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**Walking in Someone Else's Shoes: An IPA  
Study on the Lived Experience of Very High  
Empathy and Journal Article on its Potential  
Clinical Presentation and Clinical practice.**



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Portfolio submitted in fulfilment of the requirements for the Professional Doctorate in Psychology  
(DPsych)

City University London  
Department of Psychology, October 2019

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## **Acknowledgments**

I would like to thank my supervisor Professor Carla Willig, whose expertise, support and sensitive hand has guided me through this mammoth task: raising my critical thinking and asking the questions of my work which needed to be asked. I feel extremely privileged to have had, not just her excellent mind and precise thinking, her wealth of experience and expert knowledge, but to have had a mentor with such kindness, grace and humility has been a blessing and a privilege. Thank you Professor Willig for enabling me to have my own process with this journey, for making sure I was never walking alone and ensuring I was always on the right track.

I would also like to thank my colleagues and friends from City University without whom the process would have been tough if not impossible. They were there to provide, not only academic support, encouragement and inspiration, but the human connections which make the journeying worth while: Dr. Vanessa Ruspoli, Dr. Susan Strauss, Dr. Soren Petter, Tobias Munthe and Charlotte Airey, but also all of my cohort and comrades, I thank you.

I would also like to thank my mother Carolyn Leonard for her constant love: for offering me unwavering faith and support, whatever I turn my hand and my heart towards and for being there for me always. I would also like to thank my brother Benjamin Leonard, who is my forever pal of olden days. And last but not least I want to thank Cyril Armleder for his consistency and support, for our beautiful boys, Maximilian and Harrison, who are the lights in my world and who helped in their own special ways!

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## **Abstract**

This portfolio focuses on empathy. The empirical study is entitled 'The experience of Living with Very High Empathy' and examines the subjective experiences of eight women, from the ages of 25 to 68; what High Empathy (HE) means to them, how it is defined and has manifested in their lives, its impact and management. Contrary to the existing literature, the study finds that HE is not simply a pro-social manifestation of normal sex differences, but a complex phenomenon, which needs management and conscious harnessing and protecting if it is to manifest as skill, both professionally and personally.

**SECTION A:**  
**INTRODUCTION TO THE PORTFOLIO**

I do not ask the wounded person how he feels...I myself become the wounded person...

- Walt Whitman

Uniting this portfolio is the theme of empathy. This skill, which uses body and mind to tune into the experiences of others, brings us closer to each other and to an understanding of what it means to be human: the joys and the suffering. So much of what is healing about relationships (and the therapeutic encounter is no different), is the feeling that these experiences are shared.

The sections in this portfolio focus on the experiences of empathy. Section B is an empirical study into very high empathy (HE), through the experiences of eight women at various points in life, aged from 25 to 68 years, (actors, artists, musicians and doctors). It challenges the notion that high empathy is simply a manifestation of normal female sex differences and are solely advantageous for social interaction. It explores the impact, management and harnessing of HE from the subjective experiencing of this phenomenon.

Having come from a background of English literature, acting and portrait painting, (having gained my second BA in Acting and working as an actress for a number of years followed by a career in portrait painting), I came to psychology as a culmination of my fascination with human insight. The subject for this study came about when a colleague on the doctorate programme asked me: what are you really interested in? What drives you?

I hadn't joined the up the dots until that moment, when I realised that the uniting factor, through all my life choices, my struggles and my talents, was my experience of, and interest in empathy.

This also included a fascination in the lack of empathy. For my MSc in psychology, my thesis examined 'The Lived Experience of Traders within Large Financial Institutions'. Each participant took the Empathy Quotient (EQ), (Baron-Cohen and Wheelwright, 2004), and came out at the average score or below, some of whom, were on the autistic scale. I was interested in what life was like for people at both ends of the high functioning empathic spectrum: how did this impact their selves and relationships? How did it facilitate or complicate life?

I discovered that low empathy had its rewards and its challenges, and it made me start to wonder about whether it was comparably easier in some ways to live with lower empathy, (to a relative degree), than it was to live with this pervasive and continuous sensitivity to the emotions, thoughts and experiences of others?

There was a lot within the literature on low empathy, but relatively little, especially on the subjective experiencing of HE. And in fact there was a call for research into this area from those who had a specialist interest in empathy. And so the gap in the research, coupled with my personal experience of HE and interest in empathy, led me to this research.

Section C presented my clinical practice with one man, working in IT, who has low empathy. This part of the portfolio has been redacted for ethical and confidential reasons. Certainly first and foremost, the impact of high or low empathy seemed to be coming from the experiences with interpersonal relationships and the effect of that upon the self thereafter. Therapeutically, I found myself attracted to psychodynamic practice with a focus on the dynamic relating of the client, specifically Dynamic Interpersonal Therapy, or DIT. Once the major pattern of interpersonal relating is understood and conscious learning, and breaking of this pattern put into action, the negative symptoms often resolved themselves, or were experienced as less troublesome. For Scott, therapy allowed him to address his feelings of lack of control over human relationships and emotion, and to address his fear of loss, both of which were manifesting in his relationship with eating and food. As his communication and relationship skills improved, the symptoms of anxiety around food began to dissolve: as he found intimacy and

emotional expression within his relationships and himself. He had previously had a course of CBT for his Selective Eating Disorder (SED), with limited long-term gain, and before he came to therapy, he had resolved himself to a life of anxiety and avoidance.

Section D consists of the major findings of my research within an article written for the *Counselling Psychology Review*. It has also been redacted for publishing rights reasons. It sums up the major findings and presents the useful contributions to counselling psychology, hopefully beneficial to counselling psychologists with clients presenting with HE.

This portfolio examines the experiences of empathy, taking me on a parallel journey of understanding alongside my clients' and participants' experiences with high and low empathy. My own experience has become clearer as I continue to learn how to harness HE for the gift it can be, allowing the insights and understanding to benefit others, experiencing the heights and depths of connection - which is the intimacy and ecstasy it provides - all the while attempting not to lose the delicate balance with the self along the way.

## Reference List

Baron-Cohen, S., Wheelwright, S. (2004). The Empathy Quotient: An Investigation of Adults with Asperger Syndrome or High Functioning Autism, and Normal Sex Differences, *Journal of Autism and Developmental Disorders*, 34 (2).

Whitman, W. (1867). *Song of Myself*. Greenspan, E., Ed. 2005. A Sourcebook and Critical Edition. New York: Routledge.



## **Section B: Research Component**

# **The Lived Experience of Very High Empathy**

## Chapter One

“To *perceive* is to *suffer*.”

— Aristotle

### 1.1. Introduction

To have empathy is generally known as an ability to *perceive* the thoughts, emotions and perspectives of others. With this perception comes responsibility of choice: with an awareness of what may be done for the benefit of others, comes an awareness of that which might be withheld, and the ways in which it might be impossible to help. In this way very high empathy may induce suffering in the empathiser: a feeling of guilt if one chooses not to help and powerlessness if one is unable.

Whether high empathy (HE) is an experience of suffering and/or joy however, is a question for those who experience HE day to day and this research aims to come closer to an understanding of the subjective lived experience of very high empathy, for eight women, as they perceive it to manifest and impact themselves and their lives, and how they might attempt to manage the phenomenon.

Little if any qualitative phenomenological research exists detailing the experiences of individuals with HE, creating a gap in the literature for this missing contribution, despite empathy being a phenomenon, which has long been defined, examined and measured.

I shall give a broad outline of the literature touching upon the fields of genetics, biology and neuroscience; personality and trait based behavioural research; social, developmental, evolutionary and individual psychology; and the literature of pathology and diagnosis, including the use of measures of empathy for diagnosis of autism spectrum conditions, ASC.

This research takes a pragmatic, critical realist ‘worldview’. The focus within the pragmatic and critical realist paradigms is on excavating the multi-layers of phenomena by drawing on

multiple perspectives of data collection to inform the special area under study. They are pluralistic worldviews, oriented towards 'what works' and real-world practice (Creswell & Plano Clark, 2017, p37), specifically concerned with contributing to and using the existing data from scholars within the area of study, (Morgan, 2007). I would like to use pragmatism as a lens through which the following examination of the existing research might be viewed. I will attempt to draw attention to the ways the literature might contribute, (or not) to this study, and the ways in which this piece of idiosyncratic, interpretative, phenomenological research, with its focus on the experience of the individual and their context, might in return contribute to the existing literature.

This phenomenological inquiry makes use of the Empathy Quotient, (EQ), (Baron-Cohen and Wheelwright, 2004)<sup>1</sup> at the second stage of recruitment. At the first stage of recruitment people from the general public were asked to self-select for high empathy and put themselves forward for the online EQ test. I hope to show how this is entirely compatible with the philosophical underpinnings of IPA, drawing on the philosophies of Husserl (1927), Merleau-Ponty (1962) and Heidegger (1962, 1927), all of whom in their own nuanced and differing philosophies, emphasize the multi-layered nature of phenomena; that both the scientific and subjective bodily experiences of the life-world are inextricably linked. The philosophies of pragmatism, critical realism and IPA will be examined in depth in the methodology chapter where these ideas will be explained fully.

As part of understanding the literary and social context of empathy, I am mindful of the language used to discuss empathy. In this way I lightly touch upon a constructivist perspective, which asserts that language, while partly expressive of meaning, simultaneously constructs phenomena, and is a move away from the lived-experience in its pure form. This linguistic focus

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<sup>1</sup> The Empathy-Quotient (EQ) devised by Baron-Cohen and Wheelwright, (2004) is a self-report empathy measure, using a likert-scale with 60 items related to the cognitive, affective and social traits of empathy, scored out of 80. A score of 41 is considered average for the male sex and 47 average for the female sex. A score of under 30 is considered indicative of autism spectrum conditions, ASC's, such as high functioning Autism or Asperger's. There is as yet no specification for a score for 'extreme high empathy'. A qualifying score for the study for over 70/80 was driven by an attempt to examine those experiencing life at the extreme end of this spectrum.

will come more to the fore when analysing participant interviews, with a focus on the use of metaphor by participants to impart greater depth of meaning. A process of “poetic condensation” (Ohlen, 2003, p 558) can be found in Appendix 16.

In this chapter I will firstly examine the existing construct of empathy, as it has been defined by the academic and scholarly literature, which attempts psychological, and biological/neurological definitions and explanations of empathic human processes. I put forward the major psychological theories of cognitive and affective empathy: Theory of Mind (ToM) (Baron-Cohen et al. 1985; Astington, Harris, & Olson, 1988; Wellman, 1990), Mind-reading (Baron-Cohen, 1995; Whiten, 1991) and Mindblindness (Baron-Cohen, 1995); Empathising-Systemising Theory and the Extreme Empathic brain type, (Extreme E-type), and I also detail the neuro-physiological research theories of emotional Resonance and Simulation. I also look at the research into the impact of temperament, parental quality and parent-child attachment on empathy, and I examine the major measures of empathy and detail their use in clinical diagnosis. A thorough exploration of each measure’s validity and reliability and my justification of the choice of measure for recruitment will be undertaken in the methodology chapter.

I also briefly discuss how HE has been implicated in *Pathological Altruism*, (Oakley, Knafo, Madhavan, Sloan Wilson, 2011), which states this pathological manifestation is damaging to the empathic giver as well as the receiver, detailing causal origins, in contrast to the idea of HE being an adaptive and pro-social expression of normal sex differences (Baron-Cohen, 2011).

Lastly, I examine the literature concerning the impact and management of empathy, (largely from a health care professional perspective), regarding theories of Burnout, Compassion Fatigue, Vicarious Traumatization and Secondary Traumatic Stimulation. I look at the theories associated with skills of managing Compassion Fatigue and their connection to Emotional Intelligence and Social Intelligence, which might be of use to those with HE and to counselling psychologists in terms of potential impact and management of HE for prospective clients.

## 1.2 Literature Review

Alfred Adler (1927), the founder of individual psychology, believed that a person could heal themselves from neurosis by seeing, hearing and feeling from the perspective of another. We might name what he describes as empathy: an adaptive phenomenon with the potential to heal, not only the self as Adler imparts, but also others. And thirty years later, Rogers (1960), one of the founding figures of humanistic psychology and founder of the Person-centred approach, identified empathy as one of three core conditions for therapeutic work.

Historically, the word empathy comes from the Ancient Greek word, 'Empatheia', from 'en' meaning 'in' and 'pathos' meaning 'passion' or 'suffering'. Literally translated as 'in suffering or passion with'; implying a shared sense of not just the other's pain, but also their exultation. It was first translated into the German 'Einfuehlung', 'feeling into', appearing in the English language in 1909, thus originally alluding to the affective experience of empathy.

Yet a century of exploration into this experience has struggled to reach commonality of definition or measure, with contributions coming from a breadth of perspectives: biological/genetic/neurological and evolutionary science; personality trait-based, environmental, social and developmental psychology; and psychological/social theories of self and identity. We can see how these perspectives are often intrinsically linked and how the understanding of this phenomenon, as it exists today, is built on shared knowledge from different ontological perspectives. For example, it is widely accepted that environment has an impact on our neurology due to brain plasticity and epigenetics and that our genetics are associated with core personality traits, and that these affect our social and psychological development. Empathy is considered central to social evolution (de Wahl & Preston, 2017) and widely accepted as a necessary part of daily social living (Decety, Bartal, Uzefovsky, & Knafo-Noam, 2016): that empathy is embodied and a part of sensory and physiological experience cannot be denied in any examination of the phenomenon.

The primary debate has been whether empathy is cognitive or affective and to set it apart from emotional 'contagion', which was thought to be somatic, unmediated and across species, (Hume, 1888, 1990; Levenson, 1996; Nietzsche, 1895, 1920).

However, with advances in modern technology, neuroscientists have been examining the processes of the brain during 'empathy' in an attempt to better understand its nature, part of which is distinguishing further the difference between animal 'contagion' and the 'higher' abilities of cognitive empathy, which set us apart from other mammalian species.

The new debate seems to be concerning the role of emotional 'resonance' and 'vicarious states'. The idea is that observing another's affect, action or pain will trigger areas of the same neural pathways responsible for experiencing these emotions and undertaking these actions directly (Keysers & Gazzola, 2009). It is believed, information from emotional and physical resonance then moves on to other cognitive processing parts of the brain for a more conscious analysis.

Unmediated Resonance theories look at brain processes of how humans might 'fill the gaps' of 'face-based recognition' (Goldman & Sripada, 2005) for the primary emotions of fear, disgust and anger. Vitale et al. (2014) state however, that the exact nature of these human processes, are far from being fully understood, despite the progress in research regarding the role of the mirror neuron systems (Rizzolatti et al. 1981), and other areas in the brain responsible for actions associated with the empathic response, (Keysers & Gazzola 2006; 2009; Lamm et al., 2007; 2009; 2010; 2011; 2013; 2015). I shall examine the neuroscience of mirror neurons and resonance in more depth shortly.

### **1.2.1 Cognitive, Affective and Somatic Empathy**

It seems now widely accepted that empathy is an interrelated composition of three aspects (Davis, 1994; Baron-Cohen & Wheelwright, 2004): cognitive (Kohler, 1929; Mead, 1934; Piaget, 1932 amongst others); somatic/physiological/neurological (Rizzolatti et al. 1981, 1988, 1999;

Gazzola et al. 2006, 2017; amongst others); and affective (Eisenberg & Miller, 1987; Hoffman, 1984; Stotland, 1969). I shall examine the literature around each aspect in turn.

Cognitive empathy has been named Theory of Mind, ToF M, (Baron-Cohen et al. 1985; Astington, Harris, & Olson, 1988; Wellman, 1990) and Mind-reading (Baron-Cohen, 1995; Whiten, 1991): terms used to describe the process of mental perspective taking, linked to developmental and social psychology, (Piaget, 1921; Baron-Cohen et al. 1985; Knafo et al. 2008). It comprises of being able to understand intentions, perspectives, feelings and thoughts of another.

Two different approaches of mind-reading have been put forward; one explained by 'Theory Theory' (or as it is commonly referred to as 'Naive Theory'), in which the self constructs its own common sense theories learned and adapted from others; and 'Simulation Theory', in which others' mental states are understood by capacity to take their perspective by watching or mimicking their emotions and states, which produces their own emotional resonance, as touched upon above. As Gallese et al. (1998) state;

the activity of mirror neurons, and the fact that observers undergo motor facilitation in the same muscular groups as those utilized by target agents, are findings that accord well with Simulation Theory but would not be predicted by 'Theory Theory' (p.1).

Gallese et al. here talk of 'mirror neurons' (Rizzolatti et al. 1981, 1988, 1990, 1999), research into which has identified physiological mechanisms of mirroring at single-cell and neural system levels (Gallese, Goldman, 1998; Williams et al. 2001; Lacoboni, M., 2009 amongst others).

Rizzolatti et al. (1999), explain 'resonance behaviours' making distinction between 'mimicry' (action observed first and subsequently physically reproduced), and 'observed action', which has a 'neural pattern', occurring internally before any action is made. In the latter, the observed action is typically not overtly repeated. This second form of resonance behaviour, it has been argued, is not simply a *component* of empathy but potentially forms the basis for our understanding others' actions without which the cognitive, more abstract empathic tuning, which

is part of 'ToFM' would not be possible. Baron-Cohen (1997) describes the lack of this ability as 'Mindblindness': the impairment of the capacity to attune unconsciously to a constant process of reading visual cues and interpreting their meanings, and is a term he uses to describe the low level empathy associated with Autism and Asperger's.

Similarly, the mirror systems in the brain may also be the foundations of the once separated, affective component of empathy; what Adler referred to "as feeling with the heart of another". Before the information about the mirror neuron became available, emotional empathy was considered an affective perspective taking (Hoffman, 1984, Stotland, 1969). However, as seen above, as science uses fMRI and Transcranial Magnetic Stimulation TMS, to probe the brain, we more understand the experiencing of others' emotions and potentially others' physical experiences, such as visually witnessed illness or injury, as personally 'resonant', physiologically and neurologically based.

Perception-Action Model (Preston & De Waal, 2002) states that viewing another's personal state activates a person's personal associations with that state, causing a person to react to the other's state as they would to their own. This potentially has implications for personal trauma or personal emotional experience and HE. As people with HE respond to the emotional state in the other as they would their own, which may not be other's experience. De Waal (2008) specifies that 'state matching' is central to pro-social benefits of perspective taking and suggests that mirror-neurons may explain this. All of this information provides a neuro-scientific basis for at least part of the experiencing of HE.

Furthermore, recent research into Mirror-Touch Synaesthesia (MTS), connects empathy to neuro-scientific explorations: "MTS is the conscious experience of tactile sensations induced by seeing someone else touched" (Ward & Banissy, 2015, p1). Banissy and Ward, (2007) correlated MTS to heightened empathy, which they felt was concurrent with the notion that we empathise with others through a process of simulation; recreating the experience within our own bodies.



However, Baron-Cohen, et al. (2016), refuted this finding, stating that MT synaesthetes did not have superior empathy and in fact 30% of their cohort (N=135) reported also having Autism Spectrum Conditions, ASC, and in fact synaesthetes showed higher autistic traits than control groups. Yet, Baron-Cohen et al. (2016), did not test the theory that MT synaesthetes experience more activity in the mirror-neuron regions in the brain, which a small study by Holle et al. (2013), of MT synaesthetes (N=10), suggests to be the case, and people with higher empathy also show higher activity (Gazzola et al. 2006), in those regions. Does this suggest that activation in these regions of the brain does not fully explain the empathic experience?

More research into these areas is needed to answer this question. What existing research suggests is that to experience 'empathy', other 'higher empathy level' regions of the brain, which process this activity are needed e.g. the already considered research by De Waal, (2008), regarding the ability of 'state matching'. Holle et al. point out that despite it being known that observing touch activates somatosensory cortex regions in the brain, the interpretation of this finding is controversial, (Gangopadhyay, 2014; Michael, 2014): that for most people it reflects the *simulated reception of touch*, i.e. Resonance 'as if' they are touched, not the *simulated action* i.e. the physical action of touch. But for MT synaesthetes, the latter is said to be the case. Rothen and Meier (2013), assert that the term 'synesthesia' should be "reserved for canonical cases of synaesthesia" (such as grapheme-colour, in which people see letters or numbers in specific colours, or lexical-gustatory in which spoken and written language causes individuals to experience automatic and consistent taste/smell), and not what has been called "Mirror-Sensory Synaesthesia", MSS, which phenomenologically includes *vicarious* experiencing of pain, touch or emotion, through Resonance and Simulation. How much of participants' experience of others' emotions and physical experiences, might be resonance and simulation (MSS), or might be the actual experience of physical touch (MTS), will require more research, although participants may detail their embodied experiences which might shed some light on the

perceived experiencing of MTS or MSS, which arguably has more relevance for managing the experience.

In 2017, Deuter et al., investigated whether somatic response was an indication of higher cognitive and emotional empathy, using the self-report Multifaceted-Empathy test, (MET), combined with physiological testing, (heart rate, skin conductivity response and affective startle modulation). They concluded that despite their “research showing distinct patterns of neural activation when witnessing emotions in others (Decety and Lamm, 2006)”, intensity of somatic response was not positively correlated with empathic experiencing and that strong physiological responding may decrease the ability to empathise. This may be related to the research on the emotional regulation of personal distress. The pre-frontal cortex is reportedly importantly activated when witnessing another person’s distress, facilitating management of personal distress by enabling the observer to connect on a more cognitive level to the other, enabling helping behaviour, (Eisenberg, 2000; Decety & Jackson, 2006). This again may contribute to an understanding of participants’ descriptions and interpretations of their HE experience in terms of emotional regulation and managing any potential personal distress surrounding their HE.

Furthermore, Lamm et al. (2007), evidenced empirical information for a way of lessening personal distress during empathy by employing a strong cognitive self-other distinction. In their study, participants reported higher personal distress when they imagined themselves in the other person’s situation, and more empathy for the other when they focused on the idea that the experience, (in this case a video clip of a patient reacting to medical treatment they were undergoing with painful or non painful facial expressions), was happening to another, and not to themselves. This idea of cognitive self-other differentiation is one put forward by Singer et al. (2011), and one, which might be relevant to the experience and management of somatic resonance and the affective components of HE for participants within this research.

### **1.2.2 Psychological, Social, Environmental, Evolutionary and Developmental Perspectives on HE**

Psychological perspectives of empathy differ from each other and are dependent on theories around models and development of self. The importance of empathy, or lack thereof, features in psychological diagnosis, and as is consistent with modern-western positivist culture, has focused attention on causality in attempts to understand how to prevent or treat potential 'pathology'; the likely rationale being, if pathology can be explained, there is a possibility for prevention or cure.

Adler and Freud, after creating the Vienna Psychoanalytic Society (1899), parted ways when their theories of self diverged, and thus their implicit beliefs around empathy also implicitly diverged. Freud divided the self into theoretical concepts, id, ego and superego. If the id was not made conscious, in a widening awareness of the ego and superego, and the psychosexual developmental phases not passed through, a mature self could not manifest: development of self depended on *intrapersonal* development.

Later object relations theorists made the link with empathy, discussing maturity as seeing the 'object' as separate from the self, and therefore enabling and acknowledging the subtleties of empathy in relation to the 'other'. Differentiations have been made between developmental stages of experiencing 'personal distress' where desire is to attend to the other to lessen the distress for the self, and 'empathic concern', i.e. responding to another from a concern for the other, (Eisenberg et al. 1993). High empathy is considered here a necessary, pro-social function of healthy development, showing maturity of self. We might ask whether and/or how empathic distress is experienced from the perspective of the individual with HE and, why and how this might manifest according to participants?

This theory of self from object relations theorists, came closer to theories of behavioural socialisation, where empathy is developed through experiencing early relationships. Within a paper by McDonald et al. (2010), parent-child relating in terms of quality of attachment

(Ainsworth et al. 1978) is linked to the development of empathy (e.g. Kestenbaum and Srouffe, 1989), and parental 'mother-infant-synchrony' (temporal matching i.e. if a child is sad, the mother reflects this back), measured at three and nine months, was directly correlated with empathy levels at age six and 13 yrs, (Feldman, 2007). See McDonald et al. (2010), for further examination of parenting and parent-child affects on development of empathy.

This important developmental/environmental research potentially offers people with HE, opportunity for validation: that this phenomenon exists at personality, trait based, genetic levels and is formed by early experiences of parent-child relating and attachment, has potential to normalise participants' experiences, and offers policy makers and educators, required positivist literature which can evidence and support the personal experiencing described in this research, to enable them to bring about any necessary changes for those with HE, or encourage more research around the HE experience.

Other researchers have looked for a correlation between empathy and early childhood experiences/dynamics, again attempting to examine the cause of empathic development or lack thereof. These dynamics, or childhood experiences, may emerge descriptively and be interpreted by participants with HE within this research: the positivistic literature offering a 'physical-grounding' (Creswell & Plano Clark, 2017) to this study of subjective experience. It points to the notion of HE being adaptive, and governed by biology, neurology and early environment.

Tully et al. (2017) found with children of depressed mothers there was a correlation between the child's ability to empathise both affectively and cognitively, with the child's internalisation of their own problems. They found that positive affective empathy from the children contributed to mother's processes when the mother was not depressed, and positive, negative affective and cognitive processes from the children, contributed to the mother when they were depressed, increasing the child's facility for empathy, but also increasing the child's internalisation of their own problems, presumably with an 'over-focus' on the 'other'.

Similarly, a paper in *Pathological Altruism* (2012) by Zahn-Waxler and Van Hulle, suggests that children who grow up around parental depression are at risk of developing 'hyper-empathy' by over-focusing on the needs of the primary caregiver; the failure to manage the caregiver's depression leads to pathogenic guilt in the child, and a hyper-activity of 'attunement', (Winnicott, 1957), which may be one element of the story for some people with HE, within this study. I shall examine the idea of HE as adaptive and pro-social and as pathology in more depth shortly.

Contrastingly, other research states that being a child of a depressed mother markedly increases a child's propensity for psychopathology, socio-emotional problems and conversely, reduced empathy to others, (Pratt et al. 2017), implying that for some HE may well be a product of secure attachment and a nurturing, attentive early environment with early primary caregivers as Ainsworth et al. (1978), and Kestenbaum & Srouffe (1989), suggest.

Unlike Freud with his intrapersonal theory of self, Adler, who became the father of human individual psychology where 'individual' literally means 'undivided', believed the development of self and mental health was governed by connectedness to society and therefore to the development of empathy. This is similar to Maslow's hierarchy of needs and his concept of human motivation, (1943), the third stage of which recognises social needs.

Evolutionary psychologists come from a similar perspective, informing Compassion-focused therapy (empathy for client and an internalisation of that empathy by the client for the self), which constructs the person as "a member of the family of mammalian species who share basic motivational systems" (Willig, 2016), empathy being a part of "affiliative systems" and neurophysiological processes. This again links to the idea that empathy is environmentally driven and developed, (Pressin, 2011; Roth, 2008; Knato, 2006; Zahn-Waxler, Van Hulle, 2012).

Preston and Waal's (2001) evolutionary perspective, distils the "debate" over the definition of empathy to it being "behaviorally, physiologically and neurologically linked" (p2), combining the areas of research we have examined above, and further supporting the idea that empathy is a

'multi-layered phenomenon', developing from genetic and environmental factors, all of which is experienced subjectively, and would benefit from a phenomenological investigation.

### **1.2.3 Genetic and Phenotypes: Trait-based Empathy**

Within the last ten years it has been argued that empathy is in part, governed by genes and phenotypes (Knafo et al. 2008; Bachner-Melman, 2011; Riby, Bruce, Jawaid, 2011), which leads us on to the idea of empathy as a trait based phenomenon.

A plethora of research has been carried out on empathy from the theory of self as trait-based: a trait core to the personality and biologically/genetically or early environmentally determined (Presnal, Widiger, 2011; Eisenberg, Woo, Warneken, Tomasello, 2006; Baron-Cohen, 2004). It follows that if empathy is trait based, core to the personality and consistent over time, there is opportunity to attempt its measure in a meaningful way, justifying the use of a rigorous and valid empathy measure to recruit participants for a phenomenological exploration.

McDonald et al. (2010), (p10), state that temperament impacts empathy development and manifestation in childhood and beyond: that as temperament is present from birth it has biological basis and that individual differences concerning empathy may have genetic influences on empathy development. Cornell and Frick (2007) found that children (pre-schoolers) with behaviourally inhibited temperament, were rated by their parents as higher in empathy and guilt than other children. Other temperamental factors influencing development of higher empathy levels include high reactivity or whether a person physiologically responds strongly to environmental stimuli, both of which are positively correlated. This may offer insight into the temperaments of potential participants, which could underpin and explain in part, their experiencing and meaning-making of the impact and management of HE on their lives: that people with HE are potentially highly reactive to environment and respond strongly to environmental stimuli.

In the light of empathy being considered trait based and part of temperament, stable and consistent over time, and present from birth, researchers have attempted a number of empathic measurements, which I would now like to introduce. I shall pay particular attention to the EQ, which as I have already mentioned above, is used as a recruitment tool for this study.

#### **1.2.4 Measuring Empathy**

A history of attempted measures of empathy has run parallel with attempts at defining and deconstructing the component parts of this phenomenon. Measures have previously existed but have been confounded for measuring constructs considered as 'other' than empathy, (Hogan, 1969; Mehrabian & Epstein, 1972; Davis, 1980). Cohen et al. (2004), and Davis (1994), suggest for example that Empathy test (EM), (Hogan, 1969), was more a measure of social skill. The Questionnaire Measure of Emotional Empathy (QMEE) (Mehrabian & Epstein, 1972), has been confounded by the authors themselves, who said it is more a measure of an individual's emotional arousability to the environment in general than to another person's emotion in particular. And the Interpersonal Reactivity Index (IRI) (Davis, 1980), which has been criticised for including 'emotional self-control and imagination' which is also not considered a part of empathy.

The Empathy Quotient, EQ, (Cohen & Wheelwright, 2004), was created as part of a paper, which investigated Asperger's Syndrome, AS, and High Functioning Autism, as well as an exploration into Normal Sex Differences, asserting female superiority in empathy, and is the current accepted questionnaire for the reliable measure of empathy.

Cohen and Wheelwright demonstrate rigorous processes of creating and validating the measure. Within the paper they present a psychological definition of empathy as including affective, cognitive and social aspects of empathy and we might assume that the somatic biological and neurological aspects of empathy are present in the underpinnings of these components as previously discussed in relation to the neuro-scientific literature.

Baron-Cohen and Wheelwright identify four varieties of affective empathy: the feeling in the observer must be the same as that of the person observed (Eisenberg & Miller, 1978; Hoffman, 1984); the feeling in the observer is appropriate to the other's feeling state in another way, despite not matching it, (Stotland, 1969); the emotion in the observer must be one of concern or compassion to the other's distress (Batson, 1991); and the emotion of the observer being any emotional response to the other person's feeling e.g. pleasure at another's pain (Stotland, Sherman, & Shaver, 1971). The last element of empathy was excluded as an inappropriate emotion to have in response to another's feeling state and was removed for the purpose of the questionnaire. All other responses, they stated are not mutually exclusive and were included.

Cohen and Wheelwright summarise the cognitive approach as including "decentering" or switching attention to take another's perspective (Mead, 1934), understanding other people's feelings (Kohler, 1929), and comprising a "theory of mind", ToM, (Astington, Harris, & Olson, 1988; Wellman, 1990), or "mind-reading" (Baron-Cohen, 1995; Whiten, 1991). They describe ToM as setting aside the mental content of your mind and inferring the likely content of another's mental state given the experience of that person. They also discuss the relationship between sympathy and empathy, describing it as a clear affective component of empathy. Sympathy is described as having taken place when the observer feels a desire to take action to alleviate the other person's suffering (Davis, 1994). If you feel an appropriate emotion to another person's suffering but have no desire to alleviate that suffering by taking action, this would still count as empathy, but sympathy includes the empathic action component. I will examine further the rigour and validity of the EQ in the methodology section, along with a justification of its use as a tool for recruitment and I shall attempt to resolve possible philosophical tensions around the use of this 'positivist' measure alongside the chosen qualitative data collection and analysis method. I will also examine the MET, the Multifaceted Empathy Test, (Dzoiibek et al. 2008; Dzoiibek et al. 2011), which is the other significant choice for measuring empathy, and discuss the reasons why this was not chosen.



### **1.2.5 Pathologising Empathy, Pathological Altruism, Compulsive Caregiving, Diagnosis and E-S Theory**

The pathology of empathy exists within the literature and discussion of a 'hyper-empathy' induced 'pathogenic guilt', which might lead to depression in children of depressed mothers who felt unable to alleviate their mother's symptoms, has already been mentioned, (Zahn-Wexler & Van Hulle, 2012). HE's potential manifestation in pathology has been examined in a collection of essays and articles entitled *Pathological Altruism, (PA)* (Oakley, Knafo, Madhavan, Sloan Wilson, 2011). Pathological altruism is defined as acts that eventually neither benefit the giver or receiver and it has been associated with co-dependence, which might include an excessive reliance on another for a sense of identity and in turn, an enabling of the other's dysfunctional behaviour. Co-dependence has been connected to hyper-empathy, in which the giver places the other's needs above the self, potentially suffering abuse and detrimental affects. However, whether these acts of pathological altruism come solely from an extreme form of empathy still needs more research and Baron-Cohen (2011), in his chapter in *PA*, cautions against pathologising (p347) what could simply be a pro-social behaviour governed by 'normal sex differences', (Baron-Cohen et al., 2005; 2011).

Compulsive caregiving was first touched upon by Winnicott's (1963), distinction between joy driven concern and guilt driven concern, the latter seemingly closely connected to the idea of pathological altruism. The term Compulsive caregiving coined by Bowlby (1980) is used to make distinction between compulsive caregiving and sensitive caregiving. It is connected to psychoanalytic thinking, which conceptualises how caring attitudes towards others depend upon how the other is viewed as either subject or object, e.g. mature objects relations sees the other as separate from the self and concern for them becomes empathic concern as opposed to seeing the other as part of the self, minimising the other's distress by caring for them so as to minimise distress to the self. Since then Compulsive Care Syndrome has been adopted by systemic family therapies, which conceptualise emotional parentification (Jurkovic, Jessee, &

Goglia, 1991), where a learned model for attachment from childhood transfers from the primary caregivers to romantic partners in early adulthood/adolescence (Carnelly, Pietromonaco, & Jaffe, 1996). Those children with very high empathy might be more at risk of adopting this pattern and assuming the parental role within subsequent relationships. While it might help them in their chosen professions e.g. therapist, doctor, nurse etc. where the relationship is unilateral, it may well interfere with personal relationships which are mutual and equal. The pattern might serve to hide their own feelings, or repress them, (leading to loss of self), perhaps to protect their partner's emotional wellbeing, or guard against real intimacy, instead of finding an equally supportive, mutual romantic relationship, (Earley & Cushway, 2002). Borg, Brenner and Berry, (2015), affirm that this pattern of parentification could be a potential way to hide from adult intimacy e.g. compassionate empathy, intimacy, emotional risk and emotional investment, in what they call "irrelationships".

