly employed to resolve resistances, mirroring was described as "standard," "generic," "straightforward," and "monkey see, monkey do." In contrast, participants used words such as "individualized," "deeper," "underneath level," and "specific instances" to describe joining. Mirroring took place in verbal and embodied ways, with verbal mirroring occurring when the therapist reflected or paraphrased the client's speech using the same language. Some examples include when Ben responded to Mike's criticism of him with the same phrase "terrible therapist" or Dylan repeated Chloe's question in a statement, "You don't like to fight, these fights find you." The therapists' responses were almost a "perfect" reflection of the client's words. Embodied mirroring occurred when the therapist reflected the client's affect and body language across paralinguistic dimensions such as intensity, tone, gesture, and mannerisms. As Dennis listened to Sabine's condescending experience in healthcare, they described mirroring her anger and tone as they exclaimed "That's ridiculous!" Sabine had sat forward on her chair while Dennis's rocking chair had sped up from their sudden movement. Both had their brows furrowed in disgust and outrage.

Numerous elements of human interaction can be mirrored, as evidenced in the literature. Spotnitz was believed to mirror "drives, impulses, feelings, sensations, physical reactions, thoughts, etc. at different levels of consciousness and unconsciousness…[including] the id, ego, and superego" (Marshall, 2006, p. 293). Milton Erickson, who pioneered Ericksonian hypnotherapy, mirrored speech patterns such as volume, accents, and speed, as well as physiological states in order to induce and intensify his clients' trance states (Ross, 1980). Facial expressions, body comportment, movements, mannerisms, muscle activity, vocal patterns and postures are just some of the factors influencing automatic mirroring between individuals

(Arizmendi, 2011). Additionally, mirroring can occur outside of therapy sessions such as when participants used the same language to respond to client emails, or voicemails, even if they did not know much about them. Mirroring interventions do not require much of the therapist's own input since they stay as close as possible to what the client shared and how they shared it. One participant stated, "there is not a lot of information exchang[e]."

On the other hand, joining interventions are comparatively more complex because they go beyond mere reflection and paraphrasing, becoming "almost interpretive at times." Levels of content (i.e., text, context, and subtext) were commonly used to contrast between joining and mirroring. Mirroring interventions are a reflection of the client's surface presentation. Joining interventions take into account meaning deeper than the client's surface presentation and spoken words. They not only respond to content, but also how the content is being talked about. Joins are directed at affective, interpersonal, and intrapsychic undercurrents. This requires an awareness of "what is the emotion being joined and what is the right way to join it, given the client in question," factors which are less prominent in mirroring. Successful executions of joining depend on the accuracy of the therapist's judgment and knowledge of their client. Unlike mirroring, participants indicated that they would be more judicious in using joining interventions early in treatment until they were more familiar with their client's dynamics (i.e., increased saturated knowing of client) and they felt that the therapeutic relationship was somewhat established (i.e., some degree of relationship capital and narcissistic transference were present). Joining interventions engage with content specific to the client that can only be known after some duration of consistent interaction. The choice of joining and mirroring interventions largely depend on client factors, especially their maturational stage as was elaborated earlier.

Some participants even went further to say that joining can be "risky" or "dangerous because you might not be really in the same key as the person you're speaking to." The complexity of joining interventions stem from their inclusion of the therapist's perspectives and judgment, thus necessitating some degree of interpretation. There is a chance for the joining intervention to inaccurately capture the client's experience or force clients further along treatment too aggressively. Doing so might portray the therapist as foreign or alien and hamper the development of the narcissistic transference. One participant aptly described:

> You don't want to pick an unripened fruit, you want it to ripen. So there're psychological pregnancies, like something might grow for nine months before you even ask [clients] about it. You might know it's there, but you don't want to puncture a person who is coming through the door because they've got a lot of defensive structure. The world has made them hard. And you don't want to start taking that away because then they will become even harder in front of you. You actually want to help them feel like they should have their armor on. And then slowly over time, they'll take off a piece here, a piece there. So I find that sometimes, depending on what the join is, [it] could disturb their character armor.

For example, when Sipes decided to join Zoe by making an observation of her limb moving, Sipes did consider that Zoe could have experienced the joining intervention as puncturing because Zoe had not said anything prior about being able to move her limb at all. There was a chance that Sipes might be pushing too aggressively by calling attention to something that Zoe never mentioned or even noticed. When Zoe responded favorably, Sipes decided not to press for further elaboration beyond observable facts because Zoe had not

volunteered that information in the first place. Doing so might have "given [Zoe] so much anger that… it would psychologically split her apart to talk about it."

According to Marshall (2006), Freud thought of mirroring as a complement to the therapeutic stance of neutrality and opaqueness, rather than as an actual intervention. Freud wrote, "The doctor should be opaque to his patients and, like a mirror, should show them nothing but what is shown to him" (p. 118). The use of mirroring as a psychotherapeutic intervention is an interesting modern analytic spin that sheds light on a process that is seemingly passive, involuntary, and naturally-occurring. With clients perceived to have lower tolerances for frustration, joining interventions can result in therapist intrusion, foreignness, and over-stimulation. In such cases, mirroring interventions would be the preferred intervention instead. It is a safer way for the therapist to maintain a consistent presence without overwhelming the client. This proved to be crucial to Ben and Mike as well as Dylan and Chloe.

Reflexivity

Throughout the coding and data analysis process, I wrote several journal entries about how some joining and mirroring interventions appeared to be longitudinal and occurred over a protracted period of time. This was in contrast to singularly identifiable statements or questions from the therapist. Reflecting on this, I am reminded about how joining and mirroring interventions are discussed in the literature, consultation, and supervision as though they typically occur in clearly-demarcated, singular moments, another contradiction between theory and practice. Ezra highlighted this when he said "a lot of times in the literature, a join is like a really sexy line."

I had unwittingly internalized the language used to talk about joining and mirroring in the literature, and in turn re-enacted it in my own project. When I first drafted my interview

protocol, I, too, repeated this unspoken feature. The interview questions were phrased in such a way that presumed joining and mirroring occurred in discrete moments where the therapist says something that would encompass the intervention. The opening question posed to participants in the beginning of the interview asked for "a salient exchange or moment in a psychotherapy session with a client." The wording potentially nudged participants to reflect on joining and mirror in isolated incidents. However, several data illustrations clarified that joining and mirroring interventions can take place over a period of time in the therapeutic hour (e.g., Sipes and Jarek), sometimes comprising the entire treatment (e.g., Dylan and Chloe). It may also occur over the course of many sessions, sometimes in the background by virtue of the therapist's presence even if no joining or mirroring intervention is overtly provided. As a result, it can be challenging to highlight a particular exchange(s) that crystallize the bigger picture of what joining and mirroring interventions are because a considerable unknown portion is gradual, subtle, and drawn-out over time. Only a painstaking description of the entire arc of therapy, where every therapist-client interaction is recorded and analyzed, can begin to adequately capture these undertones. But, would that be a prudent undertaking?

I have come to understand that while joining and mirroring interventions aim for the singular goal of resolving a resistance to help the client continue talking in the presence of the therapist, the process through which this happens may take a more winding road. There may be stepping stones along the way that these interventions aim for in service of the ultimate goal. The effects of joining and mirroring interventions are cumulative. Effective joins and mirrors change the client in a miniscule way while also precipitating an immediate response. This study explored the latter through identified psychotherapeutic moments. For example, when Dylan returned Joe's flirty greeting with a response ("Get in line!") that mirrored his playfulness and sexual

intent, it achieved something else other than resolve a resistance. Dylan demonstrated a tacit acceptance of Joe's *being* and kinship with him. The client perceives that he is not alone in this activity and that someone inherently understands them. The therapeutic space suddenly embodies a warm blanket in winter – calming, secure, and comfortable. The therapeutic relationship is infused ever so slightly with trust, safety, and expansiveness. Dylan and Joe shared a pivotal moment of genuine connection that transformed the therapeutic relationship. Drawing from an implicit relational knowing, Dylan's blended joining and mirroring response augmented the shared relational matrix between both parties, increasing relationship capital. Joe will remember this moment emotionally and intellectually.

As the client feels responded to and genuinely supported, the environment becomes safer and more comfortable. Greater trust between the therapeutic dyad engenders more client verbalization. These small additions accumulate simultaneously and over the course of therapy, with each tiny increment contributing to progressive communication. There is greater tolerance and courage to lean into unfamiliar or painful territory. What seems like a linear process is really more helical as everything is happening simultaneously. Joining and mirroring may not only be a verbal response immediately following a client's statement but may also consist of a 'staying-together' and a 'being-with' through time.

My journal entries traced the evolution of another interesting phenomenon – my understanding of how joining and mirroring can be defined, which in turn had implications on the coding and analysis process. Before embarking on data collection, I had reflected on my expectations and fantasies about what I might discover through this research regarding definitions of joining and mirroring. Here are some initial excerpts on what I had hoped to find as quoted from my journal:

- An agreement that joining and mirroring interventions are vastly different in practice and require updating and more fleshing out. Mirroring is not as simple as it is made out to be in the books.