Empathising deficits in cognitive empathy are thought to denote Autism (Dziobek, 2008 amongst others). Within Empathising-Systemising Theory, (E-S Theory), Baron-Cohen, (2002; 2008; 2009), details five brain types: very high empathy-low systemising, 'Extreme Type E'; moderately high empathy, 'Type E'; those in balance, 'Type B'; and those with very low empathy-high systemising, 'Extreme Type S'. Throughout the literature however, the 'Extreme Type E' brain has not been examined despite Baron-Cohen's assertion that "such individuals should exist" and he goes on to consider what this 'Extreme Type E' individual would be like, suggesting they would avoid systemising subjects and would find subjects or jobs requiring listening, communicating, socialising, or supporting others "trivially easy". This research may well contribute to the portrait of the experience of HE and therefore to E-S Theory. We might ask the question: as the Extreme S Type, Autistic brain experience difficulties in the empathic social realm, do Extreme E Type individuals experience similar yet opposite manifestations of

struggle e.g. with systemising realms? And is such high empathy solely beneficial emotionally and socially?

In the light of the impact and need for management of the Extreme S Type, (e.g. concerning depression, anxiety and social isolation) what impact and management might the Extreme E Type brain require, if any?

Baron-Cohen points out that missing from the 'Pathological Altruism' model is a sense of where this continuum of 'other focused' behaviour becomes pathological, and goes on to suggest that only where concern with others means neglect of ones own basic needs for food, money, and other resources for survival, should it be considered so. However, Baron-Cohen calls for research into this "opposite extreme of autism" to understand whether HE is associated with any "necessary clinical consequences" (p348) to which this research may contribute.

In terms of using empathy for diagnosis, as may be deduced from the above discussion, a lot of research has been carried out on Autism and the clinical presentation of low empathy (e.g. Kanner, 1943; Asperger, 1944; Baron-Cohen, 1995, 2004, 2008, 2011). Other diagnoses regarding empathy exist, which attempt to split empathy into its component parts of cognition and affect. Borderline Personality Disorder, for example, is considered low cognitive/high affective empathy (Ripoll, Snyder, Steele, Siever, 2013); Schizophrenia has showed deficits in three aspects of empathy, emotion recognition, emotional perspective taking and affective responsiveness, (Derntl, et al. 2009); and Psychopathy has been historically connected to low affective/high cognitive empathy (Blair 2005; Blair 2007; Blair et al. 1996; Dolan & Fullam, 2004). The recent neuroscience has shown that psychopaths can, however, recruit the areas of the brain needed for empathy when asked to do so, bringing them to normal base-line levels, implying reduced function of immediate, automatic and unconscious brain mechanisms used in vicarious stimulation, potentially complicating the single scale measure of empathy as simply low and high, (Keysers et al. 2013). It would be interesting to see whether people with HE, upon

choosing could 'un-recruit' these areas of the brain and lower empathy levels to base-line. Further research here is needed.

### **1.2.6 Compassion Fatigue, Secondary Traumatic Stress, Burnout and Vicarious Traumatization**

These concepts and theories are discussed in the literature in connection to the impact of having HE, and I would briefly like to outline them here as part of this literature review. Compassion fatigue (CF), has been defined in many ways, perhaps most succinctly by Fidgely (1995):

a state of exhaustion and dysfunction biologically, psychologically, and socially as a result of prolonged exposure to compassion stress and all it invokes. (p. 253).

Cocker and Joss (2016), connect the concepts of Burnout (BO), Secondary Traumatic Stress (STS) and Vicarious Traumatization (VT) with Compassion Fatigue and separate them from CF, detailing the difference. They quote Valent (2002), when they state that BO and STS come out of "separate failed survival strategies" and that BO comes out of "an assertiveness-goal achievement response" which:

results in "frustration, a sense of loss of control, increased wilful efforts, and diminishing morale" (Valent, 2002). Alternatively, STS arises from a rescue-caretaking response and occurs when an individual cannot rescue or save someone from harm and results in guilt and distress (Valent, 2002).

They go on to define STS and BO as leading onto CF, if they are not counter-balanced by "compassion satisfaction, CS" (Stamm, 2010). VT has been characterised similarly to STS, as a similar form of Post-traumatic Stress response PTSD: a change, which is experienced in the empathiser, similar to that which is experienced by the client/patient, (Palm et al. 2004; Baird & Kracen, 2006). Baird and Kracen state that personal trauma history and coping style are important predictors, (2006). Most of the literature which exists in relation to CF and BO relates to medical health professionals particularly empathy in nurses or mental health professions, to

build resilience and protective protocols within professions in which client numbers and therefore demands upon empathy are high, (e.g. Gentry et al. 2002), but which may be useful for people with HE in terms of HE management, as empathy is so highly implicated in these manifestations.

Furthermore, Singer and Klimecki (2011) state that CF as a term is 'mis-leading' and believe it should be replaced with 'empathic distress fatigue'. They state that after experiencing empathy resonance, the information can be processed in two ways 1) into compassion, empathic concern and sympathy and/or 2) empathic personal distress. They believe people suffering CF are not fatigued by their compassion, or their empathic concern or sympathy for others as this has rewards of love, caring and feelings of closeness - which can even be beneficial for health - but rather they are fatigued by experiencing empathic personal distress, which is characterised by a flooding of negative emotions, and a desire to withdraw and to shutdown the negative emotions, often not manifesting in pro-social behaviour. They suggest that instead of attempting to abstain from HE experiencing in order to guard against BO or CF, people should maintain high levels of empathy and learn how to transform empathy into compassion and loving kindness, (p378), using Buddhist ideas of mindfulness and with skilful use of adaptive emotion-regulation mechanisms and a clear self-other distinction.

In light of the above research, it will be useful to see how examination of the lived experiences of HE might contribute to these ideas of management and indeed how the research might potentially contribute to the participants, and in what ways distinguishing between the ideas of empathic distress and empathic concern might be supported or contradicted by this study.

### **1.2.7 Sex Differences, Gender Roles**

Generally it is considered that increased empathy is a female phenomenon associated with greater facility in the social realm, which the literature supports, (Cohen et al. 2004, 2005; Crespi and Badcock 2008, amongst others). I have already mentioned Baron-Cohen's

Empathising-Systemising Theory as related to the idea that HE is an expression of “normal sex differences” (Baron-Cohen et al. 2005; 2011), which he took further by naming Autism, AS and HFA, expressions of the extreme male brain type, evidencing hormonal and neural based data. In relation to his E-S Theory, findings show two times the amount of females as males to be Type E brain, and two times the amount of males as Type S. Cohen et al. (2007), also found elevated testosterone related disorders in women with ASC e.g. High Functioning Autism, Autism and Asperger’s; and that these ASC are related to higher fetal testosterone in the womb (Baron-Cohen et al. 2006).

However, when using empathic tests, which use more immediate and direct investigation, e.g. picture representations of faces showing emotion (MET), the difference was less between male and female participants. Cohen et al. (2001), conducted a study which looked at capacity to understand emotion in the eyes of another, operationalized by showing just the eyes of a person (different in each picture), feeling different emotions, asking the participant to choose one of four options. Baron-Cohen et al. found the difference between the sexes was on the low side of statistical significance. It has been suggested by some that difference in empathy may in some way be connected to *gender roles as they are perceived* and the *motivations* towards empathic responding, (Hodges & Klein, 2001) as well as biological differences. Furthermore, in a meta-analysis of 15 empathic accuracy studies, Gesn, Ikes and Graham (2005), found that gender differences in empathy-related measures are only found in situations in which participants know they are being evaluated on an “empathy-relevant dimension” (of which the self report scales would be included). It seems that biological “normal sex differences” (Baron-Cohen et al. 2005; 2011), and the potential for gender-based motivations both can play a role in levels of empathy.

### 1.2.8 Emotional Intelligence, EI.

EI as a term has been used by a number of researchers, (Greenspan, 1989; Salovey & Mayer, 1990). Greenspan and Salovey & Mayer both put forward theories of multiple intelligence but perhaps the most known theory is that of Multiple intelligence theory, MI (Gardner, 1983); that in addition to the accepted intelligence quotient, IQ, there are, seven proposed types of human intelligence: logical mathematical, linguistic, visual-spatial, body-kinesthetic, musical-rhythmic, interpersonal and intrapersonal. Interpersonal is considered the ability to form relationships with others and communicate effectively, while intrapersonal, cover the abilities to self-reflect (self-awareness), to understand your own emotions, intentions, drives and inner states. Emotional intelligence, EQ, (Goleman, 1995) - not to be confused with the Empathy Quotient, EQ - is a concept which focused on the last two aspects of MI. It is defined as the ability to identify, assess and control personal emotions, the emotions of others and groups. Certainly empathy is a necessary phenomenon within this concept: and one in which we might ask if it involves a process of development from experiencing the phenomenon, to an acquiring of this 'emotional intelligence': the successful cognitive capacity to '*identify, assess and control*' emotion. It seems also relevant that empathy should include an element of the early named concept of 'Social Intelligence' (Thorndike, 1920), which is defined as the *ability* to understand, and the *skill* to manage, others. Baron-Cohen et al. (2006; 2015), have identified this. The concept of emotional intelligence as a *skill*, and emotional intelligence as '*trait based*' *ability*, came into being in 2000. Emotional intelligence and empathy have been correlated, (Austin, Evans, Goldwater & Potter, 2005), as have emotional intelligence and social intelligence, (Bobik et al. 2001; Brackett, Mayer & Warner, 2004).

Goleman's model of EI (1998), consists of five areas of skill, which he believes are associated with successful business and leadership, of which empathy is one, followed by; self-awareness; self-regulation; social skill; and motivation. Goleman states that each competency can be learnt. It might be interesting to note here that affective empathy has been connected to

an intuitive thinking style (Norris & Epstein, 2011), while no link was found with analytic thinking. If this is the case, what impact might this lack of analytic thinking and predominant intuitive thinking have on the management, control and harnessing of empathy?

Further research will be needed to answer this.

### **1.3 Summary of the Literature and Conclusion**

This literature review has examined the literature of empathy. We have moved somewhat towards an accepted general definition of empathy, which involves cognitive and affective perspective taking. Concepts of *Resonance* and *Simulation*, which neuroscientists are attempting to further understand with their imagining and stimulation of certain brain regions, have been put forth with theories of Simulation Theory and Perception-Action Model, in attempts to explain empathic processes in the brain, which likely underpin cognitive and affective experiencing.

The research anchors empathy firmly in the embodied self including embodied, somatic, physiological experiencing; the meaning and idiosyncratic experiencing of which I hope to capture for each individual participant in the research presented in this thesis.

I have looked at the theories of Empathising-Systemising Theory (Baron-Cohen, 2002) and the extreme Systemising and Empathising brain types (Baron-Cohen, 2006), to which this research might contribute in terms of the lived experiences of extreme empathising E Type brain. There is no research at this current time into the subjective experiencing of this area, unlike the plethora of research, which exists on the impact and management of the Extreme S Type brain, at the low end of the scale; those experiencing Autism, High functioning Autism and Asperger's.

The literature, namely on the concept of Pathological Altruism and Compulsive Caregiving, which pathologises HE coupled with altruistic action, from a largely positivist research



perspective, perhaps details potential risks for those with HE. Do these risks manifest in the lives of these participants experiencing HE, and if so how?

We might also ask the question: how do the theories of SI and EI in any way contribute to the impact and potential need for management of HE within this research and might the protocols for managing CF, BO, VT and STS, be used already, or in the future by the experiencers of HE?

I have also examined how levels of HE, both cognitive and affective have been used similarly to diagnose mental health disorders such as schizophrenia, bi-polar, borderline personality disorder and psychopathy. I now move away from the search for causality or diagnosis, to exploring the lived experience for the individual as it emerges from participants.

#### **1.4 Research Justification**

No literature exists solely on HE, the lived experience, and its impact on relationships, the self, and the management thereof, therefore this contribution to the field of empathy research is intended to fill this gap.

It can be seen that there is a broad range of quantitative research into empathy with specific focus on cause and pathology, mostly around low empathy. Individual experience of HE and the subjective interpretation of that experience is likely to contain perspectives which solely positivist research would struggle to excavate in terms of the lived experience, its impact and management. For counselling psychologists, whose focus is the wellbeing of individuals and their relationships, the meaning-making of those living with HE and their idiosyncratic descriptions of manifest experience is important data.

The broad range of research presented above raises many questions about the manifestation of very high empathy and calls for research in this area: it seems clear from the positivist studies examined, there is consensus that HE is a phenomenon which exists and is experienced, yet has only been discussed in terms of the opposite manifestation of

Autism; as a low systemising manifestation, and HE pathology, (e.g. Pathological Altruism, Co-dependence and Compulsive Caregiving). Whether this low-systemising manifests for participants and whether HE is experienced as a pathology, is yet to be explored.

The existing research seems to be asking a number of questions about the experience of HE to which potentially an IPA approach may contribute: qualitative research is interested in answering the question of what it is like to live with the phenomenon: how is HE defined and experienced: in empathic concern or compassion and/or empathic distress? Is there a choice and how does this experience impact the participant over time? What impact does HE have on the self (intra-psychic), and interpersonal processes? What attempts at management are made and is HE experienced as a skill? If so how might it be harnessed?

Finally, how might counselling psychologists and the wider society use this information?

In adding to the understanding of this experience, we might hope to inform clinical practice, inform policy-making and education, inform individuals who feel they have HE and those with whom they are in relationship, including intimate partners and parents. It may also contribute to information around theories as discussed; Empathising-Systemising Theory, EI, Pathological Altruism, Compulsive Caregiving, Burnout and Compassion Fatigue, and provide new ground for quantitative and qualitative research alike. The theories exist from a 'top-down' approach, detailing the biology, brain structure, causality and neurological processes of empathy, but they do not give participant led data as to the real-life experiencing of very high empathy: this research will attempt to contribute to this gap.

## **Chapter two**

### **Methodology and Procedures**

#### **2.1 Methodology**

##### **2.1.1 Design**

This research uses predominantly a qualitative design. The data is collected using semi-structured interviews and analysed using Interpretative Phenomenological Analysis, IPA (Smith, Flowers and Larkin, 2009). Data is generated from a small homogenous purposeful sample, first self selected for HE, then recruited using the EQ, (Baron-Cohen & Wheelwright, 2004), for HE over 70/80.

##### **2.1.2 Epistemology**

I shall endeavour to answer three main questions concerning my epistemology, put forth by Willig (2012): what kind of knowledge is being produced? What are the assumptions being made about the world that is being studied? And what is the role of the researcher in the research process? These answers should help identify and make explicit the epistemological foundations, upon which the most useful evaluative questions can be asked of this research (Willig, 2012, p13; 2008; 2007). These pragmatic questions thereby provide the basic direction for this chapter and the underpinnings of the following two chapters, the analysis and discussion chapters, and evaluation and reflexivity throughout.

I shall outline answers to these questions in brief to orientate the reader, before going on to explicate specific terminology. In answer to the first question: the kind of knowledge produced in this research, I would describe it as 'everyday' pragmatic (Biesta, 2010), critical realist, (Bhaskar, 1998), phenomenological, interpretative, ideographic and 'lightly constructivist' (Eatough & Smith, 2006). To answer Willig's second question: the assumptions being made about the world being studied are that it is made up of both objective and subjective layers of

reality, which are ultimately subjectively interpreted. So while one might use a number of multiple methods from different perspectives to access these layers, it is accepted that reality can never truly be accessed, not least because the main tool of this research is language which itself partly constructs the reality it describes and interprets. Finally, the role of the researcher is insider interpreter of participants' subjective and contextual reality: socially and culturally embodied, and within a specific time in history. My own status of HE makes me an 'insider' researcher (my experience must be 'bracketed'), seeking 'insider knowledge' (Willig, 2012, p10), i.e. the examination of how phenomena present themselves to the experiencer, in and through experience. I have used many terms in this brief orientation, which I will now endeavour to explicate.

Firstly, let's address 'everyday pragmatism' (Biesta, 2010). As my use of quantitative methods is limited to a recruitment tool i.e. no quantitative data is collected and analysed, the justification for my claim of pragmatism "is fairly unproblematic" relying on "utility of research means for research ends" (Biesta, 2010, p96). Pragmatism only becomes complex, according to Biesta (2010), when "*everyday* pragmatism" is taken as an argument for "philosophical pragmatism" naming it as a philosophical "paradigm" for mixed methods research (p96). My pragmatic use of the EQ is justifiable and not incongruous within IPA philosophy, as I shall explain shortly, and it was felt necessary to find a small homogenous sample, described as crucial for best implementation of the IPA method (Smith, Flowers and Larkin, 2009, p50). The EQ, (Baron-Cohen & Wheelwright, 2004), is utilised to select participants as a starting point to explore the subjective experiencing of HE, in what pragmatism might define as 'layering technique' – building on valid knowledge within a different method/approach to access different layers of experience.

The emphasis for 'everyday pragmatism' is on the primary significance of the research question instead of the methods and the use of multiple methods of data collection, to elucidate the area of research under examination, which Johnson and Onwuegbuzie (2004), believe can

frequently result in 'superior' research than the 'monomethod'. Reality for the pragmatist is both singular and multiple i.e. there may be a theory that operates within the phenomenon but this will also be *experienced* by the individual, so the subjective input is equally important.

However, it is possible to argue 'pragmatism' as a philosophical paradigm, and despite the critique put forward by Biesta (2010), pragmatism is typically associated with mixed-methods as an "over-arching philosophy" (Creswell & Plano, 2018, p37) used by a significant amount of mixed methods researchers (Tashakkori & Teddlie, 2003).

Creswell and Plano Clark (2018), offer pragmatism as a potential philosophical Paradigm (capital 'P') but do not go into the philosophy upon which this argument may be justified, therefore I now turn to Johnson and Gray (2010), who respond to Biesta, arguing for Pragmatism as a philosophical paradigm, constructed by Johnson and Onwuegbuzie (2004), not based solely on Dewey's 1920's *transactional definition of experience*, as is Biesta's (2010) Pragmatism, and where she finds incongruence.

Dewey's definition is considered a form of realism, named transactional realism (reality is created by subjective interaction between person and context) placed at the causal end of the spectrum (interaction may be subjective but it cannot change in essence what it is interacting with) and therefore cannot provide the philosophical underpinnings necessary for an interpretative phenomenological analysis. Johnson and Onwuegbuzie (2004), construct a "composite pragmatism" selected from the ideas of Charles Sanders Peirce (1839-1914), who coined the term 'pragmatism' and used the perspective of William James (1842-1910), who detailed a pluralist, individually oriented Pragmatism; as well as some aspects of Dewey (1859-1952), i.e. the socially conscious and experimental aspects. Johnson and Gray, (2010, p87) suggest that "taken together, the principles selected from the three classical pragmatists produce a complementary whole" which can work well for the philosophical justification of 'multiple measures'. They assert Pragmatism: a) rejects dichotomous either-or thinking; b) agrees with Dewey that knowledge comes from person-environment interaction (dissolving

subject-object dualism) (Biesta & Burbules, 2003); c) views knowledge as both constructed and resulting from empirical discovery; d) takes the ontological position of pluralism (i.e. reality is complex and multiple); e) takes the epistemological position that there are multiple routes to knowledge and that researchers should make “warranted assertions” in context, rather than claims of unvarying Truth; f) views theories instrumentally (i.e. theories are not viewed as fully True or false, but as *more or less useful* for predicting explaining, and influencing desired change; and g) incorporates values directly into inquiry and endorses equality, freedom and democracy, (p88). The important point being that philosophical Pragmatism is argued by some, as being fully justifiable, despite my not laying claim to this for this particular aspect of pragmatism for this piece of research.

The philosophical underpinnings of this design, are perhaps best described using a critical realist ontology, (Bhaskar, 1998), to which I now turn. Creswell & Plano (2018) state critical realism is:

an integration of realist ontology (there is a real world that exists independently of our perceptions, theories, and constructions) with a constructivist epistemology (our understanding of this world is inevitably a construction built from our own perspectives and standpoint) (p40)

Maxwell and Mittapalli, (2010, from Sage Handbook of mixed methods in social and behavioural research, Tashakkori & Teddlie, 2010), discuss critical realism as an ontological position with much to contribute to mixed methods research. I discuss it here in the light of the use of EQ, followed by IPA data collection and analysis.

Maxwell & Mittapalli (2010), assert there are many different versions of realism but they define and discuss one common feature: integration of realist ontology (there is a real-world-out-there) with constructivist epistemology, (reality is interpreted and constructed) and in addition the acknowledgment of “mental phenomena and the value of an interpretive perspective for studying them”, (p146). This last point appears particularly important for IPA and the study of HE as it is concerned with intra-psychic processes. Critical realists “accept the reality of mental states and

attributes the importance of these for causal explanation in the social sciences, positions rejected by both traditional positivism and constructivism” (Maxwell and Mittapalli, 2010, p153). With this rationale, it may be possible for this research to offer some causal possibilities for HE, although this is not a primary aim.

Critical realism attempts to resolve the “philosophical oxymoron or at least problematic union” (p146) in the pluralist approach of using post-positivism and constructivism which converge on important issues concerning the nature of objects and our knowledge of these, providing ground for “paradigm wars”, (p146). While pragmatism holds that philosophical contentions are not a reason to reject effective methods, and that research methods are not intrinsically linked to specific philosophical dimensions, (with which Maxwell and Mittapalli agree), they highlight that researcher philosophies assert values and actions upon the research, which are “often implicit and not easily abandoned or changed” (p147), highlighting the importance of my detailed clarification of my underlying philosophy, in what Willig (2012), calls epistemological reflexivity. With this clarification, I attempt to operate an awareness of how it might influence the construction of research, the kind of data generated, its interpretation and the criteria with which it might be evaluated, as stated above.

However, I agree with Maxwell and Mittapalli (2010), that “entire paradigms” and the divisions between qualitative and quantitative measures are dichotomous and need a more complex and contextualised understanding, (p146), as is generally the current view, (Hammersely, 1992; Howe, 2003; Bergman, 2008, Biesta, 2010, Willig, 2012, to name a few). Bergman states that ‘strengths’ based on paradigm differences are misleading; that the divide between qualitative and quantitative methods is “delineating and preserving identities and ideologies rather than to describe possibilities and limits of a rather heterogeneous group of data collection and analysis techniques” (from Maxwell and Mittapalli, 2010, p148).

In the paper entitled *Mixed Methods Research: A Research Paradigm Whose Time Has Come*, (Johnson & Onwuegbuzie, 2004), Feilzer (2009), is quoted as saying: “pragmatism offers

an alternative worldview to positivism, post-positivism and constructivism and focuses on the problem to be researched and the consequences of the research". In this paper she quotes Kuhn (1962), and Mills (1959), saying that all paradigms "can constrain intellectual curiosity and creativity, blind researchers to aspects of social phenomena, or even new phenomena and theories (Kuhn, 1962, p. 24), and limit the "sociological imagination" (Mills, 1959)".

Creswell and Plano (2015), calls the pressure to fit into positivist, post-positivist or constructivist paradigms the 'forced choice dichotomy' (p207). They state that instead we should feel free to select the methods best placed to answer the research question. Biesta (2010), supports the point by arguing that the differences between methods have been created artificially and rigidly, when in reality, only data can be divided such: "the simple problem here is that research in itself can be neither qualitative nor quantitative; only data can properly be said to be qualitative or quantitative. Data can either be quantities (expressed in numbers) or qualities (usually expressed in text, although numbers can be used to stand for qualities as well)" (p98). Both so called quantitative and qualitative methods can hold the same values about 'what' can be known and offer multiple ways of 'how' it can be known in terms of layers of objective and subjective reality within critical realist ontology. Quantitative data can for example be taken from a qualitative interview e.g. in the form of content analysis, and qualitative data gathered from large-scale surveys. Feilzer quotes Greene et al. (2001, p. 41), supporting this point:

It became clear that, so-called, quantitative research methods such as large-scale public opinion surveys also capture qualitative data, whilst qualitative data can also be quantified. (Feilzer, 2009, p.8).

While my use of the EQ (Baron-Cohen & Wheelright, 2004), as a recruitment tool for sampling, provokes some contention for qualitative research methodology, if we hear Green et al., there is no reason why the EQ does not capture qualitative data, making the need to label methods so distinctly, potentially an experience of the 'forced choice dichotomy', which Creswell and Plano



describe. Methods could simply be chosen for their validity in answering the research question, and carried out sensitively and rigorously so as to produce the knowledge needed to answer that question. As the boundaries between methods are seemingly more blurred than has been traditionally conceptualised, we perhaps need not find ourselves trapped within this 'forced choice dichotomy' any more.

Furthermore, despite my collected data being qualitative and the analysis qualitative, and this not being a mixed method design, Feilzer (2009), asserts that mixed methods designs, far from undermining each individual method, enhance the study by attending to different layers of the interrogated phenomenon.

Feilzer (2009), acknowledges that implicit in all research design (even within the positivist paradigm), is the idea that 'all knowledge is knowledge from some point of view' and therefore not value free, further closing the positivist and constructivist divide. Maxwell and Mitapetti's (2010), and Bergman's (2008), mistrust of creating 'entire paradigms' is supported by Greene et al. (2001, p. 28), Greene & Caracelli (2002, p. 94); and Teddlie & Tashakkori, (2009, p. 97), who assert that pragmatism is in this way 'non-paradigmatic', (Feilzer, 2009, p8). That creating a paradigm for this common sense thinking is not necessary. Rather what is needed is research sensitivity, whatever the design, as to how methods might influence the data.

Potential choice of paradigm might also depend on the 'scholarly community' (Creswell and Plano Clark, 2018, p42), taken from Kuhn's (1970), idea of a community of practitioners. Creswell and Plano Clark quote Morgan (2007), who asserts that paradigms can represent shared beliefs of a research field: researchers share a consensus in speciality areas about what questions are meaningful and which procedures are most appropriate for answering the questions. The existing research into empathy uses measures, correlations and examines causality: it is accepted within the field that empathy can be measured and that the way to access people with either high or low empathy is to use a valid scale of measure. Adopting an ontology, which allows this research to embrace the research gone before, and the use of the

EQ to identify those experiencing the phenomenon, is to acknowledge the community of scholars who already exist and attempt to contribute to the body of already existing literature and theory, hopefully enhancing utility and transferability. Philosophical orientation will ultimately be shaped by subject matter interest, (Denscombe, 2008) in this case, empathy.

Following this consideration of pragmatism and Pragmatism; the forced choice dichotomies of traditional paradigms; and the ontology of critical realism, I shall now go on to explicate the ideographic and phenomenological stance, which I put forth for this research at the beginning of this chapter.

#### **2.1.2.1 IPA Methodology: Philosophical Underpinnings and Rationale for Use**

The chosen method of data analysis is Interpretative Phenomenological Analysis, IPA, (Smith, Flowers and Larkin, 2009). Developed by Jonathan Smith in the mid-1990's it was a move back to the focus on personal psychological accounts first expounded by William James (c.1880). It gives space to honour the individual essence of experience while attempting to draw wider conclusions about possible recurrences.

IPA has a philosophical grounding in three areas: phenomenology, ideography and hermeneutics. The focus for phenomenology is "how things appear to us from our conscious experience" (Eatough, 2013), the 'us' here, representing the experience of the participant. In order for this to take place, preconceptions and presuppositions of the researcher need to be put aside (Eatough, 2013) in order to make space for the 'voice' of the participant. Phenomenology gives space to mixed-methods designs, with its philosophical underpinnings acknowledging the multi-layered nature of phenomenon and reality. Eatough (2013) quotes Sokolowski, (2000, p147), when explaining how the phenomenological approach is not in competition with the positivist paradigm: that there are not two worlds with one being more real than the other, but one world:

Phenomenology attempts to show that the exact, mathematical sciences take their origin from the lived world [...] the exact sciences merely increase the knowledge we have about the world in which we live: they provide a greater precision in our dealings with things, but they never abandon or discard the world that is their basis. Such sciences are nested within the life world; they do not enter into competition with it. (Sokolowski, 2000, p147, from Eatough, 2013)

It is not 'competition' between the objective and subjective but a marriage between the two. And researchers within the positivist paradigm accept there are limitations to accessing 'objective' reality: total researcher neutrality is generally accepted as impossible. Awareness of researcher role and impact is central to phenomenological research, placing reflexivity at its centre. As a philosophical approach phenomenology has influenced many qualitative psychological methods, (Eatough, 2013), including IPA, (Smith, 1996; Smith flowers and Larkin, 2009).

Hermeneutics (Heidegger, 1990; Gadamer, 1960), or interpretation, also has a philosophical influence on IPA. In this study I attempt to describe *and* interpret the lived experience of the individual in relation to HE, this is not purely descriptive phenomenology (see Girogi & Girogi, 2003). Hermeneutics is an important philosophy in relation to reflexivity: the researcher intentionally 'brackets' (Husserl, 1927) their experience in order to engage fully with the account of the participant. Participants interpret their experience, which is further interpreted by the researcher, known as the 'double hermeneutic' (Osborne & Smith, 1967; Smith, Flowers & Larkin, 2009). The hermeneutic circle sees the co-construction of this experience, and here the researcher must be aware of how they construct and are constructed by the research process.

IPA has moved away from the philosophical roots set down by Husserl (1936; 70), which were to transcend culture and context by a reduction of experience in order to find the essence 'eidos' or 'idea' of phenomenon – and follows his antecedents such as Merleau-Ponty and Heidegger in the idea that while there is a *subjective essential experience*, it is situated in the world, embodied and in relation to others. I attempt to give voice to the embodied experiences of each participant in terms of HE, and the research, in this way, as stated above, will have its theoretical roots in critical realism (Bhaskar, 1978).

IPA is also idiographic, focusing on the individual lived experience, rather than nomothetic assertions about a large group: it is not concerned with bringing about universal theories or causality (Eatough & Smith, 2008), but rather tentative implications for wider 'essence' of experience (Smith, Flowers & Larkin, 2009), believing that only from the ideographic can we do justice to individual psychological complexity. It begins with a single case analysis for each participant, followed by an across case analysis: convergences and divergences are highlighted in an attempt not to lose the nuance of individual experience, and after this iterative process is complete (moving back from individual case to the whole and back to the individual), the findings are discussed in terms of their contribution to existing literature and theory, (Smith, Flowers and Larkin, 2009). With IPA's focus on the individual, it is also suggested as an ideal approach for addressing questions of self and identity, (Smith, 2009), which may be an important aspect of this phenomenon.

#### **2.1.2.2 IPA and Other Theoretical Positions**

Smith, Flowers and Larkin (2009), state that "analytic interpretation, while grounded in the data, may also go beyond, the participants' own sense-making and conceptualizations" (p186). They state that if the three basic principles of IPA are adhered to (the study is concerned with phenomenon under investigation and phenomenological experience of the participant; intense interpretative engagement with personal verbal material obtained from the participant; and each case is examined in detail as part of the across case analysis), then IPA researchers may make "connections with an array of other theoretical positions" (p186), one of my reasons for choosing IPA. They break this down into a number of "core constructs" (p186): cognition; language, culture and narrative; embodiment and emotion.

Smith et al. (2009), connect these constructs to IPA by acknowledging relationships with a number of different theoretical standpoints and approaches, some of which have already been

discussed, such as phenomenology. Others I will mention now such as social constructionism (e.g. Burr 2003), and symbolic interactionism, (Mead, 1934).

The core constructs of “language, culture and narrative” are important to IPA, as already mentioned, and a number of different standpoints. Language, culture and narrative all ‘construct reality’; that a person’s sense of self is in some part construction by the language communication to others and the sociocultural context of our lives. IPA is concerned with context and is inextricably linked to language, culture and the narrative framing of phenomenological experiences by participants. It is concerned with participants lived experience of their life world, not just the linguistic and discursive construction of it, as in discursive psychology, discourse analysis and Foucauldian discourse analysis. In this way this study might be termed ‘lightly constructivist’ (Eatough & Smith, 2006). The subjective meaning making of IPA is closely related to symbolic interactionism (see Eatough & Smith, 2008) and in this development of self through a subjective interpreting of experience, shared with the subjective interpreting by others (each of their own experience and the others), it touches this stance.

In terms of the last core construct of IPA, according to Smith, Flowers and Larkin, (2009), embodiment and emotion, this study will focus on participants’ expressions of embodied cognition (Gallagher & Varela, 2001), as with the stance of symbolic interactionism, embodied cognition is an embodied, situated within context and inter-subjective process of meaning making. Smith, Flowers and Larkin (2009, p199), feel that in this way, IPA may be able to make “complementary contribution” to the developing field of neuro-phenomenology (Gallagher & Sorensen, 2006), which aims to understand experience, the mind and consciousness in a pragmatic way. This study might be said to be borrowing from all of these standpoints.

### **2.1.2.3 Why IPA and Not Grounded Theory (GT), Narrative or Discourse Analysis (DA)**

The research question asks about the lived experience of HE, and IPA seems the natural choice. Why not use Grounded Theory (GT), or indeed other qualitative research methods, such as Narrative or Discourse analysis?

With my role as counselling psychologist, IPA provides capacity to think on multiple perspectives, using integrationist (for the origins see Harris, 1981), and/or pluralist philosophy. These perspectives support the counselling psychology philosophy of the potential for working in an integrated way; focusing on the individual and their context, and adopting the theoretical models which best promote health at a specific time in the therapeutic work, (Cooper & Mcleod, 2010). Also the carrying out and interpreting of the interview data, arguably one of the most effective ways of accessing the lived experience, is well suited for the counselling psychology skill set. Focus groups and field studies are perhaps more common choices for data collection within GT methodology; GT has its roots in a sociological wider framework whereas IPA comes historically from psychology and is concerned primarily with the experience of the individual from the inside, differentiated from GT which is more interested in processes and mechanisms placed within a social context, (Eatough, 2012).

GT may have been a useful method had I wanted primarily to construct a theory, (Charmaz, 2006). IPA by way of difference might construct a 'tentative model' using the method of comparing themes across cases, (Smith, 2004).