- More nuanced definitions of joining and mirroring interventions in practice, thus aiding in understanding and grasping these valuable interventions in psychotherapy.

Written somewhere during the interviewing process, another entry reads: "Someone who's 'got it', who can provide the 'be all, end all' definition to joining and mirroring which will somehow form an a-ha! Moment for me. That would surely make for a concise and simple write-up." This one was certainly fueled by my lack of understanding in the subject matter and a simultaneous desire to develop some degree of mastery by the end of the project. It would not only be a reflection of my original contribution to the field, but also speak to my clinical skills as an early-career psychologist.

In hindsight, my yearning for some clarity between joining and mirroring was fueled by anecdotes and stories I had come across outside of modern psychoanalysis. From caregiver-infant interactions to creative art therapies to Milton Erikson's use of physiological mirroring in hypnosis, the enigma of mirroring fascinated me especially since much of the phenomena occurred non-verbally. I thought I might be able to uncover some of its mystery if I was able to put it into words.

I was so certain that a clearer and potentially more complex definition of mirroring would eventually emerge from the analysis that my initial code list had two primary categories: "JOINING" and "MIRRORING." Under these categories went many other relevant secondary codes such as "requires familiarity for accuracy" and "reflects same language and/or action."

Whenever I had codes that would fit into both joining and mirroring, I would create the same code under each category (e.g., "agreeing (joining)" and "agreeing (mirroring)"). This caused two inevitable issues: 1) The sheer number of codes became overwhelming; 2) I ended up with many codes that did not fit into either category but were important. These issues, combined with participant responses on how they understood joining and mirroring, encouraged me to reconsider my entire codes list. I scrapped the two primary categories and started coding from scratch.

When I first began this study, I thought of mirroring as more complicated and having a steep learning curve that I somehow could not grasp. I had scoured the existing literature, spoke with colleagues, and had lengthy discussions with my dissertation reader, in hopes of chancing upon something that had previously eluded me. I now understand that this insistence on wanting to view the data in a certain way impacted my research process. In the context of modern psychoanalysis, perhaps mirroring can best be understood in relation to joining, as I have attempted to do so in Theme 4.

CONCLUSION

Summary of findings

Returning to the question posed in the beginning, I asked, "What do joining and mirroring interventions look like as practiced in a modern psychoanalytically-informed psychotherapy?" This question aimed to take a closer look at the modern psychoanalytic interventions of joining and mirroring as they are translated to practice by current practitioners. Although they constitute a core part of the modern analyst's repertoire, definitional issues have shrouded these interventions in ambiguity and abstractness. The rigid and archaic constraints of theory is not accurately reflective of the richness of clinical experience. The overarching goal

was to provide current articulations to this decades-old theory which I believe can offer valuable contributions to the overall field of psychotherapeutic practice and "relational metapsychology." Greater clarity on these central interventions is integral to making modern psychoanalytic offerings more accessible and understandable to a wider audience. While each therapist integrates modern psychoanalytic theory and practice in their own way, this study aimed to explore descriptions from practitioners to offer more generalizable and concrete patterns in the practice of joining and mirroring interventions.

I interviewed six modern psychoanalytically-informed practitioners about what joining and mirroring looked like in their practice. They were asked to identify significant or memorable moments where they joined or mirrored their clients during individual psychotherapy, where their clients' responses implied that they felt understood or that the therapist really resonated with them. Participants shared many exchanges with their clients during the interviews. Some had prepared extensive notes about a couple of clients and spoke in detail about them throughout. Others recalled the gradual evolution of their understanding of joining and mirroring through increasingly nuanced client interactions. Yet still others began by discussing their prepared material but spontaneously branched out to other clients as the conversation unfolded. These stories were woven into therapist-client vignettes with highlights and key moments to give readers a general sense of the interviews. These vignettes were followed by a thematic analysis to elicit broader themes.

The process through which practitioners initiate, design, and deliver joining and mirroring interventions emerged as a result of the analysis. I explored client- and therapist-initiated moments that triggered the therapist to begin considering a joining and/or mirroring intervention. I questioned if these moments were necessarily initiated by one or the other and

advanced possible connections to a co-constructed initiation informed by relational research from other fields. I explored the elements that guide practitioners in designing joining and mirroring interventions once they have decided that an intervention is timely and appropriate. These elements included a saturation of knowing the client, considering what the client can tolerate, distinguishing between whether one intends to give a join or join the resistance, and the experience of mutuality underlying joining and mirroring interventions. I discussed the markers that practitioners used to determine the effectiveness of their joining and mirroring interventions after they have delivered it, as observed in speech patterns, emotional changes, and behavioral shifts. Finally, I explored overlaps and differences between joining and mirroring to provide more clarity on these notions in the current literature.

Thematic threads that persisted throughout the study included the examination of unspoken aspects of joining and mirroring that limit its mastery and accessibility by trainees and other mental health professionals. I advanced the limitations of language and how it undermines an accurate portrayal of the highly intertwined yet subtle processes of joining and mirroring. Whereas joining and mirroring interventions might seem linear, easy to identify, and simple when described in writing, they are far less so in actual practice. I took care to reduce the abstraction surrounding joining and mirroring interventions through rich illustration from participant stories. I highlighted the possible misperception of joining and mirroring interventions as occurring in singular moments based on how they are written in the literature and spoken about between colleagues. The multidimensional aspects and effects of joining and mirroring interventions were emphasized. Additionally, the considerable level of intentionality given to these interventions was reiterated throughout. Through this study, I contributed to the development of a more robust understanding of the notions of joining and mirroring as practiced

in modern psychoanalytically-informed psychotherapy as well as articulated less-known aspects of joining and mirroring which are typically circulated verbally by practitioners. Research from other fields were integrated to extend the mechanisms of action underlying joining and mirroring interventions, thereby contributing to a deeper understanding of how the process of therapeutic change can operate through these interventions.

Reflections on limitations and process

Some limitations to this study that are important to keep in mind are: 1) The impact of de-identification; 2) Small sample size; and 3) Lack of representation of client perspectives.

The necessary de-identification of data limited the richness of information in this research study. Due to the small size of the modern psychoanalytic community, any identifying information would threaten the confidentiality of not only the participants in this study, but also other people that participants mentioned. Furthermore, it is likely that some of the people who will come across this study are also members of the community. Following discussion with my director, Dr. Koelsch, we decided that although de-identification would impact data accuracy, it was still the best and most necessary option in protecting participants' and clients' confidentiality. Readers are reminded that the results and discussion sections feature pseudonymous people, including the participants themselves. All identifying information of participants and who they described, including pronouns and other demographics, have been changed.

The extent of de-identification potentially compromised the richness of the data since identity-driven factors were completely omitted from the results and analysis. Knowing the demographics (e.g., age, gender, race, ability, and sexual orientation) of participants and their clients may have provided a more comprehensive understanding of joining and mirroring

interventions as practiced in psychotherapy, especially since these interventions vary greatly between practitioners. Changing the demographics means that this study was not able to examine joining and mirroring interventions as understood and practiced by practitioners with different identity backgrounds. For example, because each individual can be more predisposed towards certain emotions than others as a result of their environment, some practitioners will be able to authentically deliver an ego-dystonic joining intervention that conveys arrogance and cockiness while other practitioners may struggle. The plot thickens when cultural factors are also considered.

To ensure that the participants' meanings were still accurately captured despite the changes in identifying information, I allotted some time during the interviews to collaboratively discuss what and how to change identifying information with the participants. An investigation of how diverse identity dimensions of the therapist mediate the initiation, design, and delivery of joining and mirroring interventions would be a possible direction for future research.

Qualitative research offers a depth of understanding that its quantitative counterpart lacks. It is indispensable for examining meaningful and nuanced details of a phenomena that would otherwise be missed. However, the richness it brings often comes at the price of a smaller sample size because of how time-consuming data collection and analysis can be. Making general claims from qualitative research is inherently difficult. This research study analyzed the perspectives of six participants. This may possibly be an accurate reflection since the entire pool of modern psychoanalytic practitioners is also small compared to the psychoanalytic community as a whole. The small sample size means that some significant aspects of the phenomenon in question were not experienced or reported by the participants and therefore not accounted for in this study. I attempted to make connections between current articulations of joining and

mirroring interventions, modern psychoanalytic literature, and other psychotherapy research in hopes of extending more generalizable and updated ideas. However, the study is still limited in scope and likely holds bias from the cultural situatedness of the participants as well as myself as an able-bodied, Asian, queer, gender expansive person. Nevertheless, it still offers findings and conclusions which are open to further elaboration with research that take into account larger and more diverse populations.

A further limitation is the lack of representation of client perspectives in this research study. There is a part of me that dreams of how much better therapy could be if clients and their therapists sat down to dialogue about what they think happened in the last session, the thoughts and feelings that arose during and after the therapeutic hour, and most importantly, what was significant about their interaction. It is not unlike what Dr. Irvin Yalom did with Ginny Elkin in their co-written book *Every Day Gets a Little Closer.* At the very least, therapists would learn so much more about the process of change, the impact they have on their clients, and whether their interventions were received as intended.