Similarly we may want to question why Discourse Analysis (Potter & Wetherell, 1987) was not chosen as a method of analysis. IPA acknowledges that language constructs reality, however, this is not social constructionist research as it is not focused primarily on the three major philosophical underpinnings of social constructionism: 1) a critical approach towards 'taken for granted' knowledge and corresponding concern for historical and cultural specificity; 2) a belief that knowledge is constructed between people; and 3) that language is *the main way* that the world is constructed (Luckman, Berger, 1991; Burr, 1995, from Eatough, 2012).

### **2.1.3 Reflexivity**

The researcher attempts 'personal reflexivity' (Willig, 2012), to be highly aware of their beliefs and values: how they might influence the research at every stage, (Finlay, 2004), and methodological reflexivity (Willig, 2001), to examine the limits and potential contributions made by the research's assertions about what is possible 'to know'. Reflexivity is an important part of IPA, which I shall attempt to engage with at every stage. With regards to personal reflexivity I have endeavoured to engage in this process throughout the study and shall include a section on it below specifically in regards to my personal HE and the 'insider'/'outsider' researcher debate. In terms of epistemological reflexivity, I hope the reader will find the above examination thorough in terms of choices made and why, and considering the impact these choices might have upon the construction of research and findings. A further exploration of the use of EQ can be found in the sampling section in this chapter. Language is an important aspect of reflexivity, and "critical language awareness" (Fairclough 1995 from Willig 2001), has been employed.

#### **2.1.3.1 Personal Reflexivity**

Buckle et al. (2009), explore the possibility of occupying both insider and outsider researcher positions: using insider knowledge to help inform potential areas to investigate (e.g. the questions asked), yet holding a position of naivety during interviews, and this was the position I attempted to adopt.

Yet as Buckle et al. state, using a quote from Rose (1985):

There is no neutrality. There is only greater or less awareness of one's biases. And if you do not appreciate the force of what you're leaving out, you are not fully in command of what you're doing" (p. 77).

My personal story of having extreme HE needed to be bracketed. To do this I asked myself the questions in my interview schedule before undertaking any interviews. When I found this

insufficient, I had a colleague interview me so I could be aware of the information I might be expecting from participants so I might sufficiently, in Rose's words "leave it out" or 'bracket it'. Undertaking the research spanned four years and during this time I underwent significant life changes and experiences that with hindsight I now see as firmly related to, driven by and shaped by my HE; not only undergoing psychologist training - a transformative process in itself in terms of self-growth and awareness - but starting the course after just becoming a mother, and taking a year out to have my second child. As I learned new ways to manage my HE through my identity shifts, from artist to psychologist, from single woman, to partner, to mother of two boys, a continued evolving awareness was needed to ensure the research was about my participants and the phenomenon, and not myself. I also experienced a period of exhaustion in which I took six months off clinical work, which only with hind-sight, after analysing my participants' findings and experiencing deep and sometimes disturbing resonances, did I become aware of how much this may have been connected to my HE. In this way my research had enormous impact on my own self, which in turn needed to be managed to limit influence on findings.

There was a potential for my experience and empathic identity, to influence the research, shaping it by seeking out aspects in my participants accounts that were similar to my own, confirming my own as normal, "the seduction of sameness", (Oguntokun, 1998). Taking the interview myself and keeping a research journal helped with this process. It seemed apparent that my possible "sameness" may well have relaxed participants making it possible for them to feel safe and to access their experience more quickly and deeply, and my HE ability in itself, as part of the core conditions for creating an alliance, undoubtedly helped as it does in my therapeutic work.

While my skills as a counselling psychologist might well have aided my research, my HE and my clinical training in the humanistic traditions of client led therapy and creating the right conditions for safety, I have also needed to bracket psychological therapeutic practice in terms



of intervention, allowing the participant to tell their story and be with their experience in the way they have chosen and arrived at, not crossing the ethical boundaries of offering therapeutic work, while still ensuring the participant is emotionally and psychologically safe.

Perhaps my biggest challenge as a psychologist and researcher was not to be drawn into the search for clarity, definition and resolution of participants' issues around HE but to allow participants cases to stand within the realms of the unknown, unexplainable and allow them to be at their own place in their journey with their HE. This was part of my own learning to manage my HE; to witness the other, to feel the other and in the words of one of my participants, "to just let it be".

#### **2.1.4 Quality Markers and 'Validity'**

The debate amongst researchers using qualitative measures concerns the nature of the criteria upon which qualitative research can be examined for validity, (Yardley, 2000). A further examination of this can be found in the discussion chapter when I examine the limitations of the study and transferability issues with regards to Yardley's (2000) criteria for qualitative research supported by Smith, Flowers and Larkin, (2009).

Leung (2015), in his paper entitled *Validity, Reliability and Generalizability in Qualitative Research*, states this deliberation of consensus for assessing quality and robustness, leaves qualitative research open to critique. He states there are two schools of thought, Dixon-Woods et al. (2004), who place importance on methodology and Lincoln et al. (2011), who place importance on the rigour of interpretation of results. He concludes, in agreement with Meyrick (2006), that both areas of research need "transparency" and "systematicity", which I have attempted in both methodology and interpretation of results.

Finally Leung quotes Kitto et al. (2008), putting forth six criteria for valid qualitative research: clarification and justification; procedural rigor; sample representativeness; interpretative rigor; reflexive and evaluative rigor; and transferability/generalizability. I use Kitto et al. here because

of the mixed method element to the study, as he states positivist research can be examined similarly: validity, reliability and generalizability (Leung, 2015), and I shall examine how the EQ (Baron-Cohen et al. 2004) has been evaluated in these areas in its own section below, before looking at the main qualitative part of this study in relation to Kitto's criteria.

#### **2.1.4.1 The Validity and Rationale for Choice of EQ**

The EQ appears rigorous in construct validity. The criticism from Cohen and Wheelright, (2004) of the measures that have gone before is that they do not measure *only* empathy, and, in some instances are more a measure of another construct. The measures of Hogan EM (1969), and Mehrabian and Epstein QMEE (1972), and the IRI Davis (1980), have already been discussed in the literature review. There were two other choices of empathic measure: the Multifaceted Empathy Test MET, and the Basic Empathy Scale BES, (Jolliffe & Farrington, 2006), however the validity of the later, for measuring adult empathy has yet to be researched as it was primarily developed to test the empathy of adolescent juvenile delinquents.

The Multifaceted Empathy Test (MET), (Dziobek et al. 2008; Dziobek et al. 2011), a task-based test of cognitive and affective empathy used by Deuter et al. (2017) (see above), seems to be, as stated by them, a "well-validated" and "often used" measure for empirical studies (Duesenberg et al. 2016; Dziobek et al. 2008; Grimm et al. 2017; Pokorny, Preller, Kometer, Dziobek, & Vollenweider, 2017; Wingenfeld et al. 2016; Wingenfeld et al. 2014,). It comprises of a computer-based task of examining first context based diagrams of emotional human scenes (cognitive test) in which participants are asked to accurately identify the subject's emotion; they are then told the 'correct' cognitive answer. Subsequently, photos of actual people are placed within the scene for which participants rate the degree to which they feel "empathic concern", (affective). It is the most recent measure and is often used in conjunction with testing biological factors, heart rate, skin conductance and brain region activation. Picture/photographic based visual measures of empathy are considered more ecologically valid than written self-report tests

which ask participants for how they 'generally feel' in certain situations, in that they are a more direct measure of empathic reaction, (although laboratory effects may impact results).

However, this empathic test has not undergone the rigour of validity testing which the EQ has and it was not chosen for some construct validity reasons and some practical ones. Its design is complex and logistically intricate to set up and to ensure consistency across participants, which is perhaps why it is mostly used with biological, neurological and physiological response testing within clinic environment. Also as participants are told the answer to the initial cognitive test, before viewing the photos for affective response, validity is brought into question as we do not know if affective responding is based on this information, rather than purely their affective response to the picture.

The EQ is the most tested EQ measure for validity and reliability, showing internal validity and generalizability. It is simple to administer which lowers the chances of participants making errors with test practice and skewing data. It has good construct validity, good face validity, and good criterion validity, as I shall now explicate.

To ensure the items of the EQ were a good measure of 'empathy', Cohen and Wheelwright (2004), provided the definition to a panel of six judges, consisting of experimental psychologists, and asked them to rate on a two point scale yes or no whether each of the key items related to empathy. The results showed that forty items related to empathy and twenty items (the filler items in the questionnaire) were correctly identified by five out of the six judges and the probability of obtaining such agreement on each item by chance was  $p < .003$  showing that the items do relate to empathy and the test therefore does measure what it says it measures.

It can also be acknowledged that half the questions are written to produce an 'agree' and half for a 'disagree' testing response for empathy answers, to remove response bias, and pilot testing was carried out to cross-validate the study using a separate sample of controls. Cohen and Wheelwright state that this was to check that the questions were comprehensible, that the

measure was producing a good spread of scores and that ceiling and floor effects were not apparent. This was all confirmed.

Furthermore, in the same paper outlining the EQ, Cohen and Wheelwright describe how they used the EQ to test empathy levels of a group with Asperger Syndrome (AS) (N=90 adults, 65 males, 25 females), who were reported clinically to have problems with empathy. They scored significantly lower on the EQ than the N=90 (65 males, 25 females) of age matched controls. 81% scored equal to or fewer than 30 points out of 80, compared with only 12% of controls. They also tested N=197 adults in the general population for previously reported sex differences with female superiority which confirmed that women scored significantly higher than men.

The EQ results correlated with independent measures; inversely with the AQ (Autism Quotient) as would be expected, and directly with the FQ (Friendship Quotient), which measures empathy in close relationships. The FQ looks into the need for close and intimate relationships. The EQ was also found to be inversely correlated with the SQ (Systematising Quotient), further evidencing the construct validity of the EQ.

The EQ has been criticised for potentially containing elements of social skills (Muncer & Ling, 2006). In 2004, Baron-Cohen et al. undertook a study, which examined this. The EQ was correlated with the Eyes Task (a non-verbal mental state inferred test), which again validates the EQ as a measure of empathic tuning; only three items of the scale were found to correlate with the Social Desirability Scale; and a principle components analysis of 110 healthy individuals and 62 people with depersonalisation (a condition which shows lack of empathy) revealed three factors 1) cognitive empathy 2) emotional reactivity and 3) social skills. One year later the tests were repeated, "Test-retest reliability was good and moderate associations were found between the EQ and Interpersonal reactivity index subscales, suggesting concurrent validity" (Baron-Cohen et al. 2004). The conclusions were that the EQ is a valid, reliable scale which includes different subscales with an acknowledgement that this may have clinical implications e.g. if wishing to identify high and low levels of the component parts of empathy, (affective, cognitive or

social) tests measuring these sole components would need to be used. Following these findings, Baron-Cohen et al. (2011), examined the EQ as a shorter, 15 item three factor model, suggesting empathy as a hierarchical factor, underlies all the sub-factors, thus “concluding that the construct of empathy can be measured along a single dimension”, (Baron-Cohen et al. 2011), and that the EQ is a valid measure of empathy.

There are of course limitations to the EQ and indeed all self-report questionnaires. The forced choice format potentially does not allow the participant to expand on their answer as to the experience of empathy, HE or autism, so could result in a reduction of data, which is why the self-report questionnaire sits well with the qualitative interviews providing a starting point research.

The limitations of validity outlined by Baron-Cohen and Wheelwright (2004) are also meaningful and important to mention. One is that the results may contain state as well as the desired trait empathy i.e. participants could have been in a more or less empathic experiencing state when they took the test. Cohen and Wheelwright believe however, that the EQ is testing genetic and early experiential effects at the trait level and not mood states. The idea being that empathy exists, as a real world phenomenon at trait level.

Despite the limitations of the EQ and in agreement with Cohen and Wheelwright, it is arguably the most valid, reliable and practical tool to date in placing people on a scale of experiencing empathy, which is why it was selected as a recruitment tool.

#### **2.1.4.2 Validity (Kitto et al. 2008)**

I will now attempt to address the six aspects of Kitto et al.’s criteria for validity for this research as a whole taking each in turn. *Clarification and justification*; I hope this has been achieved with the justification of choice of the mixed-methods design (in terms of recruitment), the choice of the EQ and use of IPA in particular, and the justification of my research in general

within the literature review chapter, (by identifying a gap in the literature), and its potential uses for counselling psychology and wider society.

Regarding *procedural rigor*: I have attempted to be rigorous with all stages of procedures; when scoring the EQ, (scored three times to ensure the results were accurate); when carrying out the interviews, (attempting to remain warm and engaged, acting from a place of 'needing to know/understand' rather than knowing, consistently across interviews); during transcription, particular attention was paid to accuracy, including non-verbal actions, shows of emotions, truncated thoughts or words, false starts, pauses/silences and unedited grammar, in order to come as close to participants' expression as possible; with analysis, I followed a rigorous four stage process (Smith, Flowers and Larkin, 2008, see 'procedures' for a detailed description of analysis), during which I immersed myself in the data and followed a cyclical process of revisiting the interviews to ensure the description and interpretations were grounded in participant experience.

With regards to *Interpretative rigour*: findings were cross checked with two colleagues (NB raw data was not shared, just select quotes and theme titles), once at the master theme table stage, to check that theme titles related accurately to quotes, (see appendix 13) and once at completion of the first draft narrative account to see if the narrative arc of findings had face validity: language was analysed with a poetic condensation of metaphors, (see appendix 16), as metaphor reaches for a potentially deeper, complex and inexpressible experience which possibly cannot be solely described, I felt this was important to include, (for further examination again, see 'procedures' below). I paid attention to sensitivity of context in terms of the phenomenon itself within the literature and participants' individual life situations (see appendix nine for biographical details); including individual interviews as part of the whole context of the group of interviews and individual quotations, as small parts in the context of the whole interview.

In terms of *sample representativeness*: it may be considered representative of a small sample of eight people with HE: white, heterosexual, middleclass, women, who have lived in the UK for over 20 years, which in the case of IPA may be considered a positive. My sample is not representative in terms of sex, (there are no men) or of class (only middle class, no manual workers were recruited), and it is not representative of women in terms of nationality – most women being from the UK (Scottish, English, part-Irish) but two women born and having lived in other countries, one American-Norwegian, one Hungarian, however both having lived in the UK for over 30 years). Smith Flowers and Larkin (2009), discuss how focusing on a small sample can be a benefit with the comparing and contrasting of findings, leaving the road open for other research to examine similarly small and homogenised samples, to gradually build an accurate picture of the experience across cases. I could have homogenised the sample more by defining the criteria for nationality, but this may have limited recruitment on a practical level and it was not certain how easy it would be to find participants with a score over 70/80 as no statistics are available for the percentage of people with HE in the general population.

In terms of *reflexive and evaluative rigor*, I have attempted to bracket my own material and personal opinion by keeping a research log (see appendix 15) and monitoring on-going awareness of my response to participant interviews and data; I took the interview before meeting participants, by myself and then with a colleague asking the questions before my write-up to assist in this. I have attempted transparency throughout, with detailed descriptions and inclusions of all phases of my research.

Lastly regarding *transferability/generalizability*: here governed by my sample, I have attempted to examine HE, its manifestation for white, middle class women; its impact and management, as might benefit counselling psychologists for client presentations, or those with whom HE participants are in relationship or those in policy making positions for those with potential HE e.g. employers, partners, friends, educators, parents and children etc. I shall examine more the limitations of transferability in terms of IPA within the discussion section.

## **2.2 Procedures**

### **2.2.1 Participants and Sampling**

A purposive, homogeneous sample was recruited for the study, as recommended by Smith, Flowers and Larkin (2009), as “IPA is an ideographic approach, concerned with understanding particular phenomenon in particular contexts” (p49). The sample was to represent a perspective on the phenomenon rather than a population: i.e. having high empathy. My use of the EQ is an attempt to address the subjective and objective layers of HE and the experiencing of it, by first identifying the phenomenon and those people who are experiencing it. In other phenomenological research, participants experiencing the phenomenon under investigation can be easily identified enabling self-selection e.g. Flowers et al.’s investigations into the experiences of being HIV positive (2000, 2003, 2006), or Smith’s investigation into the decision-making processes in candidates for the genetic test for Huntington’s disease. It would be more difficult for participants to select themselves for HE, because of a lack of accepted common definition for the phenomenon. Most of the participants (50 who responded to the recruitment posters), spanned between scores of 55/80 and 65/80, on the EQ, which is considered high by Baron-Cohen’s E-S Theory, but not part of the Extreme E Type brain, which is the focus for this study in order to fill the gap in the literature. One participant for example, who self-selected for the EQ scored 29/80, which according to Baron-Cohen et al. would be considered low enough empathy to be autistic. A valid and reliable measure, used historically within the existing field of research, was felt to be needed, to maximise the contribution the research could make to the field of literature and people with HE. A score over 70/80 on the EQ was set as bench mark criteria to be invited to interview, to ensure this purposive sample.

Furthermore, as Smith, Flowers and Larkin (2009), support adding a quantitative element to the study can offer leverage to findings in terms of bringing about “change in practices and



polices” (p193), because of the hierarchy which is felt to still exist in terms of quantitative and qualitative measures, even when basic standards in positivist methods have not been met.

As IPA is concerned with the subjective experience of phenomena, the first stage of recruitment was self-selecting, by using posters providing a link (see appendix two) and a circulated email (containing the poster) posted on social media sites and put up within as many different settings as possible, to reach as wide a demographic as possible. The technique of snowball sampling (Goodman, 1961) was also used at this stage of recruitment i.e. people who knew people who might be high in empathy were forwarded the link. The poster asked prospective participants whether they experienced HE and if so, invited them to complete the EQ (see appendix five) online questionnaire, uploaded to an online survey site and participants were given specific instructions on how to complete the questionnaire: to leave their name and contact details only if they would like to take part in the semi-structured interview. Prospective participants scores were not automatically made available for ethical reasons, to protect against negative interpretation of scores. The posters were placed in all City, University of London buildings (to reach a range of students studying different subjects) and other institutions/places of work. I targeted artistic forums (music, drama and art), hospitals and other places people where HE might be expected. The first eight participants from the online survey who scored 70/80 or over, regardless of biographical information, were invited to attend the semi-structured interview. This was decided because of potential difficulty finding participants with a score over 70/80, and to eliminate any unconscious bias over selection. It was also felt that any variance that might occur could be of potential interest to the study e.g. male and female participants, across age span (over 18) spanning different professions, class and culture.

#### **2.2.1.1 Participants and Situating the Sample**

The first eight participants who achieved a qualifying score were contacted by their preferred contact (by phone or email). I introduced myself, told them that they had scored over 70/80 on

the EQ and invited them to interview. All participants accepted. Eight, middle class women between the ages of 25-68, of differing family/relational status and professions, although no participants from manual or clerical occupations, were recruited as described above, (see Appendix nine for a brief table of biographical detail). This information has been included, mentioned by participants in their interviews as contextual detail, which was felt to be important by them to include, and which I felt was directly connected to themes, which emerged from the analysis. The data around becoming a mother was included because of the prevalence of discussion around talking about this role literally and metaphorically, within the data in terms of its connection to HE. This contextualising of each participant's life story is in accordance with IPA and the criteria for quality research (Yardley, 2000). The sample became more homogenous than had been expected: white, professional (mostly middleclass), heterosexual women, if not originally from GB, then living in GB for the last 30 years or more, with very high HE. Far from this being a limitation to the study, i.e. treating the sample as "identikit" (Smith, flowers and Larkin, 2008), by making the sample as "uniform as possible according to obvious social factors or other theoretical factors relevant to the study, one can then examine in detail psychological variability with the group, by analysing the pattern of convergence and divergence which arises" (p50). It was therefore considered a positive to the study for these reasons.

### **2.2.2 Interviews**

The interviews lasted approximately 60-90 minutes, held in a private room at City University. Optionality for a similarly neutral, private space was offered. The semi-structured interviews were chosen to allow for flexibility of narrative as each individual told their story. The interview schedule (see appendix seven) was designed with ideas inspired by the literature and the areas of interest implicit in the scope of the research question of the 'lived experience', (e.g. the impact and management of HE) and IPA's breadth and reach concerning human processes (e.g. intrapsychic and interpersonal).

I tried to keep questions open ended, assumption free, and non-leading, to allow participants maximum space to describe their experiences, and with a “light touch” in line with Smith et al. (2009), (p60), I attempted to avoid direct questioning, asking for stories and examples where I could. I took the stance of ‘naïve’ researcher, not revealing my HE status to participants, however, the depth of connection and empathy shared from the start of the process, felt as if there was an implicit, taken for granted sense from the participants that I understood and could relate to them. Often times, I felt like they assumed they were talking to an insider, which fostered a sense of safety and courage to expand on their thoughts/feelings. Opening with a broad question of the experience as a whole gave time for the participant to settle, before more specific in-depth questions asked.

The information generated was rich, upon which I received feedback from my supervisor. My last four interviews were richer in detail as I grew in confidence, asking the participants if they could ‘explain what they meant’ by something they had said etc. As Punch (2006) states the informal semi-structured interview may well alter after the first few interviews, with a greater willingness to ask questions on the part of the researcher, to open up the experience.

### **2.2.3 Transcription**

Interviews were audio-recorded using a digital recorder and transcribed verbatim. Extra-linguistic features were included such as laughter, false starts, silence and pauses, (Willig, 2013). At the para-linguistic level mispronunciations and truncations of words were also included.

### **2.2.4 Ethics**

Ethical guidelines suggested for research by the BPS (2014) were abided by, as were those of City University of London, and full ethical approval was applied for and granted by the

university, (see appendix one). As I was not working with specified vulnerable populations, excessive safeguarding was not necessary. The areas of ethical importance were two: respect for participants, including informed consent, debriefing, privacy and confidentiality; and secondly, integrity of scientific research (reflexivity, accountability and transparency).

Respect for participants included careful consideration and accurate information on recruitment posters (see appendix two) and the introduction to the online EQ (see appendix three); at all points in the recruitment process, and the interviews, participants knew they had the right to withdraw; informed consent was gained verbally and by presenting participants with written briefing sheet and consent form, (see appendix six and four) and time was given to read and decide if they wanted to be a part of the research before signing and undertaking interview; briefing sheet included detailed information about the study, contact details of researcher and supervisor, as well as the complaints procedure; participants were informed the interview data would be kept anonymous and confidential.

Regarding confidentiality, after transcription, participants were given pseudonyms, identifying data removed/replaced: documents containing real names and pseudonyms were kept in a password-protected file on my computer, as were interview audio files; consent forms with real names were kept in a locked draw, along with the recording device.

At the interview end, participants were asked how it was for them, as part of debriefing ensuring that any emotional or psychological issues arising during the interview could be addressed before leaving. The debrief sheet was given (see appendix eight) and participants were alerted to contact numbers of related support avenues, should further assistance be desired.

I have endeavoured accountability, integrity and transparency in my scientific research by providing details of my process and hard copy documentation in the appendices. I attempt to stay true to meanings of participants, the information given and its context. My interpretation of data was carried out with an intention of deepening and elucidating understanding of and for

each participant, by attempting to bracket my expectations and pre-conceived ideas in a journal, both before and after interviews, and allowing the data to breathe its own life into emergent themes, especially those, which were unexpected.

### **2.2.5 Analysis**

The data was analysed using Interpretative Phenomenological Analysis (IPA), as stated above, the four-stage process (Smith, Flowers and Larkin, 2009), specifically an ideographic (Lamiell, 1987; Smith 2004) interpretive analysis.

After transcribing interviews, listening to them slowly, I was immersed in the data to the degree that I could hear participants speaking as I read the interviews. Upon first re-reading after transcription, I noted down any ideas and connections. With subsequent readings, in the right hand margin I wrote provisional coding or labelling.

For the first stage of the process, I looked for emergent themes, linguistic analysis and more abstract interpretative concepts, written in the left hand margin. Any psychological analysis in relation to counselling psychology, I highlighted for vigilance, in case interpretations were crossing into psychoanalytic interpretation or treatment formulations and away from interpretation grounded in the data.

For each interview a table was drawn up with themes, quotations and page numbers, (see Appendix 11 for an example). For each interview a small process of poetic condensation of metaphors (Ohlen, 2003) was conducted (see appendix 16 for examples), paying specific attention to participants' language and use of metaphor as a tool for expressing hard to define internal feelings and processes, in the hopes of excavating richness and texture of participants' accounts. Rhythm, style of expression and any emotional non-verbal communication noted in the transcript was also attended to.

The themes were formed into a list and then clustered, making connections between them, from which emerged preliminary superordinate themes. This process was followed for each

interview and patterns identified across case. After four interviews had been provisionally coded and themed, themes were again listed and clustered into superordinate themes. The same process was then followed for the remaining four interviews. Themes and quotations from interviews were then separated from their interviews and grouped with others, both which were similar and which contradicted.

A master table was then drawn up with the superordinate themes, themes, and sub-themes: quotations, line numbers and participants' names (see appendix 12 for an example of one superordinate theme for all participants and appendix 13 for the master theme table for all themes and all participants). As this was done, themes and quotations were re-checked for accuracy, some were moved, some theme names were altered. Interviews were revisited where the context of the quotation was unclear and interpretation and participant meaning clarified.

The superordinate themes were organised narratively and a tentative psychological model was drawn up detailing participants connected experiences of HE. This model can be found in appendix ten.

This was finally written up into a narrative account supported by verbatim extracts from each participant. This served as a process of refinement for analysis: quotations moved and were cut. The original write-up revealed a substantial amount of analysis, themes and subthemes; a process of cutting sub-themes was necessary, without losing too much meaning. A rigorous process of sifting through the account was undertaken ensuring meaning across cases and individual participant experience was encapsulated.

The final draft analysis tells the story of HE as it came together from the sum of its parts. As with all qualitative research, procedure remained flexible and connected to the sensitive interpretative process, moving back and forth from the 'parts' (themes and quotes) to whole interview, ensuring analysis was grounded in participants experiences.

At the analysis stage, resided the constant balance between description and interpretation. It began strongly in describing participants' raw experience; staying true to words at face value,

revealing their own conscious endeavours to carve meaning into what evolved as a relatively confusing and often times hard to define experience. It was difficult to move away from this for fear of not doing 'justice' to their stories, yet as I progressed with the cross-case connections, I began to see similarities and differences between participants, which I felt opened up clarification of meaning of HE.

The participants' own search for understanding and interpretation, willingness to engage in the research, quest for clarity and potential need for validation of their experiences, gave me impetus to provide some tentative explanations and interpretations of their meanings: exploring the function of conscious thought, often connected to attempts at management.

Using my background and training as a psychologist, I allowed myself, as IPA affirms, (Smith, Flowers & Larkin, 2009) to venture interpretations and bring together individual meaning to provide a tentative psychological model of the experience as a whole.

## Chapter Three

### Analysis

#### 3.1 Theme List

**Table B.1. Theme List**

1. Making Sense of HE
  - 1.1 The Need to Define HE
    - 1.1.1 Tuning into Other People: Other People's Shoes
    - 1.1.2 Embodied Empathy
      - 1.1.2.1 The Physical Processes of HE
      - 1.1.2.2 Feeling in your Body Somebody Else's Body
      - 1.1.2.3 Personal Physical Responding to Others' Distress
    - 1.1.3 HE as Female and Part of 'the Feminine' Role
  - 1.2 HE Experience and the Self
    - 1.2.1 What's me, What's HE?
    - 1.2.2 HE as Part of the Self from Childhood: Search for Causality
  - 1.3 Perceived Manifest Experience of HE
    - 1.3.1 Reading People and Prediction
      - 1.3.1.1 So present, I'm not Present: Memory, Names and Logistics
      - 1.3.1.2 The Need to Connect
    - 1.3.2 Intense Everyday Experiences: People, Music, Film and Media
    - 1.3.3 Concern for Others
    - 1.3.4 Concerns for Justice
      - 1.3.4.1 Need for Precision and Truth
      - 1.3.4.2 Fighting for Others
    - 1.3.5 Concepts of Time: Time lost, Time Controlled
  - 1.4 Evaluating HE: "a Gift" or "a Ridiculous Vulnerability"
    - 1.4.1 A Mixture of Experience: the Duality of Positive and Negative
      - 1.4.1.1 The Positive: Spiritual and Poignant, Pleasant and Useful, a Professional Plus
      - 1.4.1.2 The Negative: Difficult, Overwhelming, Confusing and Draining, a Risky, all Consuming, Disabling Burden



- 1.4.2 Evaluating HE in Relationships: Facility to Understand or Intrusive/Castrating
- 1.4.3 To Have, or Not to Have HE

## 2. Impact of HE

### 2.1 Physical Well-being

- 2.1.1 Anxiety and Panic attacks
- 2.1.2 Exhausting and Draining

### 2.2 Psychological Well-being

- 2.2.1 Concerns with Emotion
- 2.2.2 The Lost Self: Suppression, Devaluing and Loss of Boundaries
- 2.2.3 Naivety and Gullibility

### 2.3 Intra Psychic Processes

- 2.3.1 Analysing, Processing and Worry
- 2.3.2 Identity and Roles: Helper, Therapist and Parent/Protector
- 2.3.3 The Perceived Self: an Odd Dichotomy

### 2.4 Interpersonal Processes

- 2.4.1 Taking Responsibility for the Other: Understanding the Other to My Detriment
- 2.4.2 HE Imbalance: Conflict with Getting Needs Met
- 2.4.3 Power: Dynamic of Control or Abuse
  - 2.4.3.1 Having the Power
  - 2.4.3.2 Being Vulnerable
- 2.4.4 Social Anxiety and Group Processes
  - 2.4.4.1 Flooded/Overwhelmed: Tuning in Socially
  - 2.4.4.2 Social Glue, Caretaker, Maintaining Group Equilibrium
- 2.4.5 Relationship Burnout: Concerns about Having Intimate Relationships

## 3. Attempts at Management

### 3.1 Internal Processes

- 3.1.1 Analysis: the Need to Understand
- 3.1.2 Reframing and Redefining the Experience
- 3.1.3 Time and Space: Meditation and Blanking the Mind
- 3.1.4 Avoidance, Distraction, Displacement and Intellectual Defence
- 3.1.5 Intellectualising and Desensitising: Emotional Defences Against HE

- 3.1.6 A Sense of Self: Boundaries, Mastering Emotion and Self Care
- 3.2 Interpersonal Processes
  - 3.2.1 Shutting Down and Withdrawing: Detaching
  - 3.2.2 The False Social Self
  - 3.2.3 Transference and Projection: Attributing Own Meaning to Others Emotions
  - 3.2.4 Choosing Protective Relationships with Others: Higher and Lower HE
- 3.3 Physical Management: Activities and Processes
  - 3.3.1 Harnessing HE
  - 3.3.2 Catharsis and Relaxation: Switching Off the Mind, Distraction and Physical Release
  - 3.3.3 Medication
- 4. Mature Empathy and Wisdom: An On-going Challenge
  - 4.1 Learning with Age: Management Process over Time
    - 4.1.1 On-going Struggle
  - 4.2 HE as Wisdom
    - 4.2.1 Acting on HE
    - 4.2.2 Letting HE Just Be...

### 3.2 Introduction

The following analysis is an attempt to offer some insight into the participants' experience of living with very high empathy. See figure B.1. for the list of themes and subthemes as they are explicated below.

The data is divided into four superordinate themes and subthemes. The superordinate themes focus on the process of meaning-making for each participant with HE and have taken on a thematic and sequential structure. At the thematic level, analysis follows participants' exploration of; making sense of HE, (definition, embodiment and manifest experience); impact, (on sense of self, life and relationship processes); and attempts at management. At the sequential level, the research follows participants' processes of looking back on early unconscious experiences of HE; a with-hindsight search for meaning and understanding from childhood to the present, followed by an on-going struggle with its analysis and management, (both functional and dysfunctional); concluding with participants' aims for mastery over the experience, and for some an 'empathic maturity', culminating in a sense of attuned empathic wisdom.

Direct quotations are taken from the interviews where participants describe, interpret and create meaning. Care has been taken to provide anonymity: pseudonyms are given and all identifying information is substituted or left out. The quotations are identified with the pseudonym and line number in brackets at the end of each quote. Pauses are shown with: ..... or [pause] or [silence] for longer moments. Non-verbal communications and expressions are set out in parenthesis [ ] e.g. [sigh]. Particular attention was paid to breathing and pauses where this was felt significant, as emotional, cognitive and somatic internal processes are often expressed by a change in breath. Text, which is omitted is indicated with: brackets and full stops [....]. Where there is simply full stops i.e. .... this indicates the sentence goes on unquoted. The words in *italics* are participants' words taken from the referred to quotations to emphasise participants' meanings. Where it felt important, some of the literature was include in

the analysis so as to connect the findings to the theoretical field and avoid repetition in a separate theory discussion section. (See Sinclair & Milner, 2005, for examples of IPA research using this presentation).

### **3.3 Analysis**

#### **3.3.1 Superordinate Theme One: Making Sense of HE**

This superordinate theme follows participants' processes of attempting to make sense of their HE experience. I start with participants' definition of HE, consisting of their descriptions and interpretations of the embodied, emotional and psychological lived experience. The following subtheme, forming part of this 'sense-making' emerged as an examination of HE as part of the self, an analysis which most participants found intrinsically challenging, expressing an awareness of the contention between separating the experience from the self. This theme goes on to look at participants' search for causality for their HE, (examinations of early childhood experiences and dynamics), and this is followed by literal examples of manifest HE in terms of intense everyday experience, interpersonal relating and personal values (i.e. concerns for justice), and lastly, I will examine participants' process of HE evaluation.

##### **3.3.1.1 The Need to Define HE**

The interviews show continued attempts to define what HE means in relation to different aspects of self and life. Defining HE seems to serve the function of attempting to bring together many aspects of participants' experiences; descriptions are both similar and broad in their cognitive and physical manifestations for all participants.

Common to all participants' definition, is the ability to *tune into other people*:

I can really put myself in other people's shoes (Verity, 20)

This metaphor of walking in another's shoes suggests an ability to fully experience the perspective of another by positioning themselves precisely in others' world context.

Rose specifically talks about understanding others' mental perspective:

Tuning into other people, actually I think the main thing is tuning into everybody else's frame of mind and theory of mind (Rose, 15)

Rose goes on to claim an ability to:

tune into other people's experiences and I do it *quickly* and *easily* (Rose, 20)

Anna specifically mentions experiencing the *feelings* of others:

I really understand how people *feel*, so I also see people in quite a vulnerable state. Erm, and I can really relate to what they are probably going through (Anna, 26)

Participants' definitions of HE as cognitive, emotional and embodied, are echoed by the literature e.g. Theory of Mind, (Ashington et al. 1988; Wellman, 1990) Mindreading, (Baron-Cohen et al. (1995) and Gallese et al. (1998), mirror-neurons, emotional Resonance and Simulation Theory.

### **Embodied Empathy**

HE is defined by participants as being rooted in the body, which I have separated into three aspects; the descriptions of participants' personal physical and literal processes of HE i.e. the idiosyncratic systematic physical processes described as taking place within each participant's body during the experience of HE; the somaticizing of another's physical/emotional experience; and lastly, personal emotional and physical response to attuned experience.

Esther attempts to describe her physical process as one of *language translation*:

...difficult to explain, I'll experience their pain, if it's pain, or whatever they were feeling, almost in a stream of something I'd be writing, so it would come as a written message, [...] So translating, pretty much, so for me it would translate, almost as if I could just dictate it

or write it, it would come almost in the shape of words, but more as a language, not a vision, or not music, it would be language, so I would be reading them (Esther, 331)

The difficulty of putting this bodily experience into language here becomes clear in her staccato mode of expression e.g. every few words Esther breaks off slightly, indicated by the commas.

Verity also defines her physical process, explaining it's like *getting a download*:

like a download, like I feel, what it might take someone five mins to put in pictures or a whole page in a book comes to me like 'boom' and it's like I know. (Verity, 671)

With this immediate *download* or *knowing* of others' perspective, comes her described sense of their future, discussed later under the theme of 'Prediction'.

Anna describes a similar oral experience to Esther, and a sense of *anticipation* and *prediction*:

I don't hear voices, but I can almost hear their thought process. Erm, and, anticipate what they are going to say and often, I'm correct in predicting how they would behave and what they will say next (Anna, 57)

Rose explains her physical experiencing of HE is cognitive and raises the element of *consciously interpreting*:

I experience it more in the brain, like on a real cognitive level. I'm like consciously interpreting and thinking about what everyone else is doing and going through (Rose, 541)

It is perhaps this cognitive part of the HE process, which is open to misinterpretation and projection. We might assume Rose means by *interpreting*, that she gives meaning and attempted clarification to the attuned experience of others: where language must be placed on experience we begin to come away from the life-world and begin to construct experience from our own perspective, giving way to interpretative error.

Rose goes on to describe a similar sense of Verity's *download*, which she hears as *conscious thought*. She describes a client session:

a conscious thought, he's on his own. I don't know how much I experience it physically. I'm sure I do, but that's not how I remember things (Rose, 552)

It may be that Rose is only aware of conscious thought and not of her unconscious emotional resonance, (Gallese, et al. 1998), as despite not remembering HE as a physical experience, ten lines later she states:

I can *feel it*, like sometimes if someone is super anxious in session, I just get anxious *off just observing the anxiety* (Rose, 570)

This leads us onto my second aspect of embodied empathy: feeling in your body, somebody else's body, which Mary names in comparison to people without HE:

if they could you know, sort of physically feel things that other people feel, or be able to imagine it, then maybe they could, they would not have done that thing or they would, you know, so I think if you didn't have empathy or very much you would probably, [sigh] yes, you wouldn't be as good at helping others (Mary, 823)

For some of the participants this does not end with feeling physically the emotional feelings of others, but extends to experiencing their physical experiences e.g. illness:

when my father was ill he had cardiac problems and I immediately developed sort of what I thought was having a heart attack [...] and the doctor pointed out that I was taking on my dad's illness at the time (Sarah, 87)

Esther discusses this capacity:

I get glimpses of it, but I would not actually allow it [...] if you are very high on empathy, you can somatise very very easily, [...] I actually prefer not to be visibly near anything that's too acute. Chronic I can deal with but acute. No. But yes, I think it's close, it's not that difficult to feel in your body somebody else's body (Esther, 1057)

For Esther, it's a controllable experience, yet her preference *not to be visibly near*, anything *acute*, suggests watching physical symptoms could induce somaticizing symptoms, again expressing potential lived experiencing of Simulation Theory, (Gallese et al. 1998) and potentially Mirror-Touch Synaesthesia. This information potentially raises questions for the

management of HE. Is a difficult situation easier to manage if a person with HE pays less close visual attention to the emotional or physical distress? A question for further research.

The third expression of embodied empathy is participants' personal responding to attuned physical and emotional experiences of others. Participants describe a complex web of factors that influence this. It seems to make a difference whether the person being tuned into has empathy for the person with HE:

breath sort of high, I think yea, definitely, I think sort of nervous and not at all like myself. My normal self is to be quite calm, but in a situation that is quite emotionally challenging I probably turn into quite a nervous person [...] if the other person is not showing empathy towards me, then I would stop being able to express myself (Alice, 108)

Another factor which seemed to have an impact on the participant's personal response to attuned emotion which manifests in their bodies, is how the person with HE has encountered the attuned emotion before e.g. if there are their own personal traumas around the experiences of the other. I saw this particularly with Verity and Sarah, who openly discussed their traumatic childhood experiences and how these old emotional experiences could get re-stimulated as they attuned the emotion of others, experienced very much as within the physical body.

In order not to be overwhelmed by HE, participants all report needing to gain clarity and control over emotion in general and their own past in particular. Without this clarity and control, physical anxiety, is experienced by participants as the predominant response, explored more in both the themes concerning the impact and management of HE.

### **HE and the Feminine and the Female**

Lastly, I will briefly consider participants' definition of HE as part of 'the feminine' i.e. gender stereotyping and 'the female', HE as biological sex differences. Rose encapsulates the general feeling:



I'm sure women have higher empathy levels than men, because we are more the head of the family and taking care of the kids, and what are everybody's needs and we have sort of been the last person standing in terms of what are our needs and what like, who meets those? (Rose, 318)

Rose as a woman, especially a woman with HE, feels she takes on the role of tuning-in and taking care of family needs. These are cultural expectations and experiences of female biological reality (at least for nine months of pregnancy and beyond if the mother chooses to be the primary care giver to her child, particularly with breast feeding). These are potentially felt as pressures by women in general, and those with HE in particular.

The paradox for Rose is while HE gives her capacity to sensitively attune the needs of others, it means she must take more time away: later she states how being a full-time mother could entirely swallow her being, by which she may mean, that she feels she would lose her sense of identity and connection to her own emotions, thoughts and wishes. This loss of self, is discussed by many other participants in relation to their HE.

Similarly, Anna discusses HE as female, discussing social gender roles:

It tends to be women. I don't think I've ever met a man, [...] Males who have high empathy levels are actually slightly irritating. Yea, there's that terrible phrase of them actually being quite girly. It feels actually quite unnatural for a man, and yet you seek that in relationships [laughter] (Anna, 846)

Anna, not in a relationship, describes searching for a stereotype notion of 'the masculine', with qualities of HE, which she associates with feminine gender roles: her laughter seemed to indicate a potential understanding that while HE may be somewhat governed by 'normal sex differences (Baron-Cohen's Empathising-Systemising and Extreme Male Brain Theory, 2004), some of what she is expressing is a social construction of gender roles: that women with HE are 'girly', as are men with HE. 'Girly' also has connotations of immaturity and is diminutive to the power of an adult woman or man. To describe men with HE as *girly* seems to undermine the power innate in the skill of HE, i.e. the capacity to tune into the thoughts and feelings of others and the adult power inherent in this ability for both men and women.

This theme of defining HE, has shown HE to be experienced across all cases, cognitively, emotionally and embodied, with an overall sense of HE as pervasive and enduring:

It happens with everyone I have a relationship with (Rose, 55)

It's difficult because it would be just all the time (Nancy, 300)

Does it stay with you? Well, I still feel it very vividly speaking about it now, so I think so (Mary, 60)

It is defined as attentive and intense. Here Esther describes her HE as manifesting in paying attention to others, one of the reasons for experiencing HE as intense:

it's attentive, it's intense (Esther, 929)

And amongst the detailed idiosyncrasies, definition was felt and demonstrated by all as being a desired and necessary, but difficult process. Anna makes this point, after being asked to define HE, saying, "it's complicated really isn't it" (334). The defining of HE is made more complex by participants' sense that the phenomenon of HE is indivisible from the self. This provides the focus of the next theme.

### **3.3.1.2 HE Experience and the Self**

#### **What's me, what's High Empathy?**

It's really difficult to know if it's empathy or if it's just me [laugh]. (Mary, 244)

Mary describes her struggle to separate the experience of HE from herself, and most participants describe this difficulty when interpreting HE.

I ask Anna directly about this idea: if HE is at the core of who she is?

Oh of my very existence, but I've never really sat and labelled it. I've never labelled it. (Anna, 527)

She responds quickly, with an emphatic, *Oh*, as if this is beyond doubt. The repetition and tone of the assertion, she had *never really labelled it*, seemed to indicate her self-revelation in that moment: that HE is indeed at the centre of her life experience. It seemed to indicate a sense of surprise, elation and possibly disbelief: at nearly 40, how had she not before labelled the experience?

The implication is seemingly for most participants, that HE is what *being me is*: and that awareness of having HE came as a process, with increased clarity over time.

Sarah also describes HE as being part of the self, naming it as *trait based*, (see Knafo et al., 2008 for research into empathy as a genetic and enduring trait). She shows her excitement and sense of relief, as her tone becomes louder and celebratory at feeling justified to claim HE as part of the self at trait based level. She had felt previously invalidated by others pejoratively dismissing her experience as emotional reaction, as being *over sensitive*:

my oldest son, I think has very similar traits [...] that for me has been really exciting to see. It's not just me being a little bit, over sen..I've always been called over sensitive. So I can see it's not just over sensitive, it's actually in tune with other people. And I can see how good he is with that. (Sarah, 54)

Other participants also express a desire for, and relief at gaining validation for their HE. Many found this as a consequence of scoring highly on the EQ: that the phenomenon is worthy of research and something that might possibly be defined and measured.

Sarah also at one point, compares herself to characters in superhero fiction, "Empaths", who are otherworldly creatures. It's as if her HE is so much a part of who she is, that it has made her 'other'.

Esther makes the point of HE being part of the self, with a metaphor of having perfect pitch, a biologically innate talent or skill. When asked if she could describe in detail any specific times she had the experience of HE, she gave the following explanation of her process. When she says *what they were meaning to say*, she is referring to hearing the others thoughts and intentions, rather than what they were actually saying (or not saying):

All I could hear was what they were meaning to say so, there isn't that, standout trigger, *it's just the way, I seem to have.....* [deep breath], you know, it's a bit like if you have perfect pitch, which I also have, you know you'll hear, much quicker if a tone is just slightly off, but there isn't one particular song where you notice it, it's just, you just have quite acute hearing. (Esther, 107)

Esther breaks off without finishing her sentence, *it's just the way, I seem to have .....*, we might guess, *been made*. She takes a deep breath and there's a sense of struggle in the attempt to translate her experience into words, reaching for poetic metaphor.

Mary goes on to describe and demonstrate her struggle at dividing empathy from the self in the following exert:

it's really....part of yourself, so then it's hard to sort of describe it in terms of empathy [...] I'm just someone who has high empathy and that probably effects me most of the time and it sort of flares up all of the time, or I'm aware of it a lot. So I'm doing the whole, okay so, on kind of high alert for what someone is feeling or saying and kind of trying to work out what that means, but in terms of myself, I don't know exactly...[...] it's sort of hard to look at it when it's something that you're always, it's always coming in, rather than, like I can't really see it, it's just something that I feel and try to work with. (Mary, 452)

Mary's language alludes to how she is at the mercy of the experience; '*flare up*' is defined as "a sudden outburst of something often denoting hostility or violence" (OED): medical conditions '*flare up*', perhaps alluding to her sense of being vulnerable to the unpredictable intensity of HE. She reports formulating for the first time what having HE means to her, (the youngest participant at 25), as *something I feel and try to work with*: an emotional experience, needing management. She uses the word *hard* three times in this exert. She tells us simply, *I don't know exactly*, in contrast to Esther, (the oldest participant at 68), whose interview is full of management advice and perceived clarity. This discrepancy between the younger participants and those who have had more time to learn about their HE is clear, perhaps indicating awareness of HE as a process evolving over time. The staccato rhythm of Mary's narrative seems to highlight her struggle for definition and her tone is one of frustration: despite her statement of *not knowing*, she would like to *know exactly* what HE means and how it manifests, a desire expressed by most participants.

This need for cognitive and emotional precision and truth will be discussed later. Mary's attempted definition describes HE as both *part of the self and coming in*, potentially relational, certainly outside of the self, again typical for all participants. Later in the interview, Mary describes going to a concert where her empathy is not needed. These non-verbal, non-relational activities are seemingly when participants come closest to experiencing themselves without HE:

positive experience, [...] stabilising almost, back to really really me rather than me plus empathy or me plus the extra, not necessary bits. (Mary 713)

Paradoxically, Mary expresses the experience as both a part of the self *and* taking her away from herself. The *not necessary bits* likely her emotional tuning into others, the impact this has on her and the management of this.

As with Mary, when participants speak about self and identity, life experiences or relationships there is a sense that these are inextricably linked to HE: that HE is a significant part of all experiencing. This theme of 'what's me, what's HE?' shows participants' difficulty in viewing HE solely as an experience which comes and goes, and therefore as separate from the self. HE is viewed as continuously present, impacting upon all life experiencing. Seldom do participants experience themselves without the presence of some aspect of empathy e.g. its impact or its management. This notion underpins all interviews and has become a foundation upon which the following themes are built.

### **HE as Part of the Self from Childhood: the Search for Causality**

Another way participants explored the experience of HE, is through a process of looking back to early childhood. Examples of early HE with parents and nursery classmates supports the idea that HE is felt as always having been present. Esther states:

it was pretty much constant...yea, it's a noisy, noisy background. I mean, that's all I heard in my mother, in my father in my, you know, in my fellow nursery playmates, and [laughter] everybody. All I could hear was what they were meaning to say (Esther 105)

She also explains:

I would hear someone's subliminal stuff more..... clearly than, or I'd attend to it more than their verbal output. So I could always tune somebody's intention or what they meant to say. And I think for a little girl it's confusing, I think all children have it, but,....if it's very loud, it's confusing because you're thinking "why are people saying the opposite of what they mean?" (Esther, 74)

Esther's laughter in the first extract seems to express her feelings of exclamation that this was a *lot* to process as a young girl. It was not just operating with her mother and father with whom she lived, but everyone she encountered, even nursery playmates. Despite her thoughts that *all children have it*, she explains how her experience of HE set her apart and this was confusing until she understood it more:

by the time I got to school, I was aware that I was not meant to hear it. So then I was okay. But I was confused when I was little, cos I just didn't know, I thought everyone else could hear the same way, they could see the same way and I kind of just didn't understand them, so why are we fibbing? Later on I learned that most people don't hear it that way, so then it was okay. (Esther, 145)

Her last sentence appears contradictory to her statement that *all children have it*, perhaps guarding against feelings of grandiosity or omnipotence, which some participants report.

you just go, does nobody else notice that the emperor hasn't got any clothing on, and it's confusing (Esther, 77)

Esther draws on the allegorical story of the Emperor who wears no clothes; sold an expensive invisible suit, which only the wise can see, he goes into procession wearing no clothes. His people did not speak the observed reality in order not to appear unintelligent. Esther sees herself as the only person in the crowd who was willing or able to see that the Emperor is naked, and through this metaphor, we feel the potential sense of separateness and confusion at others' irrationality that she may have felt as a child.

Esther's statements of not feeling different from others, perhaps indicates this as a reframing of the experience over time, rather than this being how she always felt. Reframing is a way of managing HE, discussed in greater depth later.

Other participants, conversely, (Mary, Nancy, Verity, Anna and Rose), report an on-going feeling of confusion and difference from others in terms of HE.

Many participants describe this difference from others as a sense of feeling somewhat older than their young selves. Mary encapsulates this when she says:

I've always felt responsible to, the feelings of most of my family, especially my mum...And even when I was little she used to say, you know, like, I was always wanting to help, I was just sort of being the mother, you know, being too old for myself in that sense. (Mary, 218)

Identifying with the *helping* role and taking on the role of *mother* is examined later, as is taking responsibility for the other in relationships. Participants were experiencing this sense of responsibility from the beginning of their lives and this often gave them a sense of feeling older than their years and for some, a preference for adult company.

Mary talks about feeling responsible for others, as do many participants, and experiencing this with a sense of guilt. This may in some way support the research of Zahn-Waxler and Van Hulle (2012), which discusses the development of 'pathogenic guilt', as a result of 'hyper-empathy'. Esther names this *inappropriate guilt* as she recognises that no child is responsible for an adult's needs:

lots of inappropriate guilt, lots of inappropriate you know, making others a priority, and not prioritizing yourself. Yea. Early days, absolutely, early days I would just be *dodging, angrily* (Esther, 950)

*Dodging angrily* refers to Esther dodging subliminal requests for her to meet the emotional needs of her family and feeling angry and guilty about not meeting them. Feeling anger as part of a reaction to tuning into the needs of others and experiencing *inappropriate guilt* from a refusal to meet others' needs will be discussed later in the theme of 'Psychological impact'.

Participants' process of looking back to the experiences of childhood to make sense of their HE, also manifested with a search for causality with examinations of genetics and environment.

Nancy simply states:

I think my dad has very high empathy and I wonder if it's actually inherited from him (Nancy, 387)

And Rose:

is it learned or is it genetic because, did I grow up in an environment where parents weren't able to meet my emotional needs and so, I was much more highly able to meet other people's emotional needs, or was I just always like that. (Rose, 46)

Verity feels her traumatic upbringing is part of why her HE is high; that she developed the skill of how to make her parents feel better. This is reflected in the literature (Tully et al. 2017):

pretty traumatic upbringing in that they were always arguing and I just think that I developed young how to monitor the situation...Like how to make them better (Verity, 328)

All participants searched for reasons why their empathy is so high, examining their nature and nurture by looking back to childhood dynamics and experiences, indicative of the potential weight of the HE experience.

### **3.3.1.3 Perceived Manifest Experience**

In this theme I attempt to give examples of how participants feel their HE literally manifests in far reaching aspects of their lives. These themes are therefore widely different, connected by their everyday, pervasive and life constructing nature seemingly inherent in the experience of manifest HE. These pervasive and enduring manifest experiences of HE seem to form the very fibre of participants' lives, for example: participants' daily interpersonal encounters and their sense of 'mind reading' others with a capacity to predict the future; encounters with the news and media; HE's manifestation in the construction of their sense of justice which governs their



response to people and the world; and the manifestation of HE on their relationship with 'time', a practical man made construct which pervades all life experience.

### **Mind Reading and Prediction**

Participants' descriptions of reading others are connected to a sense of ability to predict how the other might feel, what they might say or do in the present, and how this might play-out in the future. Esther describes the process of "reading them" (341) above, and Sarah describes her process when she explains how she "pick[s] up on body language" (161), going on to say:

I see myself as sometimes getting things right and predicting behaviors in other people.  
(Sarah, 537)

Rose similarly states that she has:

...tons of a sense of what might happen (Rose, 805)

We have also seen from Anna, she feels she can "anticipate what they are going to say and often" feels "I'm correct in predicting how they would behave and what they would say next" (57).

For Anna this is not an enjoyable experience: she often feels people do not speak their emotional truth or intentions:

I know exactly how they will then subsequently behave and that doesn't have to be the next hour or the next day, but around the issue for a period of time and, and, and sure as hell that often is the way and I don't enjoy that (Anna, 111)

Anna's tone becomes louder and more intense; her frustration and possible anger at what she interprets as essentially feeling lied to or manipulated, comes across. In this instance the other is aware of their own true thoughts or future actions and it's that into which Anna is tuning – not a clairvoyant sense of the future unknown to the other. And Esther makes this differentiation:

I never think of myself as clairvoyant, I think of myself as fairly intuitive, so I can kind of figure people and sometimes it looks clairvoyant, I just get things right or they seem to happen the way I have foreseen them, but I wouldn't pronounce myself clairvoyant (Esther, 1069)

Yet she feels prediction and clairvoyance are connected:

if you are tuning people, it's not that far fetched to think that you would predict within reason what might happen to them, I don't think it's that far fetched, maybe [clairvoyance] it's one level up. (Esther, 1072)

Verity similarly doesn't feel her HE prediction is "paranormal", in fact it's so commonplace for her that she doesn't comprehend how others think this is different or abnormal:

it doesn't seem paranormal to me and I don't understand why some people don't get it [...] comes to me like 'boom' and it's like I know. And it can weird people out. And ever since I've been a child my mum says I've been like that. So! (Verity, 860)

Her exclamation at the end of her statement seems to re-enforce that it is normal to her.

Nancy draws the comparison with being psychic, asserting it is not that, but rather her HE enabling her to *pick up cues*:

having high empathy makes me aware of when people are going to do certain, things? It sounds silly to put this word on it, but I started thinking, am I psychic, because it's not being psychic, I'm and I'm quite scientifically minded, so I don't really believe in stuff like that and I'm aware that *it must be picking up cues that I'm sort of subconsciously picking up*. (Nancy, 25)

Nancy tentatively phrases her revelation in the form of a question (25): the experience of HE seems partly about not coming across as *strange* or *weird*, she may feel cautious about sharing certain connections she makes with HE for fear of judgement, as Verity said above "it can weird people out" (859).

### **So Present, I'm not Present**

This emotional and cognitive *reading* of others was described as the overriding automatic preoccupation when interacting, to the exclusion of attending to factual or logistical information.

Verity says:

I can't ever remember any names, so if I'm in an audition or, I'd have to probably sit and prepare [...] I had this experience where I saw this director in something and um, he rushed over to me and he was talking to everyone going, I did Verity's first TV job, and they went, "what's that?" and I couldn't remember and he had to say the name. Oh my God! It's like ridiculous. (Verity, 182)

You know a bit kind of spacey [...] it's almost like I'm so present, I'm not present, [laughter], sometimes. Does that make sense? [laughter]. So all the little things, sometimes, it's almost like, yea... (Verity, 397)

Her laughter shows awareness of paradox: how can you be so deeply attuned to the present, that it appears as if you are not present?

Her question possibly functions as a request for reassurance that I am not, to use her words "weirded out" by the paradoxical meaning she is making. This may be in some way related to Baron-Cohen's E-S Theory, higher empathy-lower systemising skills: participants' attentions are not on these aspects considered '*the little things*'...

Sarah also experiences this manifestation *so present, she's not present*: when only remembering a person, from a sense of their emotion:

that's the bit that helps me remember the person. So it's about their emotions and how they present them. (Sarah, 242)

Mary adds:

starting a new course, and oh saying hi, I'm so and so and then they say their name and you've lost it already because your head's all thinking about something else. [Laughter]. Yea, I'm finding it quite hard (Mary, 384)

All participants discuss experiencing a lack of attention to logistical or factual detail, which might come across as not being '*present*' in certain situations. Rose explains:

I can sit with a client six months after we've discussed something [...] I can remember all of that. Whereas, visuals, faces, names and things that *aren't as meaningful to me*, I forget (Rose, 556)

Esther states it's not just a question of what is decidedly meaningful, but rather a subconscious and automatic process of HE:

I probably just read them, cos that's what I do without thinking...I'm not thinking it, I just connect, connect means I'm translating, translating means I'm figuring who they are not what their name is or what their job is (Esther, 534)

The manifest experience is about connection.

Alice similarly describes a focus and prioritisation of “connecting” over other information, which also means taking on emotional responsibility for the moment:

I can't listen to the directions that they are giving me because I have to connect with the person that I'm talking to [...] so I'm not actually listening to the directions at all, so Google maps has really helped me! And I would definitely say that that is something that's related to high empathy because I am sort of more worried about that moment that I'm having with that person than the fact that I have to get somewhere (Alice, 131)

I would like to note here, the exclaimed acknowledgment of technological help, which reportedly takes some of the struggle out of day-to-day management of HE, and potential pressures of systemising skills. Participants' manifest experience of reading people, can be seen as related to descriptions of manifest need to connect, leading me onto the next subtheme.

### **The Need to Connect**

The manifest experience of HE, for all participants is dominated by the need to connect. Alice again, talks of how her life focus, achievements, successes and failures, have been governed by this:

I felt was really the most important thing, to make connections and understand people and really BE with people and I think quite a lot of important stuff probably went out the window (Alice, 300)

Esther describes this need to connect as ‘intense’:

I have relatively in-depth heartfelt connections. So, I don't have superficial relationships. [...] It sort of requires an intensity that may not be everyone's cup of tea, but it's about the only way I know. (Esther, 889)

Esther states it's *the only way* she knows, indicating that this intensity is not 'choice'. The interviews are full of descriptions of intense everyday interactions, leading us onto the next subtheme.

### **Intense Everyday Experiences**

Tears prickle my eyes often. Anything on TV...[.] human stories, babies, sick people, anything like that (Anna, 769)

I sometimes get overwhelmed by the news. I can't watch the news, I can't read newspapers, I'll dip into the Guardian from time to time [...] Er, the recent political things have been overwhelming because I can't solve things. (Sarah, 645)

The everyday experience of HE is described by participants as upsetting and oftentimes, overwhelming. Sarah describes dipping into the news, an attempt to limit intensity of experience, noting it's overwhelming because she feels powerless to *solve things*, the distress described as accountable for Secondary Traumatic Stress (STS), (Valent, 2002). We shall see later how, for Sarah, a way of managing HE is to do things by trying to help people, therefore, remote situations e.g. watching TV news, removes that coping strategy and causes distress. This maybe the basis for the helper dynamic behind Pathological Altruism, (Oakley et al. 2011), in which a codependent dynamic is set up which relies on the other needing to remain in the position of being helped, so that the helper can avoid difficult feelings in the self and/or raise self esteem in terms of identifying as the helper.

Participants also describe fictional visual entertainment as intense/overwhelming:

not a very serious one, I can't watch things, [...] If it's something I need to get emotionally involved with, I can't go there and I think sometimes my husband struggles with [...] I went to the cinema with a girl who I was at drama school with and we watched the Pianist and she was offering me wine gums in the film and I was so involved in it and so I felt like I was there so much that I couldn't even breathe all the way through the film. And I came out and I couldn't even breathe afterwards and she was like, "shall we go for a drink", "shall we have a fag". And I was just, I, I, I, don't think I recovered from seeing that film for about a week. And I couldn't stop thinking about it and I could never watch it ever again. So that's one example that I can think of that I knew we'd had a very different experience watching that film. She said "oh yea it was bad wasn't it". And I said, no, I just can't, I can't believe that that happened to somebody and that was a real story, and,

it, still, *I can still remember exactly that feeling of how I was when I watched it and I can never watch it ever again.* (Alice, 41)

I include a long extract to give a sense of the intensity described. This particular film is an autobiography about one man's survival in Warsaw during Nazi persecution. When exposed to intense emotional pain/suffering, fictionally depicted or real-life footage, the manifest experience of HE is powerful, requiring emotional energy for which she needs to be ready, something not understood by her husband. Experiencing the emotional journey of the man in the film, was felt as traumatic for Alice, describing not being able to *breathe, still remembering exactly how she felt.* At this point in the interview, her breath quickened, as if re-experiencing the event. Her opening sentence plays down the serious manifestation of her experience, with awareness that she is not firsthand experiencing the trauma. We might compare these sorts of experiences to those described in the literature e.g. Vicarious Trauma, a similar form of post-traumatic stress response (Palm et al. 2004; Baird & Kracen, 2006).

This intense experience also manifests in concern for others, just as for Alice with the Pianist, however, it doesn't require witnessing a man surviving Nazi persecution, but small everyday situations e.g. forgetting to send a thank you card and stems from having the utmost concern for others, bringing me onto the next subtheme.

### **Concern for Others**

there is a sense of duty that goes alongside feeling empathic.  
(Alice, 352)

Participants describe HE as manifesting with concern for others, above and before the self. Most participants explicitly describe a sense of duty towards friends and express finding difficulty making requests for their own needs. Anna states this is ultimately because, "I'm much happier, when everyone else is happy", (Anna, 614). Most participants feel compelled to take care of

friends and family beyond the contributions their siblings are making particularly towards parents and extended family in terms of care and commitment towards them.

Nancy discusses (despite being a pediatric nurse who loves children), that she was so concerned about others, she was “*torn apart*” whether or not to have children because of over population.

This concern also manifested in participants’ expressed thoughts for me as researcher and whether I was getting everything I needed, manifesting in close eye contact and vigilance of my body language, as well as direct questions.

It is potentially this manifest concern for others, which promotes a manifest search for justice and need for emotional precision and truth, leading onto the next subtheme.

### **Concerns for Justice**

I have an overdeveloped sense of justice for pretty much everybody. [...] You know I feel it if anything is unkind, unfair, unjust then it will kick in. (Esther, 267)

Esther is representative of all participants in her manifest sense of justice. It’s interesting to note she feels it’s *overdeveloped*, perhaps because it’s for *everybody*, not just those she knows or loves.

Alice and Anna explain this feeling of injustice compels them to fight for others or themselves:

if I think something’s wrong then I will always say something. But I always have, I think I over think things sometimes because I have to, think about how I’m going to approach a situation and I don’t want to offend anybody, but I also need to say something. So I think I’ve got a strong need for fairness. (Alice, 13)

each time I kind of asked myself, do I believe that what I am arguing for is right, is it correct and if it feels right, I can’t hold back, (Anna, 214)

Again we see Alice’s concern for others, even when fighting on the side of justice: there are seemingly so many aspects to consider so as not to upset anyone, that actions require a lot of analysis: an ‘*overthinking*’, a psychological impact discussed later.

## Need for Precision and Truth

Concern for justice is seemingly connected to participants' need for precision, both factual and emotional truths: it's as if, the shared experience of 'reality' needs to be made specific and detailed as well as being *straight and honest* and *integrity*, (see the below quote from Esther). This is potentially because HE attunes to such a deep and specific level of perception and interaction, that the nuance of this experiencing is felt to be too important to ignore, and furthermore the sharing of the precise nature of experience potentially provides an opportunity for deeper and shared connecting and intimacy, pulling the experiencing of HE, which is described as potentially isolating, into the shared arena.

Sarah gives an example manifesting in a lecture situation, which happened to be on 'Empathy', in which she felt compelled to correct the lecturer for something she had "slight, slightly wrong", (234).

Esther believes that HE has shaped her need for precision and truth:

it got me to want to be very very *straight*, *very honest*, very precise, intellectually precise, [...] being *integrity* for me is a form of precision again, but you know, the empathy would drive the need to make that understandable. (Esther, 264)

Esther explains HE has driven the need for clarity over exactly what she is tuning. She talks of her mother's *shut-down* in relation to *truth*:

when she was shut down, she was shut down, [laugh] so you knew truth would not come that way, but there would be some denial, either a denial of any connection any verbal communication, or there would be some you know some form of distracted notion that was definitely not the truth. (Esther, 185)

Esther experiences others' emotional inauthenticity, as do a number of participants, as '*truth denied*': others' perceived withholding becomes personal, and painful.



## Concepts of Time

Lastly in this section on manifest HE, I look at participants' reflections on their concepts of time, described as manifesting in a hyper-vigilance of not being late (not to negatively impact the other), being on time often described as a difficult aim to achieve. Participants report need for connection in the immediate present as presiding over time pressures, and in a certain depth-connection to the moment describe that time can be lost. This again fits with Baron-Cohen's E-S Theory; time being a potential part of systemising experience.

### 3.3.1.4 Evaluating HE

#### A Mixture of Experience

The final theme in this section moves onto participants' evaluation of HE. A process of evaluation comes about often when ambivalence and complexity surrounds phenomena. All participants seem to evaluate their experience spontaneously and independently of the research, describing it as a mixture of positive and negative. Esther encapsulates her meaning-making of the experience, in the form of advice to others:

make it a gift and if you don't then be mindful of it because it will become a total crippling disadvantage so, if you don't use it appropriately then it is not a plus and then that's a shame, because it is such a plus. So if anyone has it, make sure you figure out how to make it not a rescue but an empowering force and not a disadvantage but an advantage and have correct boundaries. That would be my thing. Otherwise it just turns into a ridiculous vulnerability that makes you extremely over available and abused. And the upside is, that you know, to have the honour of feeling like other people might do when they are not at their best, it's pretty humbling. (Esther, 1031)

Her language is of extremes and we might take from this extract that Esther has experienced at least the possibility for each extreme: a *gift* and/or a *total crippling disadvantage*; impulse to *rescue* (thereby disempowering the person being helped rather than supporting them or enabling them) and/or using HE as an *empowering force*; a *ridiculous vulnerability* being *over available* and *abused* and/or a sense of *honour* and *humility* at experiencing the vulnerability of others. The language is hyperbole giving a sense of high stakes around HE. It's clear that for

Esther wellbeing rests on harnessing the experience with conscious awareness as she goes on to say:

other than you know allowing a certain intensity of feeling, it's not, not really *detrimental any more* (Esther, 348)

The word *anymore*, supports the notion that at some point it may have been *detrimental*.

Sarah echoes this:

I think it's a mixture of fantastically useful and pleasant and really quite difficult (Sarah, 7)

Participants talk in depth about particular aspects found as positive and negative within the experience, which I shall now go on to examine.

### **The Positive: Spiritual and Poignant, Pleasant and Useful, a Professional Plus**

mother had a stroke last year, yea, it was hard, but I, I mean when, I saw her in hospital, the love and absolute caring that came over me, it was almost like a spiritual experience, [laughter]. I mean I felt everything so in a positive way, I couldn't do enough. It just feels like this overwhelming love, caring for (Verity, 65)

Verity seems to describe here Singer and Klimecki's (2011) 'empathic concern', from which positive emotion is drawn, rather than 'empathic distress', which may lead to 'compassion fatigue'. Verity describes part of her HE positive experience as *spiritual*: conjuring connotations of otherworldly, mystical or transcendent experience through *overwhelming love and caring*. For Verity, her feeling was translated into action, *she couldn't do enough*.

Sarah adds the aspect of "poignant", as she recounts the story of bidding farewell to a boy she looked after in clinic for twelve years:

it was a really heart felt goodbye from him, [laughter] and I'm going to get myself going again [tears] I thought if only I could write that sort of thing in my plays, that would be lovely, just to capture that kind of poignancy of that moment (Sarah, 146)

The combination of the laughter and tears from Sarah possibly expresses the overwhelming nature of that moment. Poignant seems to denote an acute awareness of something at once both tender and painful. Philosophically HE not only gives us access to poignant moments, as

Sarah describes, but is in itself poignant, bringing us closer to the nature of loss inherent in the human condition (of which saying goodbye is a small example) and potentially also offering a feeling of connectedness through the shared nature of human experience: that all things are ephemeral for all people and perhaps more tenderly experienced for knowing that they will end. For Sarah poignancy is part of the complexity of her HE.