I made sure to emphasize that the collected data was based on therapist's perspectives only. Although the data collection in this dissertation was specifically focused as such, expanding the study to include perspectives from clients who are on the receiving end of joining and mirroring interventions would have enriched this dissertation with greater insights grounded in the lived experience. I imagine that this would have been profoundly fascinating since the practice of modern psychoanalysis is inherently dependent on each client's presentation and unique relational matrix with the therapist. Circumstances permitting, I would have liked to separately interview clients after their therapy session because I am curious about how these clients experienced the moments of joining and mirroring interventions which their therapists

identified as significant in some way. Because this study began at the peak of the COVID-19 pandemic in the United States, navigating the required logistics and technology amid strict health precautions and data collection restrictions were impossible. Client perspectives would have been a remarkable addition to Theme 3: Markers of effectiveness. In an age where observable outcomes dictate the strength – and popularity – of a therapeutic approach, client descriptions provide solid proof that something works while verifying therapists' perceptions of *how* it works. Further research that expands on clients' experiences of joining and mirroring interventions will complement the information presented in this study.

Areas for future study

As mentioned earlier, client perspectives on being on the receiving end of joining and mirroring interventions would make for a fascinating area of study. They may disagree with their therapists on which moments were significant, thus providing greater clarity into what the therapeutic process of change consists of. With reference to Theme 4, differences between joining and mirroring were more relevant to the therapist's perspective due to the focus of this study. Examining the differences from a client's perspective may provide further clarity. Clients do not need to know what joining and mirroring interventions are in order to experience its effects. Interviewing clients about their experiences of their therapists' identified moments may encourage them to be more active participants in their own therapeutic journey.

Expanding on Theme 1, this dissertation suggests further research into joint therapist-client factors that influence the therapist's decision to initiate a joining and/or mirroring intervention. Current emphasis is placed on the client's activity (or lack thereof) in triggering the therapist to consider a joining and/or mirroring intervention. This downplays the therapist's potential role in initiating joining and mirroring interventions. It is extremely challenging to

break down the split-second processes which characterize the initiation of joining and mirroring interventions since much of it occurs non-verbally, reflexively, and rapidly. The most revealing place to observe co-constructed processes might be the non-verbal behavior and communication between therapist and client. Research in this area has gradually progressed as technological aids show promise. In this regard, micro-analytic techniques (e.g., of filmed therapist-client interchanges) where split-second interactions can be captured and analyzed at an observable pace may serve as a plausible direction for future research. The extent and process through which clients influence the initiation of joining and/or mirroring interventions will also benefit from further exploration of client perspectives.

Another fruitful area of study is failures in joining and mirroring. Margolis (1994e) poignantly wrote that in addition to understanding the reasons for failure, we must also understand the reasons for success "in more propitious outcomes, if we are to avoid endless repetition *both of successes and failures* without understanding their dynamics, clarifying our theories, and honing our technical skills" (p. 253). The stories that participants shared in this dissertation eventually leaned towards "propitious outcomes" of joining and mirroring interventions. Specific examples of failures were not shared, with the exception of generic scenarios (e.g., "I don't think it's a good thing when I've said something and then there's crickets."). Failures and mistakes are best studied for none other than the fact that understanding what is successful also means learning what is not. The absence (or reverse) of the markers of effectiveness described in Theme 3 would constitutes markers of failure, including the client's sudden withdrawal or silence and repetitive speech. More research into failed joining and mirroring interventions would elaborate on additional markers and plausible explanations.

Closing

Modern psychoanalysis as a treatment modality has much to offer by way of conceptualization, clinical intervention, and psychotherapeutic process within the fields of psychology and psychotherapy. Practitioners have witnessed the success of the approach with a diversity of client presentations, backgrounds, and symptomology. The practice has shown time and again that it works, even where other approaches have failed. But the theory can be abstract, confusing, and thus underappreciated and inaccessible. Professionals in the field tend to be more practice-oriented and its teachings have been primarily conveyed verbally. This dissertation aimed to contribute to an enriched and clarified understanding of joining and mirroring interventions. It explored the initiation, design, delivery, and mechanisms of action of joining and mirroring interventions through a more concrete articulation and observation of psychotherapeutic exchanges. Research from other fields were integrated to advance new possibilities and ideas for the mechanisms of action and processes of change underlying joining and mirroring interventions.