The above story is from Sarah's clinic and all participants describe HE being positive for professional lives: doctors, therapists, nurses, actors, artists and musicians. Nancy describes the positives for her work, but also notes how it can be upsetting:

I'm now a cardiac nurse specialist, so I look after families with what we call fragile babies, [...] so, having high empathy, I think is really helpful in that job, but it can be quite upsetting as well, [...] I do really care, parents pick up on that and they are aware that I really care, and I think it makes me enjoy my job and I think they get a better experience by having me as a nurse. (Nancy, 44)

And Rose states she feels positively because of this harnessing of her HE:

positively in terms of feeling really good about my work and feeling really able. And that's a really positive thing for my self-esteem. (Rose, 124)

Enjoying work because of facility with HE is a common argument: it's useful in the helping professions and any profession benefiting from an understanding of human emotion. Rose here makes the connection of harnessing HE for work and a raise of self-esteem, examined further in the theme of 'Management'. The strong duality of experience is clear from all participants, leading us onto the perceived negatives.

### **The Negatives: Difficult, Overwhelming, Confusing and Draining, a Risky all Consuming Disabling Burden**

Sarah expresses her feelings at the end of interview: having HE is hard.

I hope it's [the interview] is helpful, because [HE] it's hard. (Sarah, 869)

She describes earlier, the *burden* she feels:

the burden of not upsetting people, I think is something I feel quite acutely.  
(Sarah, 270)

She describes empathy as “overwhelming”, as do Verity, Alice and Esther who between them use the word 20 times in relation to empathy throughout their interviews. Even when participants do not use this exact word, they give examples of becoming flooded emotionally, physically or psychologically.

Participants qualify their negative overwhelming experience, describing themselves as often drained and exhausted:

if it's a situation that's very difficult, I will, it can have a draining effect on my emotions.  
(Sarah, 27)

Anna qualifies this further describing the experience as *disabling*:

you can often become quite paralyzed by a scenario and if you're putting all your energy into something that may or may not turn out the way you predict it will or won't [...] I mean it's a strong term but that's disabling in a sense. It's not enabling. (Anna, 378)

Anna refers to the sense that much of her experience of HE is spent analysing attuned information. Anna, becomes *paralyzed*, another strong metaphor of being unable to physically move. Her awareness of this as a *strong term* is shared but she does not shy away from this strong message.

### **Evaluating HE in Relationships: Facility to Understand or Intrusive and Castrating**

All participants mention their HE as facilitating relationships in terms of understanding the other: that a sense of self emerges from helping others, that relationships are deep and meaningful and potentially *better*.

However, we see participants expressing concern about using their HE to form relationships, whether it's a form of *manipulating* others and feeling that this might lead to assuming a false social self, which potentially leads to inauthenticity and loneliness:

I do worry that maybe I'm just making friends, because I'm somehow kind of

manipulating the people to like me. That somehow, subconsciously might be doing that, so I'm like "do they actually like me or do they just like me because I know how to behave in order to make them like me?" (Nancy, 109)

This process seems to lead to a questioning of self and self-esteem. Nancy uses a very strong word to evaluate her HE in relationships, as she questions whether she is potentially 'evil':

I do worry a little bit about my authenticity and that the whole whether or not I use my empathy, it's manipulating and then evil (Nancy, 271)

Furthermore, Anna makes a general statement that she is not certain whether understanding *things* to a deeper level necessarily facilitates her relations:

I understand things to another level but I'm not sure that's entirely helpful in a relationship (Anna, 829)

Esther analyses specifically why this might be:

it can be irksome, [...] I don't think everybody likes to be an insect in a relationship, it's intrusive. So it can be a real pain [...] So, I, I know that it used to be often a source of un...discomfort in another person, if they feel somehow, because I don't pontificate on the subject, but if they feel that I kind of get them or I read them well, that can be quite intrusive, so one wants to be pretty careful with it. (Esther, 563)

The metaphor of other as *insect*, as viewed through the HE microscope, gives us her sense that HE can turn relationships into a power imbalance. HE can be, according to Esther, intrusive and reductive in terms of intimacy between equals. She also evocatively describes HE a "castration machine", meaning it can disempower and even hurt; it can be "very cutting" and "critical", (Esther, 597):

I'd be a dangerous creature to have around with that precise tool, because if it wanted to be hurtful it could be very very hurtful (Esther, 597)

Most participants describe themselves as aware of the potential power imbalance HE can give them in relationships, examined further in its own theme.

Despite participants evaluating HE within relationships as positive in terms of being "good

listeners” (Sarah, 697), Mary describes HE might mean they are unable to listen well:

it doesn't make you the very very best, ....listener sometimes, and that might be, that might be contradictory but, I feel so much what the other person feels, that I can't not, not cry or not, you know get very involved in it and it's frustrating  
(Mary, 131)

This evaluation of HE reaches as far as participants contemplating whether they would be better off without the phenomenon. When our experience is mixed with such extremes, ambivalence may appear as to whether or not we would forgo the positives to avoid the negatives. The evaluation seems to manifest in a comparison to others with lower empathy.

Throughout this first superordinate theme, I have attempted to shed light on the nature of the lived experience of HE: how it is seen as an indivisible part of self; how it is defined; how it manifests; and processes of its evaluation. I will now move onto the second superordinate theme, which is closely related.

### **3.2.2 Superordinate Theme Two: The Impact of HE**

I attempt to bring together participants' interpretation of their experience in terms of the impact of HE on their lives in the following areas: physical wellbeing; psychological wellbeing; intra-psychic processes – including self and identity; and interpersonal processes.

#### **3.2.2.1 Physical wellbeing**

Across cases impact on physical wellbeing typically appears as an experience of feeling drained and exhausted. All participants talk of a physical manifestation of anxiety and some talk of panic attacks in relation to HE.

#### **Anxiety and panic**

Verity talks of panic attacks as connected to the breath and feeling *overwhelmed* particularly

by three aspects of HE: injustice; tuning into others' thoughts about herself – which as an actress is particularly exposing; and sensing *stifled* unacknowledged emotional suffering underneath superficial social interaction, which is common to all participants.

I had a panic attack. Which is very bizarre for an actress isn't it [...] that's again the link to the breath, er, it's almost like, it just feels overwhelming. And also I find in a group that I see and hear what people are really saying or meaning, instead of what they are saying?! And I can't cope with it because I know what's going on and I can't see why other people don't see it (Verity, 155)

Nancy is also sure that her physical *panic* when in the spotlight (here she describes giving a presentation at work) is related to her HE:

I might have had my first minor panic attack with that, because I got very stressed out, so, very much like sweaty, shaky, as if it was like a real threat, when I know it's not, [...] I knew it was silly, but physically I couldn't help it... So I think that's, all, I'm sure that's all related to it [HE]. (Nancy, 93)

Anna discusses feeling such overwhelming bodily sensation, that the physical body is transcended. Here she talks about her physical experience of HE and I ask her whether what she has described is a heightened sense of awareness:

high empathy is, it really is. Yes. [Pause] um. To the point where at times, you almost feel, your senses are so heightened that you, that it's almost out of body, you almost see yourself, I can almost remove myself and look down on myself. It's very odd. I'm not schizophrenic [laughter]. (Anna, 351)

Anna potentially describes a form of management of the impact of HE by detaching from sensations of the body, potentially disassociating to control intensity of feeling. She uses language of agency, *I can almost remove myself*, suggesting conscious control. In her assurance that she is *not schizophrenic*, we might tentatively assume that she is describing a sense of splitting off during her experience, whilst also trying to distance herself from being perceived as 'mad'.

### **Draining and Exhausting**

It is clear that all participants experience the physical manifestation as exhausting. Anna

strongly describes this:

having high empathy and being around people is exhausting. I find it quite exhausting. Um, [pause] all that kind of worrying and analysing, um yea it's really exhausting. (Anna, 548)

Esther asserts that HE can leave you feeling “worn out” (357) on some emotive subjects e.g. the suffering/pain of others, akin to Rose’s statement she has become “desensitized” (300).

We see potential dangers for physical burnout expressed in the literature (Valent, 2002), arising from failed survival strategies. Sarah’s potential pattern of helping others to sooth her empathic distress might be seen as a survival strategy, which is failing, needing to do more and more and it never being enough.

Physical wellbeing is closely linked to psychological wellbeing, one impacting the other, onto which I shall now move.

### **3.2.2.2 Psychological Well-being**

I briefly begin with participants’ description of the positive emotional impact and move onto ‘difficult emotions’. Within the second subtheme, ‘The Lost Self’, I follow participants’ sense of loss, devaluation and suppression of self, followed by an examination of HE’s relationship to naivety and gullibility.

#### **Concerns with Emotion**

We have already seen Verity discussing her feelings of *overwhelming love and caring* for her mother, and Sarah talk about the feeling of *poignancy*. Mary and Esther talk about positive feelings of *closeness* and *depth* of connecting to others, and Sarah we have seen discussing her HE in relation to feeling powerful, comparing herself to fictional high Empath characters with super powers.

The focus for most participants to differing degrees however, is the discussion of difficult



feelings: anger, frustration, confusion, depression and anxiety. They describe feeling emotionally claustrophobic, inappropriately guilty and powerless: they describe pain, upset and sadness.

I begin with Esther's heartfelt example of pain when tuning into the suffering of her parents:

painful to me was that I could sense that she [mother] was hurt and lonely, and painful to me that my father was hurt and lonely in a different way... and that was painful, every single evening, you could sense that pain. (Esther, 197)

We feel Esther's intense attunement to her parents' pain: *every single evening*, without time limit or end, repeating the word *pain* four times.

Participants talk of sadness and confusion. Ironically, despite participants expressing high levels of understanding others' emotion and perspective, we still hear participants feeling confused by others:

people that don't have strong feelings for other people's feelings [...] confuse me a lot and I would constantly be trying to understand why they didn't feel, care, about the way I feel because I do care about the way they feel. (Alice, 95)

Alice expresses confusion around others' lack of empathy and her resistance to accepting this.

Verity describes the same feeling of confusion:

I can be so naive, and I can't, like my mind can't fathom certain behavior. It's like aghh, a broken computer, [laughter]. (Verity, 508)

It's almost as if tuning into certain drives behind certain behaviors causes a 'systems failure' to use Verity's analogy of the *broken computer*. This is expressed as overwhelming for most of the participants: tuning into emotions and perspectives that do not fit with their worldview, or their personal emotional reactions. Perhaps a desire to protect the self from a sense of disillusionment and 'difference' is what contributes to not accepting this difference. We might connect findings with the neuro-scientific literature, which suggests that we recreate (resonate) others' experiences, igniting our own similar experiences, (Bainissy & Ward, 2007), making certain emotions attuned in the other (or their lack) cognitively a difficult process.

Esther talks of feeling confused and frustrated when picking up the discrepancy between

what is being said and what she attunes, leading to desperation in her younger years:

kind of a desperate feeling. It was probably a hunger or a frustration. Not anger and not tears and not apathy, more like a frustration. (Esther, 307)

Rose discusses feeling frustrated with herself when she realizes her boundaries have been crossed and she has ignored the impact upon herself:

when I recognise a boundary has been crossed, I can get frustrated in not having seen my own um, impact on myself. (Rose, 34)

Partly because I leave it [setting a boundary] too late and then I get furious. (Rose, 515)

Rose also finds herself feeling angry with those people, she felt should have been protecting her as a child:

Anger more with people who had taken advantage or who I thought could have probably recognized the impact on my, like my parents, but hadn't because I was this super highly empathic child who would have tried to meet their needs. They didn't really pay much attention to meeting mine, at least emotionally. (Rose, 42)

Similarly, Esther describes the anger and guilt felt towards her parents at their subliminal requests to meet their unacknowledged needs:

I was angry with all of the guilt that was moving [laughter] so I was subservient to it, as well as refusing it both. It was *unpleasant beyond belief*. (Esther, 993)

Esther felt responsible for fixing their pain and responsible for *causing* it. This coupled with her perfectionism, lead to feeling 'not good enough' for not being the solution to their pain. The deep breath before she begins to re-analyse these difficult emotions seems to indicate their emotional weight:

[deep breath]...tense, I suppose. And quite confusing cos I know, I would actually sense other people's subliminal quite quickly and then would either decide that their pain was for me to sort, or I somehow might have caused it, if I were not good enough, or if I were not perfect or if I were not, you know, somehow the solution to their problem. (Esther, 31)

She points out most of what is attuned in their subliminal is anxiety and nervousness, as these are emotions people generally fear acknowledging:

you literally feel their anxiousness, their nervousness, their, the lies are made up of their fears,...so, that's what I have a direct line to. (Esther, 269)

Sarah mentions her experience of depression in relation to HE, "I also have depression, which comes and goes" (367). And Sarah and Verity discuss their feelings of emotional claustrophobia, questioning whether this is part of the HE experience:

I find it very claustrophobic. I get claustrophobic very easily...I don't know, I don't know why that is, but I don't know if it's linked. (Verity, 143)

The claustrophobia is not connected to being in small spaces. The meaning of emotional claustrophobia for Verity is the feeling of picking up on unspoken or unacknowledged emotions and emotional dynamics between people, especially painful or difficult emotions, particularly within group dynamics, where there might be many.

The anxiety, emotional claustrophobia and feelings of being overwhelmed, seem to be linked for participants e.g. Sarah asserts:

I feel a little overwhelmed and I get a bit claustrophobic (Sarah, 295)

The emotions of others intrude upon the person with HE. And for Verity it seems also to be connected to feeling as if she cannot assert or protect herself. Participants often use 'battle' language (in italics), as if feeling need for protection from others:

I can't quite keep up to *protect* myself. (Verity, 594)

I can't seem to *stand-up for myself* (Verity, 300)

I get a bit overwhelmed [...] which is maybe why I can't react properly to people if they *take me off-guard* in the moment, cos I'm, it's almost like I'm taking in so much, it's too much. I need, I don't know, I need to [breaths out]....(Verity, 216)

These difficult emotions potentially contribute to a sense of difference and separateness: a loneliness or feeling displaced. Anna explains:

it can make you feel *genuinely quite sad and kind of lonely* within your own thoughts. Because the fact that someone can't pick [emotional dynamics] it up, can make you feel quite isolated and the fact that they can't pick it up, nobody can fully appreciate what you feel. (Anna, 296)

Sarah echoes this sentiment, feeling rarely "seen" emotionally. She describes a colleague

giving her a bunch of flowers because of how nice she had been with a trainee doctor:

I just I wasn't, I couldn't. To be seen. I think that was hard. I think it was hard. [laughter/tears] Odd. [laughter]. (Sarah, 324)

Sarah couldn't handle being acknowledged for her kindnesses, depth of thought and manifest on behalf of others, likely because it's a source of pain and loneliness that she offers this, yet does not receive this depth in return. This small act of acknowledgement seems to open her experiencing of lack of care for her and indeed her strong desire for it, which she openly discusses in her interview.

Rose states categorically her experience of HE gives her a sense of being separate:

Interviewer: Does it separate you?

Participant: Yea. For sure. (Rose, 265)

I asked this question because Rose was talking about how she relates to people on different levels e.g. humour, intellect and empathy. I wondered why she had broken her connections with people down in this way, getting a sense that she might feel her HE does separate her, thus finding different levels upon which to connect with people so as to manage this feeling of separation.

And Sarah discusses how because of her empathy for people in all roles and positions, she often feels displaced e.g. studying on a creative writing course her empathy for the teaching staff meant:

I didn't feel part of the student body. I felt more in line with the lecturers, which is good, but I also felt sad, that perhaps I should be, part of the, with the kids, as it were. (Sarah, 292)

### **The Lost Self: Suppression, Devaluing and Loss of Boundaries**

Participants also describe suppressed emotion, and a loss of self, associated with loss of boundaries as connected to their HE.

Verity demonstrates succinctly the simplest, most common observation of participants; the

issue of 'loss of self':

I'm so concerned with how the other person feels that I lose myself. (Verity, 322)

Rose qualifies why:

very tuned into his, sort of journey [...] where actually I felt quite lost because I wasn't listening to my own needs. (Rose, 72)

Similarly, Mary describes the difficulties in honoring her own wishes:

I find it quite hard to do just what I want to do, just me. (Mary, 797)

And Sarah describes how little sense of self she felt:

the only way I could think of drawing myself is like an outline, with everybody else in the background and I didn't have a face, but [tears] but I kind of think I'm developing a face now. (Sarah, 444)

And her therapist had noted:

she said essentially I had very little ego at all. (Sarah, 339)

Esther eloquently encapsulates the connection of loss of boundaries to self-devaluation and an over-valuation of others:

if it [HE] has no boundaries then it's going to be a *dangerous* thing. You'll support dysfunction, rather than heel, you'll get *hijacked*, you won't know who you are, you won't value who you are. You'll over value someone else's delusion, which allows them to be more self-deluding, it's not a good thing. (Esther, 914)

Again the language of battle is seen, *hijacked*, *danger...* She states, if a person has no boundaries they will support others' dysfunction by giving priority to their emotion over their own, promoting their narcissistic delusion and losing and devaluing the self.

Potentially connected to loss of boundaries, participants also describe suppression of emotion. Nancy discusses her likely suppression of anger:

I didn't think I actually felt anger at all, until I'd say my mid, my sort of mid twenties? [...] I sort of found my anger [...] it's probably a bit healthier because I wasn't consciously suppressing it but I don't think it was coming out, so I don't know where it was going (Nancy, 439)

Verity gives an example of not knowing how to respond to her boundaries being crossed: not being able to locate her anger or express it, resulting in feeling *lost*:

I'd try and be really calm, but it didn't work and that's when I thought, I don't want this and I don't know how to be?! [laughter] am I supposed to shout back at you? but then I found, but then we'd just be shouting at each other, it seems silly. *So I feel pretty lost.* (Verity, 118)

The interviews show participants searching for reasons for this loss of self and boundaries. We have seen above, participants describe an over-focus on the other, losing connection and expression of self; they describe such concern for the other, that even if aware of their own thoughts and feelings, they would not voice them for fear of upsetting the other.

Verity even describes how HE compels her to hide or underplay herself so as not to make the other person feel bad:

if I'm too great then that person might feel bad about themselves..[...] I think that because I feel that so many people are insecure, just looking at my behavior, I wouldn't want them actually not to feel great. (Verity, 364)

This process may well contribute over time to a drop in self-esteem; emotions, needs and wishes might become 'unseen' by others and potentially unacknowledged or lost to individuals themselves. Sarah has found herself at this point:

I've had to learn that I'm a worthwhile person. (Sarah, 838)

This loss of boundaries, devaluing the self and loss of sense of self, leads me onto the next emergent theme, which Esther believes is strongly connected.

### **Naivety and Gullibility**

If you don't have a strong sense of who you are and you're just in empathy well then you're going to be really gullible, [laughter].  
(Esther, 430)

Esther makes the point, if you are always tuned into others' emotions and perspective, without boundaries for your own emotional truth and needs, you may end up serving the needs of others unquestioningly. If the other is abusive/manipulative (e.g. narcissist, psychopathic, socio-path or

sadist) the situation is potentially dangerous for anyone living with HE. This will be examined further under the theme of 'Interpersonal Processes'.

Esther explains naivety makes a person with HE most vulnerable when they are in unknown situations: so particularly for the young who are navigating life experience for the first time, but also for any age in a new situation. She uses the example of *culture shock* when she, age 23, arrived in the UK for the first time:

much more gullible when I had culture shock when I defected, cos I had no bearings. So, it was easy to mistrust as it was to trust (Esther, 420)

Without knowing what was culturally acceptable, compounded with her HE, i.e. a focus on understanding from the perspective of the other, she felt so lost that she chose not to trust people as randomly as she chose to trust people, instead of based on rational, research based knowledge: emotive decisions which manifested as gullibility.

Esther states however, that her naivety is still with her, *always*, and we see Esther's ongoing experience of managing her HE below:

I would have been incredibly gullible when I had less boundary and just a ton of empathy  
Interviewer: when was that?

Participant: probably, up to a point, you know, probably, always? (Esther, 406)

*Up to a point* Esther means, up to a certain point of being taken advantage of, but not to total extremes, however, this is still in operation.

Verity, Nancy and Anna, despite not making the explicit connection that Esther does, also describe themselves as naive and gullible.

I have addressed impact upon physical and psychological wellbeing: participants also describe HE's impact on intra-psychic processes and this brings us to the next theme.

### **3.2.2.3 Intra-psychic Processes**

Participants describe and demonstrate a number of intra-psychic processes, mainly concerning their internal analysis and a need to process. They describe aspects of identity and

the perceived self, upon which HE has had varying degrees of impact.

### **Analysis and Processing**

The need for analysis and what participants describe as, *more processing*, is an undertaking commonly described. Mary links the need to “*decipher*” (354) attuned HE information and it’s this *deciphering* of information that Anna describes as time consuming:

I end up doing some *more processing* and that’s quite *time consuming*. (Anna, 85)

For Esther this need to *figure* became *obsessive*:

it was obsessive, obsessively...[.] the high empathy levels made it so I had to figure...[.] so things had to be precise and sorted. [laughter] Probably driven by the fact, not necessarily by the empathy itself but the need to understand it? (Esther, 240)

The *processing* and analysing that all participants discuss, may contain elements of *deciphering* the other’s subliminal emotional content and what is the participants’ own; what was consciously intended by the other and what was unconscious manifested, and the cognitive meaning they might give to this. Esther states that the clearer your sense of self, the less this process is necessary, e.g. she never felt she mixed up her ‘meaning-making’ or emotions with others:

I don’t know if I’ve always had it that unbelievably crystal clear, [...] but I had a very strong sense of what is not mine [...] So I was not that confused. I didn’t mistake theirs for mine. (Esther, 13)

However, some participants go through a process of experiencing others’ emotion as their own, potentially where confusion and anxiety are exacerbated. Sometimes this seems to manifest in a process of doubting the accuracy of empathic intuition.

Rose attributes her early process of self-doubt not to her misreading others’ emotion, but attributing wrong cognitive meaning to it: not *trusting* her HE attunement because of low self-esteem and critical undermining of her mother, describing the process as:



connected to my mum of discounting information when I was younger, so not being totally sure of tuning into certain things. But I also think it had a lot to do with getting a lot of critical feedback when I was younger and getting A LOT [of critical feedback]. (Rose, 426)

Certainly it seems participants experience the process of worrying often, which an obsessive need to figure could potentially become, or worry could be the manifestation of aforementioned self-doubt. The content seems mostly about others' wellbeing; that they might even be the cause of others' suffering. The process of significant time spent analysing (and worrying about) issues, is consistent through all cases and its impact is significantly draining.

This process of worry also seems to extend to areas of identity roles, leading to my next theme.

### **Identity Roles: Helper, Therapist, Parent/Protector**

Anna describes the feeling of being *prized* in the lives of others because of her HE:

whilst high empathy weighs you down, in lots of peoples lives you are placed quite highly in their lives and so it re-enforces, that reinforcement of being important in somebody's life, um [pause] I felt that sense at times. Being prized, special. (Anna, 725)

Most participants validate their identity and seem to raise self-esteem through some aspects of HE. Above, under the theme of Evaluating HE, we have seen Rose's direct connection of HE and self-esteem. Indeed, many participants mention feeling good about HE, making them "a *kind person*" (Verity, 58), often using adjectives like "*thoughtful*" and "*caring*" in the way they feel others see them.

Many participants felt awkward in the role of active talker during interview, being so used to the helping/listening role. Nancy encapsulates this:

even just having this conversation is kind of awkward, talking about me. (Nancy, 639)

Interestingly, Nancy talks many times, as we have seen above, of worry about her "authentic" self and manipulating others. This seems connected to roles participants describe taking on

both at work and home, taken on so naturally, it seems hard to distinguish between action motivated by authentic feeling and action motivated by a need to identify in a helping capacity e.g. therapist, parent, supporter/nurturer or protector. It is possible Nancy also feels awkward and anxious talking about herself, because of the potentiality for excavating buried or suppressed authentic feeling.

Anna outlines conscious desire to take on these roles, detailing her “offence” if she is not needed:

I pride myself on being a giving person and if people don't need me it offends me a little. So it has to be, I want to help people. I mean I've kind of walked into the ultimate job where you try to help people [laughter]. I wonder if that's got anything to do with high empathy? (Anna, 749)

That she asks this question of whether taking on a helping role is directly related to empathy is interesting. She recognizes on some level that helping people and having HE do not necessarily go together; a person could have HE and not engage in helping activities, and yet all participants describe helping people and most are in jobs manifesting this role explicitly: doctors, speech and music therapists, and psychologists and nurses. Sarah states:

I'm a supporter and I'm a nurturer. That's a word that gets used of me quite a bit. But not 'mumsy' I'm not motherly. I'm kind of nurturing. (Sarah, 830)

And Esther acknowledges:

there is a caring and a needing to sort aspect to it, there is not much of a need now, it would have been parental, but I never felt particularly parental, so I didn't take on that role...[..] protective yes, parental no. But you could associate protective with parental. (Esther, 623)

It's interesting that both participants would not describe themselves as taking the 'parental role', although Esther concedes *protective could be parental*, and Sarah's *nurturing* and *supporting* could also be part of parental. We shall see later how this slight contradiction, potentially suggests psychological conflict manifesting for Sarah, as she describes having taken on the

'*mother role*' for her husband.

This intra-psychic process of 'who am I?' leads on to the following sub-theme, 'how am I?'

### **The Perceived Self: An Odd Dichotomy**

Under this theme I examine participants' search not just for *who* they are but *how* they are in relation to HE, manifesting in an examination of how participants are perceived by others. This was seemingly a difficult process and painful one. Some participants described it as hard to see themselves, yet the main struggle seemed not to be attuning others' impressions (despite this being stated), but rather to process and assimilate the impact of that information on themselves, as well as the other.

For Sarah, the struggle to process the way she may have been perceived is clear:

I used to get birthday cards saying "you're mad as a box of frogs but we love you anyway" and I hated that. (Sarah, 467)

I hate the description, which seems to have dropped away recently, which is weird. Which I really, really don't like. [...] maybe because I think I am a bit strange perhaps. That's probably why. (Sarah, 459)

Sarah, Rose and Esther talk about how they may be misunderstood by others; that others are perhaps "confused" (Rose, 221) by them; seeing them as an "anomaly" (Sarah, 478) or an "odd dichotomy" (Esther, 759) in relation to their HE, or the way they manage their HE:

I'm seen as a bit of an anomaly...[...] (Sarah, 489)

people who are further away are a little bit confused about who I am because there are those moments when they see insight and they see, a sort of certain intelligence an they sort of adore that and then at other times, maybe, [pause] see me as being more silly than I am? (Rose, 221)

Participants often mention *silliness* in their behavior or how they are perceived, and I shall examine the possibility of playing this role as a way of managing the intense nature of HE later.

Esther describes herself as coming across as two extremes and how this is difficult for some people to understand, and this is another common thread throughout the interviews:

brutally clear, more than brutally I think I was often perceived as quite cold, when someone was manipulative and hysterical and literally “help” when not drowning, I’d be actually quite cold. Like my mother. Whereas if somebody was genuinely in pain, I would literally be doing anything and everything in my power to help. So it was a pretty odd dichotomy. (Esther, 755)

There is a need for participants to process themselves in relation to others and how they and their HE are perceived. They describe being misunderstood, confusing others and presenting as an *odd dichotomy*: their HE manifests in warm care and attendance to sincere emotion, or is “*bruta*”, “*cold*”, avoiding manipulative requests for help. I shall detail later how participants’ management strategy of withdrawing, shutting down or desensitizing can also be perceived as ‘cold’ adding to the dichotomy.

### **3.2.2.4 Interpersonal Processes**

As HE is a relational phenomenon there are many examples of participants discussing this. Within this section I bring together participants’ major points of HE’s impact on interpersonal processes as follows: taking responsibility for others and its many manifestations; being vulnerable to others or having the relational power; social anxiety and group processes; and ‘relationship burnout’.

#### **Taking Responsibility for the Other**

All participants describe taking responsibility for others’ emotions, physical wellbeing and the relationship, often attributing causality to having HE. They describe this process happening easily, not just because of capacity to tune others’ subliminal, but that others open up easily;

I don’t think I can cope with any more, because people automatically open up (Sarah, 62)

Rose describes a friend opening up about a private and sensitive subject at a party, after which she felt him become defensive and cut-off. She describes bearing the brunt of people's self-revelations, which we might assume adds to a potential feeling of isolation:

At one party as an example a friend of mine was opening up about seeing a film about sex addiction and he was almost obliviously telling me about his own sex addiction [...] he suddenly felt really embarrassed that he'd shared something so personal and was almost kind of, I don't know, right back to being quite defensive and cut-off (Rose, 365)

The other not wanting this kind of emotional exposure or empathic attunement is a common thread throughout interviews. Anna describes taking on her partners' work responsibilities for example:

Oh, I definitely think it is related to high empathy levels. It's um, [pause] yea, one particular partner had, you know a job that was particularly stressful, particularly responsible and, I felt his responsibilities, which he owned, that then, I somehow, it then, I kind of took them on as well. And he wasn't asking me to, in fact it was the opposite in fact he wasn't keen that I took them on but I couldn't help it um.. (Anna, 713)

*He wasn't asking me to*, in fact she says, *he wasn't keen*, and this may be seen as an example of the other feeling invaded, but as Anna states, she *couldn't help it*. Later she describes the relationship ending and the idea is a tragic one that despite feeling overwhelmed and exhausted with over-responsibility, and her partner not desiring her input, she could not control her insights and subsequent action.

Furthermore, Esther and Verity describe feeling responsible for the other's emotional pain, and Verity describes how she even overcompensates for the other:

I go even more overboard. Um. Yea. I, I just have a real problem with people who aren't empathetic, it's almost like I feel, because I know it would come from having a lot of pain, I feel like I'm responsible for their pain or how they feel (Verity, 463)

It might be beneficial for Verity to have information from the literature, evidencing structural brain differences for levels of empathy, implicating neurological, genetic and biological basis for low empathy, (Baron-Cohen, 2004; Knafo et al. 2008; Bachner-Melman, 2011; Riby, Bruce, Jawaid,

2011), and not necessarily environmental causes of abuse or trauma, as she implies.

Esther similarly describes with conscious depth this over-responsibility, talking about knowing when to remove herself from relationships:

If I sense someone's core motive, then it's very difficult to judge but the behavior might still be whipping me across the face, so, you know, how many scars do you sustain when you know they are accidentally whipping you, rather than on purpose, was what it was. So I would sustain quite a few because it wasn't intended. If it had been core intended, I wouldn't sustain one. I'd be off and running. (Esther, 719)

Esther states that if she tunes that a person is intentionally hurting her, motivated by their core personality (which is consistent over time and unlikely to change), then she would not *sustain* hurtful behavior towards her. However, if the hurtful behavior comes from an unintentional place or from their dysfunctional management of an issue they are struggling with, then she finds it hard to walk away. It's impossible to ignore the violent language and imagery of being *whipped across the face* and the many *scars* that she has sustained. The face is an interesting choice; not hidden by clothes in western culture, we get the impression she wears the scars publically, yet still finds understanding and compromise for the metaphorical flogger. She goes on to describe how these situations are part of the "downside" (726) of HE.

As we saw above under the theme of 'identity', participants describe taking on the parental or protective role, which perhaps Esther is describing. Sarah describes this role as having a negative impact on her interpersonal relations with her husband, becoming the mother figure and losing the adult intimacy:

I had an affair [...] with somebody who is not particularly empathetic but managed to meet a lot of my needs that my husband couldn't, because again, my husband is someone who I look after. And I noticed this, this weekend because his mother came to stay [...] she stepped into the mother role and I didn't really have a role anymore. (Sarah, 287)

we co-parent very well, but we don't have a relationship that's intimate in any shape or form and haven't had for many years. So I miss the adult intimacy. (Sarah, 416)

Both Alice and Sarah discuss having affairs and the difficulty of not wanting to hurt their partners

by ending the relationship, but the need to have someone who will meet their needs. Sarah talks of finding an identity of woman and lover with her ex-lover, which she lost upon ending the relationship:

I've found an identity with my ex-boyfriend, but that's gone, so I've lost a big chunk of who I am. (Sarah, 300)

The conscious choice to put her husband and children's emotional wellbeing above her own, by leaving her lover, despite the impact this has on her sense of self and identity, is typical of many participants' decision making. This leads me on to the next theme of conflict with others and the imbalance of HE in relationships.

### **HE Imbalance: Conflict with Getting Needs Met**

All participants describe feeling able to meet the needs of others, attending to their emotions on a deeper level than that which they receive. This is described as leading to conflict in familial and intimate relationships, manifesting emotions of anger, frustration and sadness.

Both Anna and Nancy for example talk about their mothers' desires to offer empathy, yet feel their offerings are too simplistic and not precise enough to sooth:

I find myself being slightly short tempered, um and when advise is offered in the kind of motherly way that you know your mum would, oh well, it will blow over, you find, I find myself getting angry again, a surge of anger, [...] it's complicated [...] um because sometimes their interpretation is too simplistic for me and it's not, it, that, it's useless, I can't, I can't utilize that in any way and that makes me angry. (Anna, 333)

Anna, (a doctor, not a therapist) describes demanding a sophistication in terms of how others respond to her emotionally and psychologically, which, she says elsewhere is what she feels she is able to give.

Nancy describes her mother's inauthenticity with her own emotions and her distraction techniques, which Nancy finds frustrating:

she'll be saying one thing and she'll be thinking a different thing so. And she's still trying distraction techniques [laughter] that you would use on a child and it's a bit frustrating (Nancy, 380)

Anna, Rose and Nancy discuss how conflict is created in their romantic relationships, as they don't feel met at relational depth:

I've never been with a partner whom I feel that they fully understand my emotions and that has been the center of lots of arguments and often breakups. (Anna, 674)

Rose describes a dichotomous experience: either she doesn't ask for what she needs, leaving her resentful, or she is constantly asking, which is then interpreted as "nagging". She then feels "stuck":

unless I'm constantly saying this is what I need, this is what I need, um, and then that's nagging and then that's not a very attractive trait, so then you're stuck in a bit of a position of either I don't say what I need and this person can't tune into it, or I nag and that's boring as well, or I'm resentful. (Rose, 296)

This leads to a process of meaning-making of the actions of the other:

when they don't meet my needs it's easy to deduce that, they love me less, or I'm not as important or they are not paying as much attention (Rose, 305)

Anna describes how *demanding* she feels in relationships and how this stems from her interpretation of the others actions as deliberate inconsideration and withholding, which many participants feel. They do not however, consider this as the others' potential lack of empathic ability, perhaps because this skill comes so easily to them:

I have been quite demanding in a relationship, or my needs actually [...] as a person, I'm not a needy person, I don't know why that happens in, it's this lack of, I feel people understanding, consideration that I sort of then feel compelled to tell them what I need. (Anna, 816)

Interestingly, participants do not discuss conflict or negative impact in relationships where both have HE and contrastingly Verity talks about her husband's HE helping her to acknowledge



her needs and encouraging her to recognise and protect her boundaries. I shall examine choice of partner as a protective factor later.