I focused on these interventions because they form a core part of the modern analyst's repertoire. Although they might seem relatively straightforward and commonly feature in other treatment approaches, substantial definition issues in the literature have made them difficult to understand and delineate. I certainly felt this way when I began my foray into modern psychoanalysis years ago despite also feeling intuitively drawn to it. I suspect that other early professionals in training might feel the same. This project allowed me to deeply engage with the approach as an "outsider" not entirely trained at a modern psychoanalytic institute, an opportunity that has ultimately evolved my horizons towards an integrative psychology informed by modern psychoanalysis. The insights and knowledge from this project have and will continue

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to be expressed through me as I navigate future clinical practice and conceptualization with clients and colleagues. I hope that it invites readers to be newly curious about modern psychoanalysis and is similarly of value to future professionals, newcomers, and trainees in the field.

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APPENDIX A

Recruitment Letter

Good day!
My name is Tricia Shihui Wang and I am a doctoral student from the psychology department at Duquesne University.

I am doing a study on modern psychoanalytic practitioners' experiences and understandings of joining and mirroring in individual psychotherapy, and I'd like to talk with you about how this looks like in your psychotherapy practice.

The purpose of this dissertation research study is to better understand psychotherapy processes and potentially give insight into practitioners' clinical reasoning & interventions in modern psychoanalysis.

I am hopeful that by considering to be interviewed, you may develop greater insight about your clinical development, your experience as a provider of individual psychotherapy, or modern psychoanalytic interventions. **More importantly, you will be making a significant contribution to existing knowledge about psychotherapeutic interventions.**

Modern analytic practitioners are few. It is important to the field of psychotherapy to know how experienced modern analytic practitioners skillfully influence their patients in session. It would be helpful in learning about your experience for clinicians who counsel others in similar situations.

If you have a moment, I hope that you will consider contributing to this research study. To be eligible, you must:
• Have provided individual psychotherapy in the past or present.
• Describe your clinical work as being informed by modern psychoanalysis.

Participation in this study involves being prepared to dialogue extensively about a significant exchange or moment in a psychotherapy session with a client. I will be asking about specific instances in which you joined or mirrored your patients during therapy, where their response told you they felt understood, or that they implied you really resonated with them. Our interview and my questions will focus on your experiences and feelings during this identified segment.

Your participation is completely voluntary, anonymous, and confidential. You may choose to withdraw at any time for any reason. Upon completion of the interview, you will be reimbursed with a USD 25.00 Amazon gift card via email. If you are interested and have a few minutes to chat, or would like more information, please reach out to me at **wangt2@duq.edu or 878-207-7003.**

Please feel free to share this posting with other individuals who you think may be eligible. I am aspiring to expand existing modern psychoanalytic literature, and your efforts will aid substantially in this pursuit. Thank you very much.

Warmly---- Tricia
Tricia Shihui Wang, M.Phil.Ed.
Clinical Psychology Doctoral Candidate
Duquesne University

Semi-Structured Interview Guide

Just a reminder that anything you share with me here is entirely confidential. During the interview, I will say very little to maximize the space for you to speak. Sometimes, I may ask you to elaborate more on something, to slow down, or ask a question that seems self-explanatory. They're meant to help me better understand how you've made sense of your experiences at the time. Also, if you feel uncomfortable with any question, feel free to let me know, you can skip it entirely if you want. If, at any point during this interview, you feel uncomfortable or want to stop for any reason, definitely also let me know.

To start, let me give you an overview of what we're going to do. As we discussed on the video call/phone, I am studying how experienced practitioners in modern psychoanalysis understand and practice joining and mirroring in psychotherapy. Remember when we talked last day, I asked you to take some time, before this interview, to think about a salient exchange or moment in a psychotherapy session with a client? And you were free to either pencil down some notes, journal, draw, listen to a song, sketch, look at an item, anything that really reminded you of… really transported you back to that moment.

So please tell me about what you've prepared, in as much detail as you can. I'd really like you to try and be as vivid as you can. We'll focus on discussing it for the rest of the time where I'll ask some questions to try to understand how it was for you at that time. How does that sound to you?
     You can start whenever you're ready.

[If elaboration needed] I would like us to focus on a significant exchange where you joined and/or mirrored during a psychotherapy session. Try to recall what it was like for you at that time, so that we can really study how and what certain interventions may look like in your modern-analytically-informed practice. I'd like you to please describe as much as possible about this significant experience or moment with your client from the beginning – when did it start, how did you manage, how did things change from there? Tell me whatever you can about how it was for you. If you have an object or symbol that is connected to it, please feel free to share it as you're talking about it.