Participants' experiencing the impact of HE on interpersonal processes is apparent. Participants feel upset by the inequality of their relationships. Esther finds management for this by lowering expectations of the other and accepting that she may never feel fully understood to the depth and verbal precision, which she offers. Nancy appeared to realise this during her interview. I name what I am tuning into: that what is easy for her to give in relationships, is not what she receives and she is not sure what she actually gets from her relationships

interviewer: you are not quite sure what you, actually get from all these relationships...which might be quite easy for you to give?

Participant: yea, I think that's probably fair. Yea. [Pause] Ummm...[pause]  
(Nancy, 525)

Participants describe HE as profoundly impacting their interpersonal processes and one of the further major ways they describe is regarding power dynamics, which I have given a separate theme.

### **Power: Dynamics of Control and/or Abuse**

With participants' experiences of offering emotional attunement and understanding, which they feel often is not ably reciprocated, also comes a certain amount of power. Within this theme I curate participants' experiences of both holding power and feeling vulnerable; how this impacts interpersonal relationships and takes a conscious awareness and control not to violate the other or contrastingly not to become victim of abusive and manipulative dynamics.

We have seen examples of the potential for exposing the other by challenging them with attuned information or invading emotional or psychic territory, which impacts participants' interpersonal processes in a negative way, and the interviews show almost all participants being aware of the power that HE affords them. Rose names it awareness, which effectively enables her to take more control:

in terms of power dynamic, it puts me in a position of, I don't want to say control, but I'm certainly more aware. (Rose, 598)

Esther states what makes HE so powerful in terms of impact on interpersonal dynamics is “the pedantic and controlling aspect of you know what was a sharp intellect matching very high empathy” (620), and Esther talks about HE making her a *dangerous creature*, with this precision tool.

We have already seen Nancy talk about the capacity to manipulate people and below she talks about using HE to manage a woman at work:

she's notoriously difficult to get on with ..[.] I get on with her very well,... but, I have the impression that she would like to be my bridesmaid at my wedding whereas [laugh] I probably wouldn't hold her in that category of friendship? So, then I feel that maybe that's the whole manipulating thing again (Nancy, 134)

There seems to be a possible acknowledgement and a potential embarrassment, located in the laughter, in admitting to not having the depth of relationship her colleague believes exists. Rose talks similarly regarding power to attune the other, giving an example of a romantic relationship, pointing out the help and support she gave. Her use of HE was motivated by the desire to have the relationship highlighting the possibility of control or inadvertently manipulating the other into a relationship and ultimately losing herself and the relationship in the process:

I went out with somebody who was going through quite a lot of his own emotional stuff and processing and growth and because I really liked him, I was very in tune, well, partly motivated because I really liked him. (Rose, 69)

Esther discusses the dangerous impact HE can have on interpersonal processes in this regard in what she terms “rescue” and the resentment which follows as the other feels weakened, invaded and/or controlled by the rescuer.

However, participants discuss their feelings of vulnerability openly throughout the interviews, describing exploitative abusive relationships, ranging in differing degrees of severity, which I shall now address.

## Being Vulnerable: Exploitation, Abusers and Narcissists

Esther describes how the *type* of person she is, attracts narcissists:

that's magnet. Not bees to honey because they are more like fire ants [laughter] but yea, they do seek me out, because that's somewhere on my forehead, that I'll listen, um, even if I may not love what I hear, I'll be far more willing to listen than another type. (Esther, 838)

She sees HE as a phenomenon, which without correct boundaries can impact interpersonal relationships by becoming, "a ridiculous vulnerability that makes you extremely over available and abused" (1026).

Verity describes her tolerance in a romantic relationship as driven by her feeling "sorry" for her abuser:

I had a negative relationship, for about 2 yrs with someone who was an ex-alcoholic who had a bit of a personality disorder and I kept just feeling really sorry for him, cos he'd had a difficult childhood and basically, luckily he acted so badly that eventually I left. [...] But my perspective, just seemed to be totally out of whack. (Verity, 56)

Her perspective being *out of whack* may be what Esther describes as "living in empathy" rather than her own space potentially connected to participant's loss and devaluing of self.

Alice similarly describes having had:

a few negative relationships, which have dragged on for too long. And I think that somebody who is not worried about the other person's feelings would have just totally walked away. (Alice, 494)

We have already seen Verity and Esther explaining how their capacity for excusing and understanding actions of the aggressor enables the latter's actions to continue. Esther states that without a strong sense of how experience is from your own perspective, people with HE are vulnerable to exploitation. She explains her true perspective on 'narcissists' and 'psychotics' is that they are "very boring". She believes if people with HE tune into their own feelings, they likely would never start those relationships. Here Esther talks about encountering people socially whom she would diagnose as being psychotic or narcissistic:

narcissism can be quite entertaining, but not to me. Very very very boring. ..[...] if you are talking about someone who is mildly psychotic, you know that's not interesting. That's quite chilly. [...] if they are very low on empathy I find them not very interesting to be with. (Esther, 822)

Esther is categorical and emphatic in her assertions about people with narcissism and those we might identify as 'psychotics', potentially to educate others with HE as to how they might need to think in order to protect themselves i.e. not to find this demographic compelling or otherwise, in case their HE is exploited. This extreme assertion may also function for Esther as a personal defense and reminder to herself that she should be very wary about possible motives of some people with low empathy in these categories, considering she has a history of tolerating behavior, which compromised her self-esteem and caused her pain. Participants seem aware of this potential truth: that narcissists cannot meet their needs for connection. Participants went through a process of questioning why they tolerate these kinds of negative relationships despite not feeling connected, suggesting the following potentialities: fear of hurting the other by leaving them/turning them down; excusing others' actions by understanding origins of pain; and/or a fear or inability to confront and have conflict.

Some of the participants talk about their parents taking advantage of them and their HE in similarly abusive and manipulative ways, and we see them question whether the choice to be in an abusive relationship is learnt. Rose, Verity, Esther and Sarah all report abusive parents to some degree:

some people are a little bit cruel. I think my mum was. [...] she was sexually abused by her mother I think, it's not entirely clear, er, and physically abused by her and lots of men and she would give me this information until the point where I would be in an absolute state because I would want to protect her and I couldn't do anything. [...] it's only taken me many years to realize how emotionally abusive that was. (Sarah, 597)

Anna describes a similar sadistic cruelty of her senior consultant at work. There is a sense that HE attracts the sadist who might enjoy seeing the emotional impact, particularly choosing

targets who have awareness of this emotional cruelty in action, potentially giving them increased sense of power:

a friend who has quite high empathy levels. I've noticed that in that she deals with things in a similar way to me, and she kept saying, don't tell her [consultant] how she's affecting you emotionally because she will enjoy that (Anna, 445)

Participants also discuss a need for validation and reassurance for their emotional tuning, potentially tied to not having an entirely strong sense of self, again creating possibility for vulnerability in interpersonal relations. Mary describes seeking assurance from her partner, which has impacted their relationship, notably how he might need to be *very patient*:

He's very patient, but I think he just likes to say like you know, this is fine, so if there's something, he'd be like you know, so if I upset someone, he would say, well okay, but they would have forgotten about it already (Mary, 691)

She hints at being somewhat dismissed, *he just likes to say, you know, this is fine*.

Anna seems aware of how people might use her request for feedback to dismiss or undermine her HE intuition located specifically in the italicized phrase:

*Another technique people use* is to say that you're being too sensitive about things and that's really hurtful (Anna, 334)

The importance of choosing protective relationships is discussed in depth in the superordinate them of 'Management'.

### **Social Anxiety and Group Processes**

I now discuss the impact of HE in social contexts and group processes. I begin with the experience within group situations and move onto the roles participants feel they take on within them.

All participants discuss anxiety in group situations and state preferring one-on-one dynamics. Alice states:

I never really liked being in big groups ..[...] I don't get much out of that emotionally. And I think possibly that's connected. Cos I do always feel like I've got to kind of channel into something and I really don't, *it's quite draining* to be in a big group of people for me in that way.... [...]..I don't like the emotional chaos of a big group. (Alice, 428)

She dislikes the *emotional chaos of a big group* and in this she may be indicating something of Esther's experience in interpersonal relationships of being within unknown yet sensed dynamics.

Esther discusses this feeling being compounded within group situations needing to:

tune out almost because it can get very noisy and then something pretty terrible happens, I shut down, if I tune out, I'm literally not communicating, I'm withdrawing with alacrity. If I have to shut it down, I'm not present. Or I'll just selectively tune just one which is pretty difficult for me in a group because I'll feel pretty much everybody's noise. (Esther, 947)

*Shutting down* and *withdrawing* undoubtedly impact interpersonal processes and inescapably, the self. She uses the metaphor of hearing attuned empathic data as "noise", underscoring the physical nature of the experience for her. Singer and Klimecki (2011), discuss withdrawing as a result of 'empathic distress' but Esther is specific that her distress here is seemingly a sensory overstimulation and flooding of too much information.

Participants describe interpersonal group processes as "painful" and "difficult", "draining", "complicated", and "not easy". They compare different group settings and the differing impacts they have on interpersonal processes. Rose discusses:

a dinner party [...] I have to purposefully *tune out certain people*, otherwise I can get caught up in what the conversation is over there, and like that person is feeling this, and oh I've just noticed that and it becomes like oh god there is just too much going on actually to be able to have a conversation of my own and I'll notice it but I'll just not tune into it. (Rose, 726)

She describes the same process as Esther, to "tune out certain people".

Alice is specific about different group settings finding parties easier, as do Nancy and Rose, explaining there's perhaps less social expectation to stay with one person and engage on a deep level. For most participants, as for Alice, settings where there is expectation and

opportunity for group intimacy, such as group holidays, are less enjoyable and arguably more difficult:

it's not in a party situation, that's fine, because you know you sort of go and talk to someone and you sort of go and talk to somebody else, but those kind of 'we are altogether having a big holiday' or something, it just, is something, not something that I enjoyed. (Alice, 434)

Participants also report feeling embodied, physical anxiety in groups and this impacting them, and group processes. Anna describes it's sometimes about detecting tension in the room, separating her from others who are not affected by it so quickly:

I can detect any kind of tension in a room and that really, [pause], it affects me before anybody else, I'm sure of it. (Anna, 617)

Mary describes a sense of panic seemingly provoked by fear of not feeling able to control her potential negative impact on others, describing this weight of responsibility being more difficult to manage in a group social situation especially if she doesn't know the people:

I feel this sort of panicky feeling just in my chest, just a very uneasy feeling and that's usually related to social situations I guess. Just not being sure that they are going to respond in a way, in a way that means I haven't offended them or upset them..I think it's much harder if you don't know someone, it takes a while to, get to know someone and how they would react to something. (Mary, 77)

This may on the surface look like social anxiety, but the root of the fear is not the person with HE's negative interpretation of others' thoughts/feelings regarding the person with HE, but participant's fears of negatively impacting the other.

Similarly, concerning impact on the other, Rose adds that she feels she can invoke anxiety and a sense of defensiveness: she sometimes senses others feeling exposed by her ability to tune in:

In big groups I think there is a little bit of anxiety around me, because I tune in. So I might ask the question other people aren't asking: they feel vulnerable around me so they feel a bit defensive, so that can come across in big groups. One-on-one I feel it less. (Rose, 375)

This is possibly part of what Mary expresses above and Rose goes on to elucidate her struggle with finding the appropriate depth of intimacy:

it's hard to figure out what level. That's something they [other people she is interacting with e.g. at a party etc] have to figure out if they are comfortable with it [intimate communication]. Because I couldn't care less (Rose, 398)

Rose couldn't care less about meeting people at emotional depth and sharing intimate knowledge.

Rose feels the major impact of HE on interpersonal social interaction is anxiety and feelings of becoming overwhelmed with attuned information coming from many others at once, which again, can look like social anxiety, but she believes is slightly different and more akin to the experience of the autistic brain:

I was looking at clients who have social anxiety, when they go above a certain level of anxiety, they didn't actually respond more negatively to things, which is what a lot of the research on social anxiety says, that they interpret things negatively, they actually just got more stuff wrong. Which is the whole thing of theory of mind, the ability to see things from other people's perspectives, like what we define as autistic and the ability to really get the point, and so that just shows that anxiety above a certain level creates an autistic brain. And if you are either under empathic or too empathic that will cause the same thing, because it [HE] creates stress, it becomes a threatening environment, which increases anxiety, which then cuts off a certain amount of ability to think logically about things. So I would suspect it would be, it could lead to similar behaviours, or it could lead to the thing that looks quite similar but actually is caused by two different things. (Rose, 692)

Here we see Rose's search for causality and why HE manifests in anxiety in social settings. For Rose as anxiety levels rise by feeling overwhelmed with HE attunement, (i.e. too many people to attune to or tuning to a depth inappropriate for disclosure for the social setting, and/or encountering disturbing personal resonance with others or attuning to inauthenticity and incongruence etc.), she loses capacity to manage social situations, in a close to autistic manifestation, confusing others who know her as someone highly attuned and sensitive to others' needs. Verity touches on this experiencing:



even on set, I'll just say silly things sometimes. I mean *everyone loves me, but* it's that, if it's more than a one-on-one situation, *I just seem to find it difficult*. (Verity, 407)

Her assertion that “everyone loves me, *but*”, alludes to the idea that the “*silly*” things she refers to, might offend, confuse or annoy others, qualifying it's because she finds more than *one-on-one* situations *difficult*.

Nancy describes HE manifesting anxiety as impacting her group interpersonal processes at times of group focus, e.g. when public speaking, but also *even talking in front of family or putting a hand up in class*. She connects this to her HE, feeling it drives constant pre-occupation with others' thoughts, including what they think about her. If this is coupled with a vulnerable sense of self and low self-esteem, it would be easy to see how participants could experience groups as anxiety provoking and may develop Social Anxiety, or Social Anxiety Disorder, SAD, where they negatively interpret empathically tuned information, as well as experiencing being anxiously flooded with HE data. A core tenet of SAD is a strong wish to appear favourable to others yet believing you are not capable of doing so (Clark & Wells, 1995).

Yet despite this anxiety (perhaps motivated by the anxiety and likely within long running groups where people are known intimately e.g. family, or a learning group or class which is ongoing and initial anxieties have settled), participants describe engaging in specific roles within the group setting, becoming “caretaker”, “social glue”, “peace-maker” and maintaining group equilibrium:

if I stop providing the social glue for just like five mins, “what's wrong?!” (Alice, 684)

I'm the problem solver and try to get the emotional equilibrium in the group. (Sarah, 700)

Participants describe these roles sometimes as default positions detailing an inability to confront difficult personality types or emotions, because of concerns about upsetting others, or fear of conflict. Mary goes into detail about this aspect of her peace keeping:

where I used to work, I was probably a sort of peace maker. I got quite stressed out at work with confrontational personalities, which I think is to do with having that empathy, so then knowing where they are coming from but feeling that that's not right, you know, [...] I didn't quite know how to confront that rather than, so instead of confront, just sort of back away but feel very bad about it, [...] having that kind of inability to confront someone about it because you don't want to upset them (Mary, 38)

For Anna, it's the opposite, confronting others because of the protector role she takes within the group, defending vulnerable individuals, which is somewhat connected to participants' concerns for justice as discussed earlier:

I tune they look vulnerable so then I start sticking up for that person, you know kind of supporting their argument, even if I perhaps don't believe in their argument and then that then creates a bit of tension with the [other] person. (Anna, 622)

Alice also talks about this aspect of HE impacting her interpersonal relations in groups: her sense of responsibility to take care of people who are struggling, which has an element of self-sacrifice and "forfeiting" as Alice names above. This undoubtedly would add to the experiencing of groups as exhausting.

### **Relationship Burnout**

The experiencing of HE is experienced so extremely in some participants that they discuss the possibility of "relationship burn-out" and avoidance of group situations and intimate relationships all together:

yea, burnout. Relationship burnout. Um. And empathy has partly pushed me there. [...] it's often, life can be more complicated having to deal with a second person's emotion as well as your own. And you know the worry for them and love for them is also quite exhausting so, all in all it's easier not to be in a relationship because when I am, I really give it my all, in a really sad way [laughter]. Um, yea, it's [pause] I think I would be better off also taking a step back in the way that, you know, many people do, which is then their natural default. I don't think they do it on purpose. But I just find that I can't. [silence] (Anna, 680)

Participants also discuss this in relation to having children. Rose discusses her

fears:

especially with my daughter, always wanting to tune into her and tuning into her needs and really acknowledging even the smallest expression change and what's her processing and wanting to protect her. So actually the intensity of that on a second by second basis is pretty exhausting, so I need to take breaks from it, from all that. As much as I want to be with her, I also, feel like being a full time parent would actually swallow me up. (Rose, 126)

Some participants chose not to have children partly for this reason.

With the impact of HE having such as pervasive and permanent reach across participants' lives, it's somewhat expected that there are many attempts at managing this experience, a theme onto which I now move.

### **3.2.3 Superordinate Theme Three: Attempts at Management**

Participants use a number of strategies to manage psychological, emotional and embodied impacts of HE. Participants view this as a constant process of ongoing struggle. I begin by examining participants' internal processes and move onto management of interpersonal processes.

#### **3.2.3.1 Internal Processes**

##### **Analysis and Processing**

to figure out. Figure and ferret and search and analyse and essentially make it tangible. Give it shape colour texture. Because if it's diffused it is, unacceptable and difficult to deal with. (Esther, 220)

This 'figuring' seems to lessen the confusion and chaos of the experience for all participants:

I like things to be quite ordered emotionally. Whereas I suppose somebody who is a really organized person, who is quite a logical thinker, where they like physical things to be organized, I feel like that emotionally [...] I didn't like sort of a lot of [emotional] chaos. That makes me agitated. [laughter] (Alice, 474)

Alice states that clearing emotional chaos is about lessening feelings of agitation and we might assume frustration, which many participants discuss.

Verity discusses this “filtering process” for empathic information:

I need this filtering process, just to really digest things and let them sink in and really think about the rest, really think about what decisions to make, I just need a lot for time for that. (Verity, 272)

Certainly the need to analyse as a way of managing is clear, and we may see partaking in the interview as a quest for conscious understanding and example of healthy HE management:

it's been really good to be able to talk and it feels really good, like I've been through a bit of a, the talking has helped me process things a bit, like maybe I'm not mad. But it's interesting talking about myself like this, it makes me feel like I want to cry and that my chest it tight and I can't breathe quite properly [...] I mean it's cathartic. (Verity, 652)

Verity's combination of anxiety and catharsis is interesting. It undoubtedly reminds us of the importance of debriefing and the capacity of processing to bring out difficult emotions and realizations, potentially dismantling maladaptive management strategies e.g. fantasies, avoidance and distractions, (which participants name for themselves as not working well for them and which will be discussed shortly), leaving them feeling raw. Certainly, participants discuss the use of talking therapy as a management tool and the need to reframe and redefine the HE experience, moving onto the next theme.

### **Reframing and Redefining the Experience**

One of the major internal ways participants manage their HE is reframing the HE experience, particularly redefining expectations of others. As participants evaluate HE they re-form their relationship with it, attempting to experience it in predominantly a positive light. Esther shows how she attempts to control her experience by the way she frames it:

it doesn't impact negatively, as I said I use it for my work, I don't suffer it, I quite like it, I think I'm kind of happy to have it, it's not an unwelcome guest and it's not an intrusive one. Day to day it's my helper not my hinderer and it's a tool, *not a vulnerability*. I don't experience it as a *vulnerability*. (Esther, 555)

The repetition of *vulnerability* and her assertion that she doesn't *experience it* as such seems to

imply active choice. Interestingly at the end of Esther's interview she apologized that she had not answered the questions as someone who has HE, which I took to mean, someone who was suffering HE: throughout her transcript I noted she had focused on learned ways to manage HE over her sixty-eight years, rather than someone in midst of struggle. The conflict between her experiences of 'younger self' and of her more 'mature self' was clear, manifesting in sometimes contradictory descriptions of both feeling HE as an ongoing struggle and only experiencing it, as *a plus*. At one point in the interview she moves from what HE could be "for others", to acknowledging "that *was* me", finally to "that *is* me": perhaps a way of managing the cognitive dissonance that might ensue by acknowledging the extent to which HE might have governed her life retrospectively, and to some extent, may still be. In the light of the struggles expressed by participants in areas of intimate relationships and children, we might only guess how much HE impacts decisions to engage or not in these major life decisions. Certainly, there is a need *not to allow* HE to make Esther a victim. Agency is a strong management tool, imperative for wellbeing, (Alkier, 2008).

Rose has this conscious realization that management is:

an ongoing challenge because I don't think, there will, well you never know, I would love to think there will be a point where I find this perfect harmonious balance, where I only tune into so much or I only allow myself, but actually I kind of think the reality is, there's an almost sort of CBT thing where I'm actually conscious of the fact that I hold back and don't do certain things and just stop myself behaviorally from doing it, not that I don't tune into it. [sigh] um. (Rose, 199)

Rose's tone here and deep sigh is of solemn resignation and perhaps projected exhaustion at the prospect that as HE is so much a part of her, she will always be tuning others and needing to consciously hold her boundaries. Her use of the words "in reality", indicate a grounded truth away from the fantasy of the *perfect harmonious balance* of living in empathy and her own existence. This fantasy may have served previously, for her and other participants, as a way to navigate through the difficulties.

Participants also redefine and re-evaluate their expectations of others in relationships. Part

of this is not separating themselves from others who perhaps don't have such HE, as we see from Esther:

do I feel superior or different, or odd or weird? Not that different. No, not really. No. I think as I said, I think people can feel each other, they may not make it so incredibly intellectual or precise or you know, descriptive, but I think they do feel each other. (Esther, 812)

'Difference' is not denied, but she chooses to see herself as not *that different*: not *odd* or *weird* – words we have seen other participants use to describe themselves. Esther's statement *they* do feel each other in reference to those with lower empathy, in itself highlights the possibly deeper sense that 'we are different', using the 'us and them' separation. Her reframing is clear, as we have seen her talk about being once very young and feeling different from her nursery playmates and alienated from her family.

Rose tries to focus on the differing connections she has with others, basing connection not simply on empathy, saying there's:

getting things on a humour level, getting things on an empathy level, getting things on an intelligent level. Um, and I know there are certain things I will relate better to in certain people, so it's not just one thing as in *us or them* (Rose, 252)

She also shows an internal realignment of her needs and expectations of others, speaking of acceptance of the *little awareness* others offer, and in this reduction of expectation, attempts to shield herself from further disappointment and conflict with demands upon others:

that's probably as good as it gets. And that's okay because that's all I need. Is just some awareness. (Rose, 532)

There also seems to be an internal redefining of participants' roles within relationships. Mary redefines what is and is not her responsibility:

I'm always the one that would quickly panic rather than just realize that oh well, that's a, a row [...] I used to, I remember, and I probably still do a bit, [laugh] you know try to be the kind of, like I said calm things down, but also when it's not your job, it's not helpful (Mary, 225)

An acceptance of self and others and internal conceding of responsibility for them, is a major management attempt for most participants.

Finding time and space for this reframing and processing leads us onto the next theme.

### **Time and Space: Meditation and Blanking the Mind**

Participants report needing time and space for processing, not only finding physical space and time alone, but also a 'blanking of the mind' as a move away from such processing. Anna mentions these *learnt* internal mechanisms:

I had a few mechanisms that I've learnt to try and *blank things out* and I can do that after a period of time, but all of this is *learnt*. (Anna, 300)

Rose also mentions the need for the mind to blank:

taking hot baths..the heat and sound of water and just mind going blank (Rose, 364)

Verity talks about need to "meditate" (Verity, 284), a clearing of the mind and how this helps her to breathe fully, and manage her internal processing.

Mary talks about taking herself psychologically to a clear mental space, where empathy is not needed e.g. at a concert or playing in her orchestra:

there's not really any space for 'how is sound feeling', or that, you know, the sound is just, empathy, it doesn't have any [laugh] you know it just is, so the sound is there and you contribute to that so you are part of that huge big, um, sort of thing that's out there (Mary, 740)

Empathy activation is not required, yet she is still connected to others. Through group shared focus, she provides herself with a healthy escape from empathy, feeling the music, without the demand on her for emotional care.

### **Avoidance, Distraction, Displacement and Intellectual Defense**

Participants describe attempts at escape using avoidance, distraction, displacement and intellectual defenses: some unhealthy and short-term coping strategies with possible long-term

negative effect e.g. Nina talks about the use of alcohol and constant socializing to avoid herself, her emotions and her psychological processing:

how have I managed it?...um..I..think..[pause] as, when I was younger I definitely avoided spending time with myself or ever being on my own and I definitely binge drank a bit too much and probably partied a bit too much and I don't think that was very healthy. (Nina, 538)

Rose and Verity also describe using alcohol to escape and to switch off the mind, respectively, and Anna talks about calming her mind using alcohol.

Participants also discuss other acts of cognitive distraction such as shopping, reading, drawing, knitting and exercise.

Participants also discuss displacement activities (e.g. undertaking certain activities to contain or release emotional distress rather than confront or resolve the original cause or incident), as a way of managing, one of which might be organization or control:

To a point, my organization reduces anxiety (Rose 153)

Rose shows her psychological awareness however that:

if you organize too much, which I also have had a tendency to do then it can become too rigid and it doesn't allow for flexibility in terms of just life (Rose, 156)

In this way, the coping strategy becomes dysfunctional and creates more anxiety long-term. This is something Mary too experiences. From young she made lists, detailing her forthcoming day (what people might say and do, and what she might say/do in return) in an attempt to control her anxiety of potentially upsetting or offending them (or not giving them what they might need/desire:

my mum just let me get on with it and make my little lists of what was happening [...] I wouldn't say that it's changed massively, I think I learned ways of sort of dealing with having really high empathy quite young and I still follow them because they are quite comfortable. (Mary, 486)



Mary's mode of expression seemed to indicate how difficult these processes have been, despite her statement that she *still follows them because they are comfortable*. She learnt these strategies young and that might be the only way she knows: they are comfortable in that they are *familiar*.

Participants also describe using an intellectual defense to manage their HE. Having HE drives them to analyse and process the emotional information of others, which in itself becomes a way of disconnecting from their own difficult feelings. Rose reflects on this internal form of management:

I need to tune more into the feeling of things. I think I'm much more heady. And maybe that's a way of coping with high empathy, is like, actually tuning more into the cognitive stuff as opposed to just the feeling of things all the time. Could be... sort of like an intellectualising defense. Which you see in quite a lot of people where they're like over intellectualise certain things instead of physically feeling it. (Rose, 572)

She goes on to describe how becoming a psychologist has helped her desensitize:

being a psychologist it has made me a little less, like empathic when it comes to things like that, because you have to have a certain amount of desensitization to everything, because you can't just go around being desperately sad all the time (Rose, 650)

### **A Sense of Self: Boundaries, Mastering Emotion and Self Care**

The final subtheme in this section is the setting of boundaries and learning how to release and control emotion. Participants seem aware that this is a functional strategy for internal management and may provide healthy relief from the impact of HE:

build your boundaries. Without it, it's going to be a pain and a hindrance, not the huge gift it can be. (Esther, 910)

Esther clarifies that boundaries can only be put in place if you have a strong sense of self: in this way, your feelings are less likely to be confused with others:

I also had a very very very strong sense of the boundary between me and them. So I didn't lose myself because I could feel someone else's stuff... It was almost coming from, the opposite, that because I had such a strong sense of 'this' [hand on chest], my hearing got so acute about theirs (Esther, 685)

With this strong sense of self came an intolerance of others' inauthenticity and their subliminal demands. This is where participants report needing to find acceptance of others and being able to withdraw when the limits of tolerance is reached.

Interestingly, this knowing of self and setting boundaries felt to most participants like a selfish act. This includes developing a capacity, and giving the self permission to self-care. Nancy talks about guilt when she does something solely for herself:

I'm going to try to do something every month without feeling guilty about it being just about me. (Nancy, 655)

Similarly Verity discusses her process of re-evaluating her choices and what others are entitled to (primarily her parents), as a *big step*:

I've gone through a process of why do I want to do this and is this for me. And also going through a process of this is for me and you [parents] don't have to have any of it, [laughter]. Which is a big step. (Verity, 784)

Along the same lines Sarah reports, at age 48, having decided for the first time not to be responsible for her mother's wellbeing above her own:

about four years ago, er [tears] I er, I decided I didn't want to be responsible for her [my mother's] well being above my own anymore, so I started to cut down on the amount of time I spend with her and talking to her, and she's been quite confused. (Sarah, 359)

This process of re-setting boundaries especially with parents, is continuously reported as painful: withdrawing the HE privileges participants afford others from an early age manifests in confusing and conflicting reorganization of dynamics for both parties.

This comes with a conscious effort of when and how to invest emotionally:

it sounds really quite unempathetic really this systematic way of doing things, but I think it's related to the empathy where you go out and you decided, I'm going to invest in this conversation in a different way, because I really like this person and I want to have a relationship, like a more meaningful relationship, but it's a very decided process. (Mary, 602)

This is how Esther protects her HE from manipulation:

It [helping/giving to others] comes from empathy, but it is very selective. And it doesn't allow anyone to manipulate me, I choose it [when and who she helps]. (Esther, 389)

This involves managing (controlling) emotion in which attunement is likely to occur and selectively choosing to feel or act, or not.

Emotional management is reported as being about learning to accept personal processes, which may be different from the norm:

er..my admin staff know that sometimes I need a little moment [...] I often say, “hang on, I’m having a me moment” and I sometimes have a bit of a cry and then have to er,er, and then I, er, can then get back into professional mode pretty quickly but it sometimes takes a little time. (Sarah, 35)

At work Sarah allows herself permission to process her empathic emotion and set up a protocol for herself to do this. In this way she successfully navigates her HE and her professional role as consultant pediatric neurologist.

Many participants discuss crying as a way of managing an internal process of releasing emotion, sometimes a struggle against the acceptance and/or expression of anger. They talk of the need to control the expression of emotion:

definitely when I was younger, I was unable to control emotion. Now that’s mastered, I’ve mastered that. But I can still, you know, I’m clenching my fists here, there is a need to take a deep breath and step back and think. (Anna, 100)

Anna also states,

My default would be to cry. But again as an adult you suppress that, that you can’t cry (Anna, 282)

Participants express awareness that this ‘control’ can easily move towards “suppression”, resulting in negative impact (on relationships and the physical body). We have seen Nancy’s suppression of anger all her life, feeling a loss of authenticity and Verity discusses how after seeking therapy:

I just couldn’t stop crying to get the words out and she said, “you know, that’s anger” (Verity, 602)

Crying for most participants is a way of managing through release. Anna however, discusses suppressing her tears:

I feel that once I, on the rare occasion that I cry, I actually feel ill for a few days [..], it's so deep that, the recovery process is such that it's best that I don't cry actually. (Anna, 764)

When Verity finally met her fiancé who, like her therapist gave her permission to release, she discovered using crying functionally to process emotion. This leads me onto the next theme of interpersonal management processes.

### 3.2.3.2 Interpersonal Processes

Participants describe a number of different interpersonal processes, which they use to manage their HE. The themes within this section have already been touched upon and are as follows: detaching and withdrawal; the false social self; talking therapy; transference and projection; and the importance of having relationships offering emotional support.

#### Shutting-Down and Withdrawing: Detaching

All participants' management consists of withdrawing or removing the self entirely at times:

I withdraw. Yea, I would say that I just shut down. (Verity, 571)

Sarah describes, what all participants describe in an attempt to manage HE, an ultimate *detachment* and sometimes an *abandoning* of relationships:

if things are too bad, I just abandon relationships..[.] the response has been sometimes to be a little detached and be a little bit cold sometimes and my husband sees that and that's upsetting for some people sometimes. They feel that I'm letting them down somehow, because I'm not there to look after them. (Sarah, 499)

Like Sarah, all participants describe people interpreting them as similarly *cold* or *detached* and not being able to reconcile the person who offers such attunement with what may seem to others as arbitrary withdrawal. Participants report criticisms of "selfishness" or "coldness" and attribute this to others' experience of feeling *letdown*.

## **The False Social Self**

Participants also often report feeling misunderstood by others and mis-representing themselves. This may be an example of management akin to Winnicott's "false self" (1960). This may serve a number of functions: avoiding tuning into others and actively meeting their sub-conscious demands; avoiding the intensity of meeting people at relational depth; or managing overwhelming feelings connected to HE:

people think that I'm too light hearted about some things, because that's the impression that I try to give. Um, but, I think it's easier. I think it's probably a form of a, not necessarily a shield, but it's got something to do with that. It makes things less complex. (Anna, 781)

they see me as being silly, but I think that might camouflage some of the more serious elements to myself. So once they get to know me better they see that. (Rose, 225)

Participants report HE means situations take on more a complex and in-depth reality and these attempts to disguise the seriousness may result in a creation of a false self. HE can be intense, which as Verity states: "not everyone wants all the time!" (540), hence playing the role of someone *silly*, leading to a confusion of others and a potential mistrust in the congruence of the HE person who shows also capacity for such depth.

## **Transference and Projection: Attributing Meaning to Others**

Participants also describe using transference and projection as a way of managing their HE and sometimes an awareness of attributing their personal meaning to the attuned emotions of others, possibly to assert clarity over the unknown reasons for and implication of the emotions of others:

it's not that I get things wrong, I don't think, it's more that I attribute my meaning to their emotions, which is a form of projection I guess, but my empathic tuning is not wrong, they often are feeling what I tune, it's the meaning I make of it. (Rose, 428)

This may result in doubting their capacity to tune into the emotion of others, when in fact it's projecting participants' own *meaning* onto the attuned data, which is the issue. This can happen

with conscious cognitive interpretations of how the other feels and can potentially be separated from emotional and sensory embodied resonance of the other.

Anna describes how empathy with patients transfers onto her anxiety for her family's health, potentially a way of managing and releasing difficult emotion at work, but burdensome for the self and interpersonal dynamics:

I then go home and have friends and family behind closed doors, I have a lot of anxiety about their health. It kind of transfers. I guess I'm able to deal with it in the clinical setting but then I transfer anxieties to other aspects of my life [..] And I think that has something to do with my high empathy levels. (Anna, 38)

It seems if the processing of the attuned emotional experience of the other is not addressed directly, it can transfer or sublimate.

### **Choosing Protective Relationships**

Participants also described managing their HE with protective relationships, with people with HE and people with lower empathy. Others with HE seem to offer solidarity and complicity offering sensitivity for the boundaries of the other and a shared analysis, which becomes a sort of cathartic talking therapy.

Conversely, Mary talks about people who have lower empathy, providing her with a sense of stability:

that's very stabilising and very it's just great to go back to and it keeps...you know if we were both like that [HE]! [laugh] It would probably be quite exhausting (Mary, 369)

Rose also talks about being in intimate relationships with someone with lower empathy and the practicalities of not always being tuned in as helpful in a relationship.

For participants considerations of finding relationships with those who can offer understanding (often with higher empathy) and those offering containment and a stabilizing practical support

(seemingly those with lower empathy) are important management concerns. All participants report needing to avoid narcissistic and manipulative others, for whom HE may be a target.

### **3.2.3.3 Physical Management: Activities and Processes**

The final subtheme sees participants using activities to release, switch off and process energy around their bodily management. It also addresses use of medication and self-soothing activities regarding HE. One of the major ways participants manage their HE is to harness it for their professions: actor, musician and speech therapist, doctors, nurse and artist, leading to a rise in self-esteem and trust in HE intuition.

Other forms of physical management include exercise and Anna describes it as giving her “a sense of freedom from, um, processing and thinking and worrying”. (886). Yoga, running and aerobics are mentioned, and it seems taking participants into their physical body provides release. Anna’s *sense of freedom* suggests that she feels at other times, a feeling of constraint.

Participants also discuss using medication to manage e.g. self-medicating as we have seen with alcohol, and prescription drugs below:

I take beta blockers, to actually stop palpitations, so yea, there’s definitely a form of treatment. (Anna, 866)

The use of physical exercise and medication seems to aid controlling the impact of HE, giving space away from the impact of the relational demands HE places upon them.

### **3.2.4 Superordinate Theme Four: Mature Empathy and Wisdom: An Ongoing Challenge**

The final superordinate theme covers participants’ sense of movement through managing struggles towards mastery and harnessing the experience, which in some way equate to a felt sense of wisdom.

Participants discuss how empathy was difficult at a young age and all participants describe how it has needed management:

High empathy made it [life/relationships] tricky. Not necessarily negative but just for me quite challenging.[..] it really took a lot of managing, it has taken a lot of managing and I still feel like that's being tweaked now, modified, but yea, it was really difficult to manage (Anna, 973)

Participants describe a need for boundaries and a strong sense of self. Esther acknowledges her journey over time:

very strict boundaries, now. Now they are, but I'm sure they weren't always. (Esther, 898)

I've learnt I suppose, to not to be so vocal with it, and not be so intrusive with it and check my intent so I'm not cutting. [..] I'm not using the instrument to be unkind, as often as I can. I mean sometimes you can't. But certainly when I was younger, I'd be a dangerous. (Esther, 593)

Anna supports this idea, of learning to hold back her empathic awareness:

it's interesting because for the most people I again have learnt to not be, talk about things. I can, I have a select few, [..] where you can kind of let that guard down. (Anna, 322)

And Rose discusses that maturing with HE is also about learning to trust it:

I wasn't actually sure if I was picking up on things, and so I would feel a bit anxious about it. Now I totally trust it. (Rose, 113)

Furthermore she states that not acting upon information, but allowing people manage their own needs is an ongoing challenge as most participants describe:

trying to be able to switch off or tune out to certain things and to let other people take over their own needs actually is still a challenge. (Rose, 184)

Certainly there is a growing awareness from participants that as they mature, one of the most important aspects of wisdom around HE is how you act upon it, harnessing it and using it to 'act' for the good of others.

Sometimes, the wisdom is knowing what, how and when to impart empathic information:

wisdom is not sharing all the information that you have [..] because I used to think it was just about blasting information at them until they absorbed everything they needed but that's not it. It's about communication not necessarily volume but quality. (Sarah, 132)



Below, Verity puts into words what we have seen throughout this analysis; when HE is attuned and the self is not overwhelmed or flooded with dynamics or personal emotional reactions, insights can be reached and shared amounting to *a certain wisdom*:

when I'm one on one with people and I can be calm and I feel safe, I can tap into, with the empathy, I can tap into some real wisdom I think. So a lot of people would come to me for advice when I'm in that space. (Verity, 401)

Esther, our oldest participant, describes her wisdom around living with HE: that after a process of becoming aware of its power and its vulnerabilities, that you learn simply to *let it be*..

you can hear but not necessarily interfere with what you hear, so that's what you learn eventually a) it's not for you to meddle with b) it's not for you to rescue c) it's not for you to comment on, it's not for you to evaluate, pontificate, you just take it in and use it advisedly. So, it's no longer a package, or a weight or a tool, it just *is*...  
(Esther, 610)

## Chapter Four

### Discussion

In this discussion I present the most significant findings and examine their relevance in light of current research and theory; how I might contribute to existing research and how existing research might support and inform management of HE. I start with a narrative outline of the IPA themes (by which I mean linear timeline of the experience), as it emerged and has been interpreted to form a tentative model (see appendix ten). It should be noted here that all separation of themes and narrative structuring of analysis is artificial and imposed upon the raw data of participants' experiences: all themes are interconnected and the breakdown into a linear narrative and thematic structure are merely some ways of making sense of participants' experience, so as to give it a form which the reader may themselves interpret and use with ease.

My findings suggest that pathology and dysfunctional manifestation of HE is not inherent in HE itself, and is reported by participants as rather to do with its mismanagement and mismanagement of coping strategies. If this mismanagement is addressed, such dysfunctional manifestations could potentially be prevented – a hope I have for this research's contribution to wider society and psychological clinical practice.

It seems possible, that people with HE are strongly impacted by others especially at an early age when they are learning to harness and navigate their attunement and sensitivity to emotion. This was indicated by much discussion from all participants about early empathic childhood experiencing and dynamics: formative years may be particularly important for protecting and harnessing this phenomenon therefore.

After an outline of the insights gained from the analysis, (words in italics are words used by participants), I will look at the significance of this research, including contributions to the field of psychology, research, theory and practice, before going on to look at limitations and

transferability issues, (including methodological and personal reflexivity). Lastly, I will examine ideas for further research.

#### **4.1 Outline of Insights Gained from Analysis**

Participants reported experiencing HE from a young age without conscious awareness of the phenomenon: feeling *different* from others; sometimes isolated within their capacity to attune to *parents, teachers* and *nursery playmates* alike; confused by others' lack of response to unspoken dynamics. Participants discussed having always experienced this phenomenon, implicating HE as permanent and pervasive, driving behaviour and impacting relationships: so much a part of their 'selves' that HE is felt by all participants as indivisible from 'self'.

The primary negative impacts upon the self from a young age were named as guilt, anger, confusion, isolation, displacement, frustration and a development of being *over-responsible* for others. Social anxiety and a *flooding* experience within social and group settings were discussed by all participants to varying degrees; some, discussing avoidance of group situations and a few, of *relationship burnout* i.e. abstaining from intimate relationships altogether; withdrawing and sometimes abandoning relationships, as potential coping strategies were also discussed. I shall discuss the idea of HE experienced as information and emotional *flooding* within its own section shortly.

From early childhood memories, participants describe taking on the helper, protector or parental role for those around them, to varying degrees, (motivated by different factors), which for most, became a major part of their identity, again discussed in its own section in relation to Breakwell's Identity Process Theory, IPT (1986). IPT was chosen for its clear break down of identity components; identity 'motivations' and potential identity conflict. It is used as a lens through which to understand the potential issues for HE concerning identity. Where clients report experiencing personal physical, emotional or psychological trauma or issues in childhood, empathic care or management for their parent might be seen as having taken priority for the

participants over focus and development of their own sense of self. Generally, participants described attempting to manage the wellbeing of parents particularly in those situations where parents were experienced as unaware, depressed, abusive and/or narcissistic. In one case however, this manifested, not in increased servicing of familial emotional needs, but angry, rebellious defiance of complying with these subliminal requests, and anger at feeling the 'guilt' of not complying with their subliminal emotional needs.

Coping strategies were put in place to manage the as yet unnamed experience, some providing relief in the short-term and manifesting in negative impact upon self, self-esteem and relationships longer term, and some functional which were also carried into adulthood. The negative coping strategies seemed to become increasingly clear to participants over time, impacting their experience of the everyday world and relationships e.g. avoidance and distraction from the self, and of relationships, (excessive intellectualising as a defence against confusing and/or distressing emotion; excessive use of alcohol; excessive 'doing' or socialising; excessive focus on helping others): emotional suppression (during which a person is aware of the emotion they are suppressing) or repression (where there is lack of awareness of the emotion or thought repressed), particularly anger and avoidance of conflict: and control (excessive organising and/or control of environment, resulting in increased anxiety and sometimes OCD manifestations).

On an interpersonal level, the result of taking on the helping role, had appeared to manifest for many participants in 'co-dependent' relationships, based on a form of need and control of the other e.g. necessitating the 'other' to be in the position of 'helped', 'victim' or 'child', (or other dependent dynamic), leaving the other feeling powerless and/or invaded or controlled, leading to potential conflict within the interpersonal realm. Alternatively, participants describe finding themselves in the *naïve*, dependent position with an abusive, manipulative other, validating the other's dysfunction by extending endless understanding, negatively impacting participants' sense of self and self-esteem.

HE also seemed to manifest as *naivety* or *gullibility* concerning the inability to comprehend unjust behaviour or lack of empathy in others: potentially serving as a *shield* from processing difficult emotions around an acceptance of perceived harsh life experience, in which others actions are not always motivated by empathic concern; breaking down a fantasy or hope that if others are offered understanding and kindness, participants will be offered the same in return: a coping strategy that leaves them vulnerable to abusive dynamics.

HE seems to impact participants with varying degrees of severity e.g. participants reporting experiencing anxiety, exhaustion and feelings of low mood and/or depression, and recounting manifestations of levels of CF or burnout (see the section on this below).

HE can become a negative feedback loop impacting the self and interpersonal relations: low self-esteem from childhood, doubting intuition and empathic tuning, (exacerbated by traumatic childhood experiences, critical primary caregivers, perfectionism, or a lack of presence of someone who might tune into them to the depth which they perceive necessary); followed by attempts to help others as a patterned response to avoiding difficult feelings in the self or described as a learned pattern from childhood, (amongst other motivations), followed by a continued loss of self, more experience of co-dependent relationships (or withdrawing from relationships), leading to further experiencing of loss of self esteem.

Patterns developed in childhood, concerning relationships and management of HE, were reported as following participants into young adulthood, which for some precipitated a gradual processes of internal analysis of the phenomenon; how HE manifested from an early age, going through a process of needing to define and evaluate the experience and reach mastery and clarity over it.

Participants' ambivalence in relation to the phenomenon is clear: a mixture of experiences were described from deep, intense feelings of struggle and pain; of HE as anxiety provoking, a *disabling burden*; to feelings of pride and gratitude for the heights of *spiritual, poignancy of love* and *caring*; and the capacity to build deep relationships and connect to others.

Participants were at different points of awareness depending on age and experience at the time of interview. Those that had addressed negative coping strategies had learnt, and were in the process of learning how to harness HE for its benefit and limit negative impact.

Participants described physical, psychological, intra-psychic and interpersonal impact. The main struggle revolved around feeling *drained* by the phenomenon and *living in empathy* to the detriment, suppression and devaluing of self.

The main successful management strategies discussed were a re-setting of psychological and physical boundaries; a giving up of *inappropriate guilt*; a handing back of responsibility to others for their own emotions and relationships; fostering healthy emotional processing, regulation and clarity e.g. talking or talking therapy, releasing emotion through crying and confronting others or situational dynamics with healthy conflict resolution and assertiveness. Other management strategies included taking time and space to process emotion and cognitions, and taking time and space away from analytical engagement and active use of empathy i.e. switching off layers three and four of reflection, (Smith, Flowers, Larkin, 2009) e.g. the attentive reflection on the pre-reflective and deliberate controlled reflection of the phenomenological kind, respectively. This was done through 'blinking the mind' with meditation, exercise, or engaging with music e.g. going to concerts or playing in orchestras, during which empathy is not activated yet one is part of a communal experience, seemingly offering particular relief. Management also consisted of self-care including rest and alone time and meeting own needs without fear of the impact on others.

A redefining of HE and a reframing of the experience to maximise positive impact and guard against a narrative of HE as negative and *disabling* was central to participants' management of HE; fostering agency. An acceptance of management of the phenomenon being an on-going experience was also important, as was being validated by social context and accepted as 'normal' by participants themselves and others.

This balancing of tensions between the empathic identity and an identity entitled to deny the requests of others, promoted a harnessing of HE for its positive impact, promoting a new sense of agency and power, and an awareness of the potential dichotomy for HE experience: either vulnerability and abuse, *or*, potential for professional success, and deeply connected and mutually reciprocal interpersonal relationships.

The use of protective relationships with others with HE (experienced as offering complicit understanding and care) and those with lower HE, (offering stability and containment), was another positive strategy for navigating HE.

As new boundaries are put in place to protect and value the self, and the harnessing of HE as a skill is manifested, self-esteem raised and participants described experiencing feelings of worth, pride and satisfaction, touching a capacity for *empathic wisdom* and emotional intelligence valued by others in personal relationships, professional capacities and wider society. Participants discussed wisdom, *empathic wisdom* a term I have adopted to encapsulate this growing awareness and emotional intelligence around HE.

For some, the experience was not examined fully or even partially named until joining the research, and began or continued while taking part in the interview, revealing itself in a deep searching and emotional opening; the EQ and interview validating and offering a form through which to contain and give permission to an otherwise much ignored experience of the phenomenon.

#### **4.2 HE and Identity Processing Theory (IPT)**

I would at this point, like to give some attention specifically to theories of identity, especially IPT (Breakwell, 1986; 1992; 2001; 2010) as it offers a lens through which to evaluate participants' experience of HE and may be helpful in terms of therapeutic work, but also Erickson, (1902-1994).

HE was for all participants a central part of identity, impacting and driving behaviours and affecting management strategies and coping mechanisms. I will give some time outlining Identity Theory and specifically Breakwell's IPT, which is believed to be, three decades after its first appearance, remaining:

a vibrant and useful integrative framework in which identity, social action and social change can be collectively examined. (Jaspal et al. 2014)

Psychology and sociology come together in acknowledging the importance of identity, both personal (what makes a person unique) and social, (concerned with the roles people play). It is this combination of focus on social context and personal psychology, which makes IPT useful for this research, which aims to contextualise participant experience and their experiencing of personal identity.

Erikson (1902-1994) looked at identity across the life span: Ego identity (the self), personal identity (idiosyncrasies) and social or cultural identity. According to Erikson, Ego strength is built over successful completion of a series of stages e.g. if the task of the adolescent to transcend childhood identifications fails, cultural and social identity strength not achieved, the end result is said to be, 'identity diffusion' and eventually identity crisis. This is the same for all stages of tasks. We might say that unsuccessful management of HE might lead to identity diffusion or crisis: that empathy is described by participants as manifesting in concern for others, often over and above the self; that it is described as being the filter through which all relationships are experienced, and action taken.

We have already discussed the importance of boundaries for the self and in relationships in terms of management, yet if the personal and social identity are ones of Helper, Peace keeper, maintaining equilibrium and unlimited understanding, psychological space must be made to accommodate emotions and actions which might engender difficult feelings or an uncomfortable reality for others, such as expressions of anger and confrontation or a denial of their requests and/or withdrawing of attention. This may cause a threat to the "positive identity" (Breakwell,



2010), i.e. that individuals strive for positive social identity, regarded by others and themselves as positive.

Two universal concepts are said to regulate identity, 'Assimilation-accommodation' and 'Evaluation', (Breakwell, 2010). Assimilation-accommodation refers to the assimilation of new information and new identities into the identity structure (e.g. 'I am not always the benevolent helper). This sometimes requires accommodation and adjustment of existing components of the identity structure (e.g. 'If I am not always helping, can I still consider myself a kind person?'). 'Evaluation' is a process, which refers to evaluating how good or bad the identity is (e.g. 'I am not happy that I don't always help people'). "Both individual (e.g. personal goals) and social factors (e.g. norms), play a role in the evaluation process", (Bardi et al. 2014). Management of HE requires potentially multiple identities e.g. capacity for unilateral unlimited giver and assertive boundary setter able to frustrate the subliminal or conscious requests of others, (assimilation-accommodation). This needs then to be positively evaluated by the individual and their context: if society negatively evaluates HE or a healthy way of managing HE i.e. crying, this manifests as an identity threat and participants appear to adopt management strategies accordingly e.g. using the management strategy of diffusing the intensity of HE interaction with the creation of a false-social self, or overly employing humour so as to placate perceived potential negative evaluation, which might ultimately undermine the skill of HE. It was not uncommon to see participants navigating processing needs and coping strategies in the light of potential negative social evaluation. One participant gives a positive example of this: in her role as consultant paediatric neurologist, carving out a "me moment" (as she refers to it to her team), in which she takes time out from her "professional mode" to cry and process a new and difficult client story.

Breakwell discusses four 'motives' or desirable outcomes guiding the process of Assimilation-accommodation and Evaluation: 1) continuity across time, 2) distinctiveness from others, 3) self-efficacy, and lastly 4) a sense of personal worth/social value, 'self-esteem'. IPT states that identity is threatened when society frustrates a motive and individuals use coping mechanisms

to minimise threat. This can be seen within the findings as conflict between motives are described: needing to be needed or understanding the other, conflicting with the motive for self-efficacy (control and agency), and personal worth/self esteem. We heard one participant describing feeling as if she were being continuously *whipped across the face* as she tolerated disrespectful behaviour in a relationship, unable to assimilate the central part of her identity of being responsible for or understanding the other and assertively protecting the self. Certainly this breaks participants' sense of continuity of identity over time, requiring a reorganisation of identity structure and a way of harnessing HE for the motive of 'positive distinctiveness' potentially in the professional sphere, letting go of this pursuit in personal relationships which might benefit from a 'holding back' of empathic action which might be experienced by the other as invasive or controlling or by the participant as draining.

Vignoles et al. (2002, 2006) added two more motives: 5) *belonging* (feelings of acceptance and closeness to other people, and 6) *meaning* (significance and purpose in life). For those with HE, we see them struggling with giving up this closeness and feeling of not just acceptance but admiration from others as it is necessary to *disappoint* them by asserting healthy boundaries to protect the self. We also see the significance and meaning they have created in their lives become challenged when setting these boundaries and withdrawing this sense of being over-responsible for others, even when the other is abusive.

For participants, being a part of the research, seemed to provide some belonging and feelings of closeness within the phenomenon of HE, thus generating positive evaluation in terms of identity: a validation and acceptance of their experience and identity.

### **4.3 Significance of Research**

This research is significant in putting forward the lived experiences of those with HE and attempting to come close to an understanding of this phenomenon as it is encountered

idiosyncratically by the individual; such research has not previously been part of the body of literature.

I will examine the contribution, which this research might make to the major theories concerning empathy and aspects of areas of research outlined in the literature review. I discuss the theories and areas which might be relevant for HE or which this research may contribute. They are as follows: Mirror-Sensory Synaesthesia, Resonance and Simulation Theory and Theory of Mind; Trait based HE and Normal sex differences and E-S Theory (Baron-Cohen, 2002); Pathological Altruism and Compulsive Caring; management of Compassion Fatigue, Burnout, Vicarious Trauma, STS; and Emotional Intelligence and Social Intelligence. This will be followed by examination of contribution to the field of counselling psychology practice and research.

#### **4.4 Contribution to Theory**

##### **4.4.1 Mirror-Sensory Synaesthesia, Resonance and Simulation Theory, and Theory of Mind**

Findings support the idea that empathy is an inter-relation of experiencing and processing, from the physically embodied, emotional experience, to cognitively experienced perspective taking and processing of others' experiences. These findings are supported by the research into mirror-neurons (Gazzola et al. 1998) and Resonance and Simulations Theories, that suggest emotional experience of others is recreated within the body, to produce a vicarious experiencing. Reflected in my findings were examples of potential experiences of "Mirror-Sensory Synaesthesia" including the vicarious experiencing of pain, touch and emotion through resonance and simulation, potentially including others' experience of physical illness. So while Baron-Cohen et al. (2016), found that Mirror-Touch synaesthetes do not have superior empathy, it is possible that some people with HE feel they experience both Mirror-Touch and Mirror-Sensory synaesthesia, including this vicarious experiencing of others' pain, illness and

emotion. The relationship to Mirror-Touch and distinguishing it from Mirror-Sensory synaesthesia needs further research in its potential relationship to HE.

Participants also discuss paying attention to body language and “reading” people in a way that fits with Baron-Cohen’s Theory of Mind and its postulation of an unconscious awareness and ability to pay attention to emotional and social cues.

#### **4.4.2 Trait Based HE and Normal Sex Differences and E-S Theory (Baron-Cohen, 2002)**

Participants discuss HE as a part of their everyday experiencing from a young age, and assertion of HE as trait based, central to their core selves, and findings are supportive of Baron-Cohen’s Empathising-Systemising Theory (2002), asserting that the higher the empathy, the lower the systemising skills in terms of logistics and paying attention to factual detail e.g. participants discuss remembering directions or names as difficult. The idea behind this, put forward by participants, is the priority of connecting and tuning into the subliminal and emotional dynamics of the situation above concern for factual data, which can contribute to others’ perception of them as being “not present” or potentially “silly” or “scattered”, to use participants’ words. If HE is indeed a feature of Baron-Cohen’s idea of normal sex differences, i.e. HE being predominantly a female experience, being perceived thus, may feed into gender stereotyped ideas of women being over-sensitive or emotionally ungrounded. This might be exacerbated, by the reported assuming of these “light” personas (e.g. silliness), described by participants as being used to diffuse the intensity or demands of using their HE in social situations. This persona was also described as a coping mechanism for managing anxiety and ‘flooding’ when overwhelmed in social and group settings.

#### **4.4.3 Potential for Emotional Flooding: HE Manifestation and Autism Spectrum Conditions (ASC)**

High systemising for ASC manifests as experiencing a flood of data that causes confusion (Baron-Cohen, 2005), and a focusing on detail, that does not make logical sense in social situations, (Baron-Cohen, Wheelwright, Lawson, Griffin, Hill, 2007). These ideas seem connected to ideas of HE *flooding*, where participants described becoming overwhelmed with emotional information in social settings: e.g. when being faced with attuned behaviour that did not fit with their world view, or sensing unacknowledged or unspoken subliminal emotions, or attuning emotions in others that caused difficult personal response or personal resonance. As anxiety levels rise, engendering a shutting down of empathic processing ability, participants describe experiences tantamount to that of the autistic brain, in which there is limited information on social cues. Where the person with HE loses capacity for 'reading' the other through flooding of empathic information and/or anxiety through response to this information, they may say things or reveal empathically attuned information, which is socially not desired by the other (i.e. it might be invasive or exposing) causing offense.

This can leave the other person confused by the dichotomy of someone with HE, who can move from highly in tune and sensitive responding, to insensitive responding and errors in socially coded interactions. Participants discuss avoiding large social groups because of feeling overwhelmed and experiencing anxiety and what feels to them, like Social Anxiety, which may well lead to feelings of lack of agency and low mood (similar to that of autistic presentations). I would like to make the differentiation, that while people with HE may develop Social Anxiety (e.g. a negative interpretation of reading the cues of others, with an over-focus on the thoughts of others, including potentially what others think of them, especially in an exam or performance setting where it may be considered important to 'please' the other), it may be that at times of extreme emotional arousal, they simply are unable to interpret cues. This would be supported by the neuro-scientific literature (Decety and Lamm, 2006), which found that intensity of somatic

response was not positively correlated with empathic experiencing and that strong physiological responding may decrease the ability to empathise.

This may become particularly overwhelming if the person with HE attempts to systemise the emotional data, if we take Baron-Cohen's theory of low systemising skills to be relevant, not because of a lack of emotional cues but because of the opposite of too much information, e.g. an attempt to arrange or organise attuned emotion in accordance with a conscious, definite plan or scheme, which appeared to manifest in participants, not only in flooding in the moment of interaction, but excessive planning for interpersonal encounters, i.e. list making for potential emotional responses of others, and/or excessive analysing post encounter.

#### **4.4.4 Pathological Altruism, Compulsive Caring and HE**

Baron-Cohen (2012), warns against the pathologising of HE, as an expression of normal sex differences and findings suggest that HE is an adaptive skill, which *if harnessed* and managed and protected correctly can be used to enhance intra-psychic processes, interpersonal relationships and professional achievement. Emotional Intelligence and Social intelligence, of which HE is considered part, have been associated with leadership qualities and success, (Goleman, 1998). However, findings also indicate potential dangers of HE and what might manifest as a result of mismanagement and maladaptive coping mechanisms.

If HE is coupled with low-self esteem, and a perceived need for management by the child of their primary care givers, participants discussed a manifest guilt emerging, followed by further low self-esteem as they were unable to solve parental issues, potentially leading to attributing or projecting personal meaning to others' thoughts, emotions or behaviours, which may not be accurate. This inaccurate reading may potentially lead to anxiety and/or social anxiety, as the cues are misinterpreted, and a pre-occupation with analysis of others' thoughts, feelings and intentions, further leading to low self-esteem and a mistrust in ones own capacity for insight.

It is easy to see how HE could lead to co-dependent relationships if HE is used to rescue others and position the self in the role of saviour, protector or helper. These roles demand the other stay in the position of victim/helped, disempowering the other, in a futile attempt to raise ones own self esteem, as the effects on the other remain negative, which ultimately a person with HE would on some level understand.

It is also easy to see how without a strong sense of self, i.e. a strong awareness and differentiation between own personal feelings and those of others, and a difference between personal core personality traits and roles one might play, self-actualising may not be achieved and thus reciprocal, adult, sexual intimacy, between equals, may well not manifest, as could become the case with a 'parent/protector-child/victim' dynamic. This was seen with the participant who took a 'motherly' role with her husband, losing her identity as adult, sexual woman with an equal partner. In a personal realm, therefore, the identity of helper can be seen to damage interpersonal relating, yet in a professional sense – there are a lot of professions, which harness this helping role, regardless of the potential dysfunctional drive behind assuming the helping role, and it can be productive and useful in the unilateral helping position of the job, e.g. doctor and patient. This last point may also relate to the concepts of compulsive caring or 'parentification', in which the person with very high empathy continues the patterns learnt in childhood, in which they emotionally parented their primary caregiver leading to a loss of self and potential defence from experiencing reciprocal adult relationships. Adult relationships are defined as including compassionate empathy, (as opposed to concern for the other to alleviate ones own distress), intimacy, emotional risk and emotional investment. Relationships devoid of these elements, which serve to protect a person from the above, have been called "irrelationships", (Borg, Brenner & Berry, 2015). This feeling of being 'unseen' was reported by a number of participants in their adult relationships.

#### **4.4.5 The Use of Compassion Fatigue (CF) Management Strategies for the Management of HE**

Potentially, managing HE could benefit from examination of the major findings within the literature of CF, which resonate with the findings of managing HE from this research. See the literature review chapter for the research into Burnout, Vicarious Trauma, Secondary Traumatic Stress and CF, how they are linked and how they might be linked to HE.

A review of thirteen studies in healthcare professionals in the workplace on how to manage CF by Joss & Cocker (2016), found the protocol to prevent and/or recover from CF put forward by Gentry et al. (2002), provided the best short-term positive outcome, (yet to be evidenced over long-term use). Joss and Cocker developed their own protocol based on this, putting forward a set of five “Resiliency Skills”, associated with a lowering of anxiety and lessening of CF, as follows: (i) self-care and revitalisation; (ii) connection and support from others; (iii) intentionality, or eradicating stress and shifting from reactive to intentional behaviour i.e. choosing emotional response and protecting the self from stress; (iv) self-regulation, which involves developing the ability to intentionally control the activity and lessen the energy of the Autonomic Nervous System i.e. through breathing techniques and (v) perceptual maturation, a cognitive skill involving maturing the perceptions of self towards resiliency and the perceptions of the workplace, to render them less toxic i.e. a reframing of the power of the other or the workplace over ones emotional wellbeing, gaining a perspective of self empowerment.

My findings show management using; self-care e.g. sleep, time for the self; connection and supportive/protective relationships; intentionality and self-regulation i.e. learning when to ‘deactivate HE’, and how to navigate emotional reactions towards a more intentional responding, as well as calming the Autonomic Nervous System with e.g. meditation, yoga, breathing techniques. My findings also included reframing the position of the self in one of agency and choice, fostering a sense of resiliency and ability to cope. I will discuss this further in contribution to therapeutic practice. These coping strategies appear closely linked to the



development and mastery of Emotional Intelligence (EI) and Social Intelligence (SI), which might be aligned with participants' discussion of empathic wisdom and a mastery of HE.

#### **4.4.6 EI and SI**

Goleman (1998), as already mentioned, believed EI and SI can be learnt. Similarly, participants describe the management of HE as something to be learnt over time, developing HE into an empathic wisdom i.e. a mastery over the HE experience, sharing major facets of the process with Goleman's five areas of skill associated with EI, particularly, self-awareness, self-regulation and the harnessing of social skill, (also closely related to Joss & Cocker's 2016, programme of management above).

In a study by Shutte et al. (2001), examining seven studies and the link between EI and interpersonal relations, found participants with high scores on EI had higher scores on empathy; that high scores on EI and SI were correlated; that participants with EI scored higher for cooperative responses towards partners; and that those with high EI had higher scores for close and affective relationships. It seems likely that HE can be problematic in relationships without the developed EI to harness, control and understand the experience. We might wonder if the higher the empathy, the greater the EI needed to manage the experience; if this can be manifested, the greater the opportunity for emotional connection and satisfaction in relationships, personal and professional, especially where the professional occupations require connection to others e.g. with clients, patients or audiences.

#### **4.5 Contributions to Therapeutic Practice**

As no qualitative literature exists on the experience of HE, this research hopes to contribute significantly to therapeutic practice in terms of understanding possible clients presenting with HE, its potential impact, and healthy/unhealthy ways of managing it. As many therapists

themselves may have HE, this research may also serve as a self-reflexive practice or instigator of personal work to be undertaken with a therapist or supervisor in relation to client work.

Therapists with HE will offer clients enormous benefits in terms of therapeutic conditions for change. In the *Heart and Soul of Change* (Duncan, Miller, Wampold & Hubble, 2014), a meta-analysis of 'what works in therapy' from the client perspective, they reassert the already commonly accepted idea that the quality of the therapeutic relationship is the greatest predictor of therapeutic change/wellness over different choices of therapeutic model: all models work, it's the efficacy of the therapist carrying out the model which is most important, according to the meta-analysis of Hubble et al. (2014). Thus empathy, "is linked to outcome because it serves a positive relationship function, facilitates a corrective emotional experience, promotes exploration and meaning creation, and supports clients' active self-healing", (p119).

They caveat however, that clinicians are inadequate judges of clients' experience of empathy (p119), and that intentions or efforts to be empathetic are insufficient, that client receptivity of empathy is necessary. This means as HE therapists we need to ask the client about his experiences within the session and attend to the feedback, and that if we have a client who is not receptive to empathy, that we might attempt to protect and conserve our energy in the sense of hyper-empathic tuning (while remaining empathic), and engage in other aspects of the therapeutic relationship, which may be more beneficial to some client groups i.e. emotional containment for the client, goal consensus and collaboration, congruence and genuineness (Hubble et al. 2014), firm boundaries and emotional/sensory regulation/management for borderline clients or those on the extreme low end of the autistic spectrum. The therapist will need to find ways to manage their HE, e.g. making less eye-contact thus less resonance and exercising strong self-other differentiation.

For the HE client, one of the areas practitioners should bear in mind is the examination of identity, the content and evaluation of content (Breakwell, 2010), of both social and personal identity, in relation to the positive/negative experiencing of HE. A reframing of HE and the

experience may be necessary to manage the 'motives' and negotiate identity threat while moving away from potential harmful manifestations of HE, namely being over-responsible for the wellbeing of others above their own and remaining continuously in the helping role without healthy transition to other roles of receiving and setting appropriate boundaries. An awareness of pathological guilt, of 'parentification', compulsive caregiving and the formation of 'irrelationships' as a way of avoiding adult reciprocal intimacy and emotional risk taking may also be of benefit in order to work through any dysfunctional relationship patterns.

A reframing of other concepts aside from 'responsibility' might include: what it means to be appropriately 'selfish' (participants often felt that doing something solely for themselves, or expressing their own feelings, wishes, or opinions was selfish); 'guilt/inappropriate guilt' (seemingly stemming from being over responsible and therefore inappropriately guilty for the negative experiences of others); 'rescue or empowerment using empathy' (the difference between using empathy to rescue and therefore disempower, rather than support the other to help themselves and thus empower themselves); and the idea of the 'authentic self', (not suppressing or repressing the self for the other, or playing a role, but rather communicating authentic personal thoughts and feelings, followed by congruent action).

Simply talking and validating the phenomenon is reported in the literature as having positive effect; validating the entitlement to struggle and harness the skill, raising ego strength and self-esteem. Participants reported the need to feel validated for their HE experience and be acknowledged as experiencing a valid phenomenon; the EQ and the interview gave them a sense of this.

Dynamic Interpersonal Therapy or DIT, may help with an examination of dynamic relationships and a breaking of dysfunctional patterns of relating, putting healthy boundaries in place. Mindfulness might be a useful tool in managing reactive emotional responses such as anxiety and flooding. Examination of negative thinking patterns such as rumination as an

intellectual defence and obsessive thinking patterns or using organising and control as a way of avoiding difficult emotion, might also be useful.