- Having refreshed your memory from the experience that you thought about, please tell me about what was going on then.
    o What was most significant for you?
        ▪ What else stuck out to you?
    o What feelings did that bring up for you?
    o What feelings did you experience at that moment?
    o How was it meaningful for you?
    o What was meaningful about it for you?
- Joining and mirroring are core interventions in modern psychoanalysis.
    o Please tell me how you understand joining and mirroring in modern psychoanalysis.
    o Where did you see the interventions coming into play during this encounter? (invite detailed description and elaboration)

- o Was there any intention of joining or mirroring the client here?
- o What about this part makes you feel that you were resonating with the client?
- o What about it seems like a join / mirror to you?
  - ▪ What led up to you deciding to join / mirror at this moment?
  - ▪ What was going on at that moment that you decided to give a join or a mirror?
- o How effective was this join / mirror to you? How so?
- o How has this experience enriched your understanding of joining or mirroring?
- To what extent did the client appear to feel understood?
  - o What did you observe from your client at that time?
  - o How were these joins and/or mirrors received by the client?
  - o If not received well, can you tell me why not?
- Was there anything that you really liked about what you said to the client?
  - o How did the client respond to that?
- How did this experience shape or change the way you understand joining /mirroring?
  - o How does it fit your understanding of joining / mirroring?
  - o How does it not fit with your understanding of joining / mirroring?
- Has talking together today changed the way you think about joining / mirroring?
  - o Now that we've honed in on that experience you shared, do you understand it different than you had back then during the session?
- If you had to do it all over again, what would you like to change about your intervention in this moment?
- (If needing more elaboration or participant gives brief response) Can you say more about that?
- What was it like for you to be interviewed about this today?
- Is there anything that you feel is important for me to know that we have not talked about during this time?

Wrapping up

_____, thank you so much for taking the time to sit with me for this in-depth interview. It was such a pleasure talking with you. I really appreciate your sharing your experiences with me. Sometimes, people have afterthoughts or something they forget to mention or ask until after the interview. If you have any questions or concerns about what we did today, don't hesitate to reach out to me either by phone or email. Thanks again for meeting today.

Demographic Questions

1. What's your age?
2. What is your racial and/or ethnic identity?
3. What gender do you most identify as?
4. What are your pronouns?
5. For how many years have you been a modern analytically-informed practitioner?
6. What kind of licence(s) do you hold?
7. On average, how many hours a week do you provide individual psychotherapy?
8. For the experience(s) that you've identified for our interview, was the client able to see you, only hear you, or both?

9. For the experience(s) that you've identified for our interview, what were the primary platform(s) used?

Informed Consent Agreement

Duquesne University

600 FORBES AVENUE ♦ PITTSBURGH, PA 15282

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

TITLE:

AFFECTIVE SYNCHRONY IN PSYCHOTHERAPY
Electronic version: https://duq.az1.qualtrics.com/jfe/form/SV_3h0GtcqNa0WJoyx

INVESTIGATOR:

Tricia Wang, M.Phil.Ed.
Principal Investigator
Department of Psychology, McAnulty College and Graduate School of Liberal Arts
Duquesne University, Pittsburgh, PA 15282
878.207.7003 / wangt2@duq.edu

ADVISOR:

Lori Koelsch, Ph.D.
Associate Professor
Department of Psychology, McAnulty College and Graduate School of Liberal Arts
Duquesne University, Pittsburgh, PA 15282
412.396.1614 / koelschl@duq.edu

SOURCE OF SUPPORT:

This study is being performed as partial fulfillment of the requirements for the doctoral degree in McAnulty College and Graduate School of Liberal Arts at Duquesne University.

STUDY OVERVIEW:

Thank you for responding to the recruitment letter and agreeing participate in this study about psychotherapy experience. Tricia Wang, a doctoral student from the Psychology Department at Duquesne University, will conduct the research as part of their dissertation requirements. Dr. Lori

Koelsch, the dissertation chair, will supervise this study, which Duquesne University's Institutional Review Board (IRB) has approved.

Your participation will entail an in-depth interview, lasting approximately 75 minutes. No risks are anticipated with participating in this study. You may skip or choose not to answer questions during the interview for any reason. You are not required to answer any questions that make you feel uncomfortable. You can stop the interview at any time. Should you withdraw, your data will be eliminated from the study and destroyed.

The results of this research will be used in Tricia Wang's dissertation. By agreeing to be interviewed, you may develop greater insight about your clinical development, your experience as a provider of individual psychotherapy, or modern psychoanalytic interventions, as well as contribute to knowledge about psychotherapeutic interventions. There is no cost or compensation for participating in this study.

PURPOSE:

You are being asked to participate in this study because you provide / have provided individual psychotherapy through a clinical approach informed by modern psychoanalysis. I am doing a study on modern psychoanalytic practitioners' experiences and understandings of joining and mirroring in individual psychotherapy, and I'd like to talk with you about how this looks like in your psychotherapy practice. I hope to use what I learn from the study to better understand psychotherapy processes and give insight into practitioners' clinical reasoning & interventions in modern psychoanalysis, which may eventually be generalized to psychological interventions

In order to qualify for participation:

- You must have provided individual psychotherapeutic services to any client in the past or present.
- You describe your clinical work as being informed by modern psychoanalysis.

PARTICIPANT PROCEDURES:

If you provide your consent to participate, you will be asked to:

1. Prepare to dialogue extensively about a significant exchange or moment in a psychotherapy session with a client. I will be asking about specific instances in which you joined or mirrored your patients during therapy, where their response told you they felt understood, or that they implied you really resonated with them.

   a. In preparation, please reflect on a couple of instances that stands out in your memory. It may help to write down details of the memory, sketch, or surround yourself with objects related to these memories."

2. Allow me to interview you securely through a video-conferencing tool such as Zoom or Skype. I will invite you to a password-protected virtual session for a one-time interview lasting

approximately 75 minutes. The interview will be recorded and transcribed. Before starting the interview, I will verbally review this consent form with you to affirm consent and clarify any additional concerns.

3. During this virtual interview, I will ask about the instances you identified. Our conversation and my questions will focus on your experiences and feelings during these identified segments.

The approximate amount of time you will need to dedicate to this study is approximately 75 minutes.

RISKS AND BENEFITS:

No risks are anticipated with participating in this study. Possible topics of a sensitive nature may be discussed during the interview. You may skip or choose not to answer questions during the interview for any reason. You are not required to answer any questions that make you feel uncomfortable. You can stop the interview at any time. Should you withdraw, your data will be eliminated from the study and be destroyed.

By agreeing to be interviewed, you may develop greater insight about your clinical development, your experience as a provider of individual psychotherapy, or modern psychoanalytic interventions, as well as contribute to knowledge about psychotherapeutic interventions.

COMPENSATION:

Upon completion of the interview, you will be reimbursed with a USD 25.00 Amazon gift card to your email. There is no cost for you to participate in this study.

CONFIDENTIALITY:

The results of this research will be used in Tricia Wang's dissertation. Your participation in this study, and any identifiable personal information you provide, will be kept confidential to every extent possible, and will be destroyed three years after the data collection is completed. Your name will never appear on any research instruments. All written and electronic forms and study materials will be kept secure in a locked filing chest and a secure, hardware-encrypted and password-protected flash-drive respectively. All audio of recorded sessions and interviews will be stored confidentially in the flash drive to be used for purposes of this study only. The flash drive will be physically destroyed three years after the data collection is completed. All data will be de-identified in reports, conference presentations, education, and publications. The names and identities of speakers and anyone speakers mention in the transcribed interviews will be deleted in the transcription. In addition, any publications or presentations about this research will only use data that is combined together with all subjects; therefore, no one will be able to determine how you responded.

RIGHT TO WITHDRAW:

You are under no obligation to start or continue this study. You can stop the interview at any time. Should you withdraw, your data will be eliminated from the study and be destroyed.

SUMMARY OF RESULTS:

You may request for a summary of the results of this study to be provided to you at no cost by contacting the researcher. The information provided to you will not be your individual responses, but rather a summary of what was discovered during the research project as a whole.

FUTURE USE OF DATA:

Any information collected that can identify you will have the identifiers removed and be kept for use in future related studies, and/or provided to other researchers. The data may be used to further improve mental health professionals' understanding of the psychotherapeutic process.

VOLUNTARY CONSENT:

I have read this informed consent form and understand what is being requested of me. I also understand that my participation is voluntary and that I am free to withdraw at any time, for any reason without any consequences. Based on this, I certify I am willing to participate in this research project.

I understand that if I have any questions about my participation in this study, I may contact Tricia Wang at 878.207.7003 or wangt2@duq.edu / Lori Koelsch at 412.396.1614 or koelschl@duq.edu. If I have any questions regarding my rights and protections as a subject in this study, I can contact Dr. David Delmonico, Chair of the Duquesne University Institutional Review Board for the Protection of Human Subjects at 412.396.1886 or at irb@duq.edu.

_____   _____
Participant's Signature   Date

_____   _____
Researcher's Signature   Date