#### **4.6 Contributions to Research Process**

In the way that counselling psychology (CP) opens the way for integrative practice, drawing on different models to suit client needs, this research, by combining mixed methods in a pragmatic way, treads a path of continuing research attempts of addressing the research question without being limited to certain methods by philosophical and methodological constrictions, and potentially artificial boundaries between quantitative and qualitative research. It feels important to attempt to contribute to existing research by acknowledging different yet interconnected layers of experience: the subjective human experiencing (idiosyncratic perception and individual context) *and* elements within the material world such as biology, neurology, genetics and personality traits, which may be stable and consistent over time, thus having potentiality for gaining such knowledge. This examination of different elements of experiencing pushes forward to new fields of neuro-phenomenology; scientific research aimed at addressing the issues of consciousness in a pragmatic way, combining neuroscience with phenomenology so as to study experience, mind, and consciousness without losing the importance of the embodied condition.

Lather (2008) states, demand for feminist research has been to focus on 'empathy', 'voice' and 'authenticity' as central to its being, to move away from 'scientific thought'. Within critical realism, I hope to combine the two and while we still need doors opened for research focused on these premise to stand alone, I argue strength of research be based on effectively addressing research questions rather than thoughts of paradigm construction.

Lather raises questions of 'sameness/otherness' research, which this research also is part, suggesting there are 'messy spaces in-between' (Robinson, 1994), where even in 'sameness', experience is bracketed to allow for 'otherness' and that research relationship might be more

accurately described as “constantly changing intersections of interpretation, interruption and mutuality” (Lather, 2008); if the use of empathy and dialogical knowing is employed, the debate about sameness or otherness becomes moot. This research might be added to research attempting to further these ideas; that my sameness is secondary to the empathy and dialectic employed in tuning into participants to give voice to their idiosyncratic experience. In this way I hope to claim that it is marginally feminist in nature, by which I mean research which aims to give the marginalised a voice, which understands that all knowledge is socially situated, political and comes from and contributes to power structures. Furthermore, HE is potentially predominantly a female experience, which is framed by society in a certain way. There is much room for further research in the area of the social construction of HE for women, but also for men with HE who might be even more marginalised.

This research might also hope to contribute to the importance of transparency and reflexivity: presenting my detailed process (see research log entries, appendix 15). I have included my personal journey alongside the research in the spirit of enquiry and acknowledgment that context and perspective might influence interpretative findings, and that this might further understanding of participants and research rather than hinder it, if transparency is freely offered, (Smith, Larkin and Flowers, 2009).

#### **4.7 Transferability and Applicability**

Some research limitations are discussed in the methodology chapter with Kitto et al.’s (2008) other five stages, and I now examine the sixth defined area for valid and reliable research: transferability and generalizability.

Use of the words ‘validity’, ‘reliability’ and ‘generalisability’, have been debated as to their usefulness for evaluating qualitative research (Sandelowski, 1996; Rolf, 2006 amongst others). Noble and Smith (2015) quote Guba and Lincoln (1985) for their use of terminology: instead of validity, ‘truth value’, which recognises multiple perspectives and any researcher bias which

might influence this: en lieu of reliability, 'consistency and neutrality'. Consistency relates to trustworthiness and a trail by which interpretative decisions have been made (transparency). They suggest an independent researcher should be able to come to comparable findings. Neutrality relates to the idea that methods and findings are intrinsically connected to researchers ontology, perspectives and experiences. They should be accounted for and differentiated from participants' accounts. And finally, applicability instead of generalisability, where findings can be applied to other settings, contexts or groups.

This research in accordance with IPA literature attempts only to generalize in that as it is true for one, it may be true for others; that through the idiographic tradition, essence of experience may emerge, across cases, which might be applied to the phenomenon.

Noble and Smith (2015), detail eight ways that transferability and applicability can be achieved, which I shall now move through in turn addressing how I have endeavoured to ensure the quality of the research: 1) I have attempted to remove bias along every stage of the research as much as is possible, although it is accepted that researcher neutrality is not wholly attainable: my use of a research logs to bracket my own experiences; my taking of the interview also to bracket my experience once informally at the start of the process and just before writing up the analysis findings: 2) accurate record keeping and decision trail with inclusion of one transcript with preliminary coding, breakdown of themes for one participant and master theme table with all participants and quotations in full: 3) seeking comparisons and similarities across accounts so as not to lose individual voices while describing the emerging essence of the phenomenon: 4) including 'rich and thick verbatim' (Noble & Smith, 2015) descriptions of the phenomenon, so the reader might have insight into the raw data to gather their own sense of participant experience: 5) attempted clarity of thought process within analysis and interpretation of findings i.e. moving back and forth between the raw data and my thematic interpretations, and by using cross checking (and also the following actions detailed in points six and seven support clarity of process): 6) engaging with other researchers to reduce bias (see appendix 14) colleagues were

asked to cross check findings 7) 'respondant validation', in which I asked one participant to feedback on my analysis of their transcript and whether they thought the themes and concepts relate adequately: 8) and 'Data triangulation' in which different methods and perspectives help produce a more comprehensive set of findings (Rolf, 2006; Fraser et al., 2001; Kuper et al. 2008; Long, 1993). Barbour (2001), however, points out that "technical fixes" do not guarantee rigour, robustness and therefore, transferability of research and to determine quality by a set of technical procedures might be to ignore the depth and type of contribution that qualitative research has to offer.

The research might be applied to women with HE or those with whom they are in relationship and indeed any reader who hopes to gain insight into the lived experience of very high empathy. It might be applied in the settings of counselling psychology, individual and couples counselling in terms of advice for management of HE for the individual with HE, or parents and educators of those with HE. It is possible that highly empathic children may need more attentive and more complex emotional processing skills support and time given developing these. They may also need support with accepting and trusting empathic intuition, managing their self-esteem and keeping clear boundaries in terms of what may or may not be their responsibility in interpersonal relations. Career guidance on how to harness high empathy and protect against the potentials for Burnout and CF may also be valuable. The biographical details of my sample of participants, which also governs applicability will be examined in procedural limitations.

I shall further examine these eight areas in the following sections of limitations and personal and methodological reflexivity.

#### **4.7.1 Methodological Limitations and 'Indicators of Quality' (Smith, Flowers and Larkin, 2009)**

Smith, Flowers and Larkin (2009), propose Yardley's (2000) four principles for assessing qualitative research, for the reasons that they are considered more sophisticated and pluralistic

(Elliott et al. 1999; Yardley 2000, 2008) from potentially restrictive 'checklists' of evaluating qualitative research. I will examine them, while addressing methodological limitations. The first is sensitivity to context and outlines three aspects; addressing social and cultural context, the existing literature and context for data gained from participants i.e. the interview set up. As Smith et al. suggest is often the case, my choice of IPA is to address the gap in the context of literature, for close "engagement with the ideographic and the particular" (p.180), and in this way we might consider the research sensitive. However, IPA has been challenged with assertions that it is too dependent on language, depending on articulate participants able to impart their experiences cognitively (Willig, 2001). With this in mind I attempted to pay attention to metaphor for excavation of deeper experiential communication and also to the embodied experience as it manifested in the interviews with breath and rhythm of language and thematic exploration of the described embodied phenomenon. As a novice researcher I paid particular attention to the raw data, moving back and forth to check the themes were grounded in the voice of the participants. Sensitivity to the literary context, meant a wide range of research was brought forth some of which substantive, connected to the phenomenon of empathy and others theoretical which also concerned the research methods themselves.

Smith, Flowers and Larkin (2009), respond to Willig's (2001), and Landridge's (2007), concerns about a focus on cognition limiting IPA, by outlining four different layers of cognitive experiencing, asserting that this cognition is present in most people's 'natural' experiencing, without asking them to have complex analytical or cognitive skill and they are as follows: 1) Pre-reflexive reflexivity (awareness of experience which doesn't interfere with a natural flow of experience – a minimum level of awareness that we are conscious); 2) the reflexive 'glancing at a pre-reflective experience' e.g. daydreams, imagination and memory; 3) attentive reflection on the pre-reflective (experience becomes a thing of importance); and 4) deliberate controlled reflection, analysis on a spontaneous reflection. Most people they would argue reflect at levels two and three on a significant experience naturally as part of everyday consciousness – it's the



level four phenomenological inquiry that takes analysis to the next level, not necessarily requiring this on the part of the participant – although this higher level of phenomenological inquiry was present in some participants, particularly the psychologist and therapist, Rose and Esther. Smith, Flowers and Larkin's (2009) cognitive model is broader than that of mainstream cognitive psychology, as is the 'model' of empathy which has emerged from this study in comparison to that described by positivist studies, definitions and attempts at elucidating physiological and neurological processes.

Commitment and rigour is the second broad principle, which relies upon commitment of individual researchers to sensitivity of context and quality of attention to the individual participant, which can be limited with novice researchers. Certainly to address this limitation I drew upon my skills as a counselling psychologist, using empathy to relax and open participants while attempting to engage them on elements, which might benefit from unpacking.

Transparency and coherence, Yardley's third broad principle again opens limitations, which need to be born in mind. I attempted to include significant material from different parts of the research process in this thesis including diary extracts, early thematic coding and an example of entire transcript for evaluation for richness of content, but whether this provides enough information for coherence is again open to debate. There is tension between the descriptive and the interpretative and this balance is sensitive to strike. IPA can be limited in that the reader is trying to make sense of the researcher, interpreting the participant, who is interpreting their experience and as such makes claims no other than this. A constant awareness of this is attempted and when evaluating transferability this central philosophy of IPA is held in mind (Smith, Flowers & Larkin, 2009, p.183). Smith, Flowers and Larkin also talk of the 'hybrid' (p.183) research of which mine would fall. They state the possibility of this with IPA, which sits alongside the pluralistic methods of Yardley's evaluation, the pluralistic methods of counselling psychology and the idea of IPA as inclusive of the multiple voice/perspective. I will address the use of the EQ for recruitment in procedures below.

Impact and importance, are Yardley's fourth and final principle, which states that however well a piece of research accounts for its limitations and maximises sensitivity of process, a true measure of validity, or 'truth value' is "whether it tells the reader something interesting, important or useful" (Smith, Flowers and Larkin, 2009, p.183). I shall return to these ideas in the conclusion.

#### **4.7.2 Procedural Considerations**

The main consideration concerning procedures is the use of the EQ for recruitment and its impact upon sampling. Using the EQ at the second stage of recruitment was a pragmatic choice, examined thoroughly in the methodology chapter. If criticisms of likert-scale report questionnaires in general are that they do not give space for stories, thoughts and feelings, contradiction and nuance, then the qualitative interview, which followed aimed to address this. Did my use of the EQ mean that I missed participants bringing a definition to empathy, which was not in accordance with that of the EQ?

Potentially yes. However, this was made one of the first questions in the interview and this risk did not outweigh the advantages of having a purposeful sample of people with extremely high HE. By using the EQ a specific and purposeful definition of empathy could be measured and homogenous sample found which could be used to compare and contrast experience, and I attempted to draw on the complexities of participants' personal definitions within the interviews.

Perhaps one limitation might be that the measure is also a cognitive self-report questionnaire and not a direct physiological measure of empathy in terms of brain and body activity. However, until we may fully understand these neurological processes in the brain, we cannot guarantee we are measuring HE reactions in the body by using fMRI scanners and presenting potential participants with empathy arousing photographs and taking psychological measures of heart rate and skin conductance.

It might be argued that in targeting areas of recruitment for participant self-selection such as Drama and Art schools, hospitals, libraries and psychology departments within a university, areas which would attract HE, I did not open the possibility of finding voices of those who were not manifesting their HE professionally.

These areas are also widely dominated by women, again not opening my sample to the greatest potential for male recruitment. I attempted to combat this with some snowball sampling which included the link for EQ in an email, posted on social media, however I could have targeted specifically male forums to see what this might have brought forth.

#### **4.8 Personal and Epistemological Reflexivity**

As I found no qualitative literature on HE, the only context for the research was correlative e.g. high empathy and low systemising, and positivistic inquiry and theories into the nature, causality and processes of HE.

In this vein, I found myself searching for objective answers as to the nature and causality of HE, in the first round of thematic clustering of individual participants' material, and when I attempted to group themes for four participants, I leant towards a content analysis, rather than an IPA process; rather than focusing on participants' processes of seeking causality, I was searching for definition and evaluation of the experience as a whole. This understanding enabled me to release the expectations of finding objective answers and allowed me to focus on the multiple perspectives of participants.

This search for definitive constructing of the experience potentially relates to my identity as counselling psychologist and a desire to contain participants by constructing a definitive experience for them by way of normalising and validating HE. Despite being aware of potential therapeutic actions I could take, I did not provide psycho-education to contain the psychological conflict and confusion around the phenomenon. I was aware of the validation the EQ and the interview process was affording participants in terms of them expressing their HE experiences,

and I had to comfort myself that this was enough of a therapeutic benefit and that the freedom to express their perspective without containment was part of allowing their voices to be heard.

I was also aware of a desire to present a model for the experience, which might reduce the multiple voice, leaning towards generating a theory of HE, closer to the aims of Grounded Theory. However, I present a tentative model, which I hope is open to the expression of multiple experience within it.

With regards to my personal journey, the need for answers may have been propelled by my own experiencing of HE and feeling the need to address some of the issues raised by participants in their own lives. Certainly, as I became a mother and moved towards a new professional identity within the training, I was addressing boundary issues in relationships, with work-life balance and the challenges of motherhood, searching for HE management in many of the same ways participants were. Addressing and keeping separate my 'need' for answers and separating my past HE self, present self and future projected self, from the experiences of the participants, were part of my work as a researcher.

The research has impacted me deeply and broadly. I entered the research with thoughts of HE as a sensitivity, a power and skill, which might give a person insight and perspective: a sensitivity, which could connect a person deeply with others. I had underestimated the potential impact of HE on a person's life and choices: how it might shape relationships, choice of profession and experiencing extreme degrees of experience, both positive and negative. I had underestimated the importance of HE management and how for people with HE, it is at the core of identity, and my own: a lens through which, all life is lived (or not lived) and all action is filtered.

#### **4.9 Further Research**

As the first piece of research of this nature, it might be viewed as a very small contribution to understanding the lived experience of HE. Many questions have arisen from this process, which

might be pursued in different directions. One question in terms of sample is the experience of men with HE, and one, which could follow a similar methodology to this research. It would also be interesting to examine HE and sexual identity in the light of the neurological research, which found areas of emotional processing in both sexes who were attracted to men, to be the same size e.g. heterosexual women and homosexual men have the same sized areas of emotional processing, in comparison to heterosexual males for whom they were generally smaller.

Furthermore, another interesting question, in the light of the neurological research which examines the idea that psychopaths do not naturally recruit brain circuitry involved in empathy, but could recruit when asked, bringing activation up to baseline levels, is whether people with HE might be able to bypass empathic responses to manage HE. Participants described being 'desensitised' and using intellectualising defence techniques to keep the physiological and emotional experience of HE at bay, and more research into what might happen during such processes at a neurological level may be useful in suggesting this as a way of potential HE management.

Finally, I would like to suggest more investigation specifically into the experience of embodied empathy: particularly the potential for experiencing others' feelings and sensations physically e.g. illness or physical pain. By understanding this, we may offer management for the powerful nature of embodied HE.

It would also be interesting to look at the prevalence of HE within the general population by testing a large randomized sample for HE, for a score over 70/80 on the EQ and potential correlations with different variables e.g. Vicarious Resonance/Mirror-Touch Synaesthesia, sensitivity to sensory stimuli, social anxiety and depression/anxiety, to name a few.

#### **4.10 Conclusion**

Throughout this chapter I have attempted to address the significance and usefulness of this research, in terms of the findings and content regarding the phenomenon of HE and

methodological processes and design. I hope to have shown that despite the potential limitations for transferability, the philosophical complexities of using mixed methods and the possible inherent limitations of IPA, (as well as personal limitations on the part of the researcher), that this research makes a valuable contribution to counselling psychology theory, research and practice.

In terms of theory, it adds to the positivistic literature, which already exists and begins a much neglected journey through the gap in the literature for the experience of HE from a personal and idiosyncratic perspective within particular social, cultural and embodied contexts. The true test of validity for Yardley (2000) is that research tells us something important and useful.

As Smith, Larkin and Flowers (2009) state, bodies are different from one another genetically, biologically, physically, but also expressively and experientially. It is the opportunity afforded by IPA to excavate this experience, informing, in this case, potential everyday life impact of HE on a personal and social level and requirements for management. IPA is increasingly connected to the developing field of embodied cognition. While the existing research might tell us interesting information about biological processes, embodied cognition tells us about how it is to experience these processes, believing experience to be 'embodied, situated and inter-subjective process of meaning-making' (Smith et al. 2009 p189). As Smith et al. state, from distinctions between pure neuro-scientific studies and pure investigations of subjective experience, with the mixed-method, we move research towards the developing experimental work of "neuro-phenomenology" (Gallagher & Sorensen, 2006). This research design hopes to make a "positive and complementary" contribution to a new area of non-reductionist cognitive research.

In terms of counselling psychology practice, I have attempted to show this neglected area of investigation into HE is not simply a 'pro-social expression of normal sex differences': this experience is far more complex and nuanced than has previously been thought demonstrated by my research in the emergence of HE as a pervasive, enduring and impacting experience, which needs management and at this high level, if not harnessed and managed well, may reduce

capacity for socialising and interpersonal relationships, rather than increase this facility in some contexts. While we might not want to pathologise HE, we might be aware that if not managed, protected and harnessed, it may manifest in unhealthy intra-psychic and interpersonal processes: that psychologists, parents, teachers, educators, policy makers and those with HE themselves, might use this research to be aware of the need for this skill to have space to develop, thrive and be harnessed for its potential positive contributions. With this awareness perhaps negative impact and potential development of mental health issues, at personal, public, social and economic cost can be avoided.

## Appendix 1: Final Page of Ethics Release Form



<b>Name of reviewer(s).</b>		
Julianna Challenor		
<b>Email(s).</b>		
Julianna.challenor@city.ac.uk		
<b>Does this application require any revisions or further information?</b>		
<i>Please place an 'X' the appropriate space</i>		
<b>No</b> Reviewer(s) should sign the application and return to <a href="mailto:psychology.ethics@city.ac.uk">psychology.ethics@city.ac.uk</a>	<input checked="" type="checkbox"/>	<b>Yes</b> Reviewer(s) should provide further details below and email directly to the applicant, ccing to <a href="mailto:psychology.ethics@city.ac.uk">psychology.ethics@city.ac.uk</a>
<b>Revisions / further information required</b>		
To be completed by the reviewer(s). PLEASE DO NOT DELETE ANY PREVIOUS COMMENTS.		
Date: 27/6/16 Comments:  N/A		
<b>Applicant response to reviewer comments</b>		
To be completed by the applicant. Please address the points raised above and explain how you have done this in the space below. You should then email the entire application (including attachments), with tracked changes directly back to the reviewer(s), ccing to <a href="mailto:psychology.ethics@city.ac.uk">psychology.ethics@city.ac.uk</a>		
Date: 10/10/1016 Response:  N/A		
<b>Reviewer signature(s)</b>		
To be completed upon FINAL approval of all materials.		
	<b>Signature</b> (Please type name)	<b>Date</b>
<b>First reviewer</b>		
<b>Second reviewer</b> (If applicable.)	Julianna Challenor	27.6.16



## Appendix 2: Research Poster



Department of Psychology  
City University London

### **Do you feel you have very high levels of empathy?**

Do you find it easy to put yourself in other people's shoes and experience what they might be thinking and feeling?

### **If so would you be willing to take part in a study?**

### **PARTICIPANTS NEEDED FOR RESEARCH INTO THE EXPERIENCE OF VERY HIGH EMPATHY**

We are keen to understand the experience of very high empathy and would be very grateful if you could complete the short answer questionnaire at the following link:

<https://www.surveymonkey.co.uk/r/3TCQRK9>

**Following the completion of the questionnaire some participants will be invited to take part in an informal interview.**

Should you wish to be a part of the interview stage of research and this Doctoral Research project at City University, please do not forget to leave your name and contact details on the questionnaire at the link above. All data is kept anonymous and strictly confidential.

The online questionnaire will take approximately 20 mins and the interview will involve *a face-to-face session* lasting approximately 90 mins. In appreciation for your time, you will have the opportunity to tell your story and be a part of doctoral level research to help gain understanding into living with this sensitivity.

*Refreshments will be provided and travel expenses reimbursed.*

For more information about this study,  
please contact Sally on: xxxx or [Sally.Leonard@city.ac.uk](mailto:Sally.Leonard@city.ac.uk)

The research supervisor is xxxx Registered Psychologist and Senior lecturer:

This study has been reviewed by, and received ethics clearance  
through the Research Ethics Committee, City University London  
[PSYETH (P/L) 16/17 09].

If you would like to complain about any aspect of the study, please contact the Secretary to the University's Senate Research Ethics Committee on 020 7040 3040 or via email:  
[Anna.Ramberg.1@city.ac.uk](mailto:Anna.Ramberg.1@city.ac.uk)

### **Appendix 3: Introduction to the Online EQ**

**Please read this important information before you begin:**

Thank you for clicking the link to take the EQ questionnaire and for being a part of this research into the experience of very high empathy. We really appreciate your time and attention. If you would be interested in taking part in the next stage of research, we would love to invite you to tell your story of experiencing high empathy during a semi-structured one-to-one interview. Please leave your name and preferred way for us to make contact below if you would like to be involved.

We are looking for just six to eight participants for interview, so not everyone will be contacted. The interview will last approximately 90 minutes at a mutually agreed confidential place (office or place of study, travel expenses will be reimbursed):

Name:

Phone number:

Email:

Thank you again for your time.

**Please answer the following questions without too much consideration, as honestly as you can. It will take about 20 minutes to complete.**

**Choose one answer by clicking on the relevant circle:**

**1) strongly agree    2) slightly agree    3) slightly disagree    4) strongly disagree**

## Appendix 4: Example of Consent Form



Title of Study:

### The Experience of Living with Very High Empathy

Ethics approval code: PSYETH (P/L) 16/17 09

Please initial box

1.	<p>I agree to take part in the above City University London research project. I have had the project explained to me, and I have read the participant information sheet, which I may keep for my records.</p> <p>I understand this will involve:</p> <ul style="list-style-type: none"> <li>• being interviewed by the researcher</li> <li>• allowing the interview to be audiotaped</li> <li>• completing questionnaires asking me about empathy the lived experience of growing up with hyper-empathy.</li> <li>• making myself available for a further interview should that be required</li> <li>• completing the EQ empathy Quotient (2004)</li> </ul>	
2.	<p>This information will be held and processed for the following purpose(s):</p> <ul style="list-style-type: none"> <li>• To answer the research question above</li> <li>• To write a report for D-Psyche at London City University, Counselling psychology.</li> </ul> <p>I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisation.</p> <p>I consent to the use of sections of the audiotape transcriptions in publications.</p>	
3.	<p>I understand that my participation is voluntary, that I can</p>	

	choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalized or disadvantaged in any way.	
4.	I agree to City University London recording and processing this information about me. I understand that this information will be used only for the purpose(s) set out in this statement and my consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998.	
5.	I agree to take part in the above study.	

_____	_____	_____
Name of Participant	Signature	Date
Sally Leonard		
_____	_____	_____
Name of Researcher	Signature	Date

When completed, 1 copy for participant; 1 copy for researcher file.

---

Note to researcher: to ensure anonymity, consent forms should NOT include participant numbers and should be stored separately from data.

**Appendix 5:**  
**Empathy Quotient (EQ) Questionnaire (Baron-Cohen & Wheelwright, 2004)**

1. I can easily tell if someone else wants to enter a conversation.
2. I prefer animals to humans.
3. I try to keep up with the current trends and fashions.
4. I find it difficult to explain to others things that I understand easily, when they don't understand it first time.
5. I dream most nights.
6. I really enjoy caring for other people.
7. I try to solve my own problems rather than discussing them with others.
8. I find it hard to know what to do in a social situation.
9. I am at my best first thing in the morning.
10. People often tell me that I went too far in driving my point home in a discussion.
11. It doesn't bother me too much if I am late meeting a friend.
12. Friendships and relationships are just too difficult, so I tend not to bother with them.
13. I would never break a law, no matter how minor.
14. I often find it difficult to judge if something is rude or polite.
15. In a conversation, I tend to focus on my own thoughts rather than on what my listener might be thinking.
16. I prefer practical jokes to verbal humour.
17. I live life for today rather than the future.
18. When I was a child, I enjoyed cutting up worms to see what would happen.
19. I can pick up quickly if someone says one thing but means another.
20. I tend to have very strong opinions about morality.
21. It is hard for me to see why some things upset people so much.
22. I find it easy to put myself in somebody' else's shoes.
23. I think that good manners are the most important thing a parent can teach their child.
24. I like to do things on the spur of the moment.
25. I am good at predicting how someone will feel.
26. I am quick to spot when someone in a group is feeling awkward or uncomfortable.
27. If I say something that someone else is offended by, I think that that's their problem, not mine.
28. If anyone asked me if I liked their haircut, I would reply truthfully, even if I didn't like it.
29. I can't always see why someone should have felt offended by a remark.
30. People often tell me that I am very unpredictable.
31. I enjoy being the centre of attention at any social gathering.
32. Seeing people cry doesn't really upset me.
33. I enjoy having discussions about politics.
34. I am very blunt, which some people take to be rudeness, even though this is unintentional.

35. I don't tend to find social situations confusing.
36. Other people tell me I am good at understanding how they are feeling and what they are thinking.
37. When I talk to people, I tend to talk about their experiences rather than my own.
38. It upsets me to see an animal in pain.
39. I am able to make decisions without being influenced by people's feelings.
40. I can't relax until I have done everything I had planned to do that day.
41. I can easily tell if someone else is interested or bored with what I am saying.
42. I get upset if I see people suffering on news programmes.
43. Friends usually talk to me about their problems as they say that I am very understanding.
44. I can sense if I am intruding, even if the other person doesn't tell me.
45. I often start new hobbies but quickly become bored with them and move on to something else.
46. People sometimes tell me that I have gone too far with teasing.
47. I would be too nervous to go on a big rollercoaster.
48. Other people, often say that I am insensitive, though I don't always see why.
49. If I see a stranger in a group I think that it is up to them to make an effort to join in.
50. I usually stay emotionally detached when watching a film.
51. I like to be very organized in day-to-day life and often make lists of the chores I have to do.
52. I can tune into how someone else feels rapidly and intuitively.
53. I don't like to take risks.
54. I can easily work out what another person might want to talk about.
55. I can tell if someone is masking their true emotion.
56. Before making a decision I always weigh up the pros and cons.
57. I don't consciously work out the rules of social situations.
58. I am good at predicting what someone will do.
59. I tend to get emotionally involved with a friend's problems.
60. I can usually appreciate the other person's viewpoint, even if I don't agree with it

## Appendix 6: Participant Information Sheet



### **The Experience of Living with Very High Empathy.**

Thank you very much for taking part in the questionnaire and for your willingness to take part in this interview about very high empathy levels.

Before we go ahead, it is important for us that you understand why this research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. You are welcome to ask us if there is anything that is not clear or if you would like more information.

#### **What is the purpose of the study?**

The purpose of this study is to look at the subjective experience of living with very high empathy. The research is for the Doctorate in counselling psychology at City University.

The Empathy Quotient (EQ), (Baron-Cohen, Wheelwright, 2004), questionnaire in which you took part is considered by some to be the most valid and reliable way of measuring empathy. You have been invited to interview because you scored over 70/80 on this questionnaire. We felt this was the most useful and accurate way of selecting participants who have lived this phenomenon and to begin the research on the lived experience.

Much research has focused the other end of the scale: a score under 30 on the EQ for example would be considered on the autistic spectrum, but little if no research has been undertaken on the experience very high levels, especially hearing the experiences of individuals. Your voice will, we hope, help to fill this gap in the research and potentially inform clinical practice for counselling psychology, other practitioners, policy making and education. We are very grateful for your time and help with this.

The semi-structured interview will last approx. 90 mins.

Completion of this research paper is planned for September 2018.

### **Why have I been invited?**

You have been invited to interview because you feel you experience very high empathy and you scored over 70/80 on the EQ Empathy Quotient questionnaire (Baron-Cohen, Wheelwright, 2004).

### **Do I have to take part?**

Participation in part or all of the research is voluntary. You can choose not to participate in part or all of the project, and you can withdraw at any stage without being penalized in any way. You may avoid answering any questions, which you feel to be too personal or intrusive. All participation is confidential.

If you do decide to take part you will be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason.

### **What will happen if I take part?**

- *The interview will last approximately 90 mins.*
- *You will be asked some questions, which we hope will offer you space to express your thoughts and feelings about experiencing very high empathy.*
- *If you agree to take part, you will be asked to sign the consent form.*
- *The interview will be audio recorded and transcribed. The data will be analysed along with between six to eight other interviews. It will be explored and considered with the main themes extracted and written up in an academic report.*
- *The research will take place in London and the paper is for City University, a doctorate in counselling psychology.*

### **Expenses and Payments**

- *Travel expenses will be reimbursed*



- *Tea/coffee or water will be provided*

### **What do I have to do?**

You will be asked to arrive at an agreed time and answer a few interview questions, in as thorough and open way as possible.

### **What are the possible disadvantages and risks of taking part?**

There are no foreseeable risks/disadvantages of taking part. We hope you are here to tell your story because you feel this is something you want to do. You can find out your empathy score according to the EQ if you would like and you will be given a debrief sheet at the end with information which may be useful.

If for any reason you become emotional (the questions in the interview are about thoughts and feelings regarding high empathy), you will be asked if you would like to continue. It is up to you how much you would like to say and you can stop at any time.

### **What are the possible benefits of taking part?**

- Contributing to the understanding and awareness of living with very high empathy
- Contributing to wider society in deconstructing the stereotype of people who experience very high empathy
- Helping therapists and psychologists, educators, parents, employers, policy makers, industry and governing bodies in understanding the experience of very high empathy.
- If you wish, you may request your empathy score on the EQ.

### **What will happen when the research study stops?**

When the study is completed, all audiotaped recordings will be destroyed, along with any identifiable material linking participants to the transcripts.

### **Will my taking part in the study be kept confidential?**

- *Only the researcher will have access to the information before anonymising the data.*
- *Only the researcher will have access to the audio recordings*
- *No one will have future use of the data*
- *The data will not be shared or archived*
- *The only time confidentiality will be broken is if you are at risk to yourself or another. If this is the case, you will be informed.*
- *The audio recordings will be transferred onto the researchers password protected personal laptop. All data will be saved on the same personal computer. Transcripts and audio recordings will be destroyed when the research is completed*

### **What will happen to the results of the research study?**

The research study will potentially be submitted for publication with an industry magazine after submission to City University. All anonymity will be preserved. If participants would like to request a copy of the thesis or published research they should request by email: [Sally.leonard@city.ac.uk](mailto:Sally.leonard@city.ac.uk)

### **What will happen if I don't want to carry on with the study?**

You are free to withdraw your contribution to the study at any time without explanation or penalty at any time six months before the submission date in September 2018.

### **What if there is a problem?**

If you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do this through the University complaints procedure. To complain about the study, you need to phone 020 7040 3040. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is: The experience of living with high empathy.

You could also write to the Secretary at:

Anna Ramberg  
Secretary to Senate Research Ethics Committee  
Research Office, E214  
City University London  
Northampton Square  
London  
EC1V 0HB  
Email: [Anna.Ramberg.1@city.ac.uk](mailto:Anna.Ramberg.1@city.ac.uk)

City University London holds insurance policies which apply to this study. If you feel you have been harmed or injured by taking part in this study you may be eligible to claim compensation. This does not affect your legal rights to seek compensation. If you are harmed due to someone's negligence, then you may have grounds for legal action.

**Who has reviewed the study?**

This study has been approved by City University London Research Ethics Committee, PSYETH (P/L) 16/17 09

**Further information and contact details**

*Sally Leonard* [Sally.leonard@city.ac.uk](mailto:Sally.leonard@city.ac.uk)

**Thank you for taking the time to read this information sheet.**

## **Appendix 7: Semi-structured Interview Schedule**

(Please note in accordance with IPA, these questions are suggestions at this early stage and may alter slightly in content and order after preliminary research takes place).

- 1) You are here because you feel you have very high empathy and the EQ shows this. Would you like to tell me what the experience of living with very high empathy is like for you?
- 2) Would you describe in detail any specific times when you might have had this experience?
- 3) How does the experience of living with very high empathy impact you day to day?
- 4) How, if at all, might the experience of living with very high empathy have impacted your sense of self and/or relationships over time?
- 5) How do you feel about yourself in relation to your high empathy?
- 6) How does the way you see/feel about yourself in relation to your high empathy, impact your relationships?
- 7) How have you managed this experience of high empathy?
- 8) How are you and your experience of very high empathy understood by others?
- 9) Would you like to say anything else about your experience of high empathy?
- 10) Debrief:  
Thank you for talking with me, as we move towards the end I'd be interested as to how you found taking part: in the EQ and the interview part of the research? Did it raise any difficult issues?  
Any further questions?

## Appendix 8: Debrief Sheet



### The Lived Experience of High Empathy

#### DEBRIEF INFORMATION

Thank you for taking part in this study. We really hope that it will inform services and contribute to the knowledge around experiencing high empathy.

Now that it's finished we'd like to tell you a bit more about it.

We have asked if you think you have very high empathy. You are reading this debrief sheet because you scored over 70 out of 80 on the EQ self-report questionnaire and have just taken part in the interview stage of research.

There are different views about empathy: definitions, development/causality and pathology. It is widely accepted that it is made up of a combination of aspects: physiology (neurology), biology and early socialisation/environment. Empathy has been broken down into 3 components: Somatic responses (body and nervous system), emotional components (capacity to feel what another person feels) and mental components, (to take another's perspective). The questionnaire you took attempts to measure empathy in all its component parts, seeing it as inextricably intertwined.

One of the theories around empathy, for example, is the Empathising-Systematising theory, (Baron-Cohen, 2004), which suggests the higher your empathy, the lower your systematising skills and vice versa.

For people experiencing very low empathy, (diagnosed with Autism), we know that they may struggle socially and might experience adverse conditions, resulting in potential social isolation; intimate relationships may be adversely affected, as well as their sense of identity and working life. We also know that with high functioning autism, people can be extremely gifted in logic-based skills such as mathematics and engineering. While we may have a lot of information about those with low empathy, we know very little of the experience of those with very high levels: the experiences and impact of living with this phenomenon. This research hopes to fill this gap.

We would like to thank you again for your participation. Your time and support in helping us to explore this experience is invaluable. We hope to use this information to inform clinical practice, policy-making and education: therapists and psychologists, parents and educators, policy-makers and the raising of awareness in society in general. Thank you again for being part of a new and hopefully valuable piece of research into this experience, which may have shaped yours and others' identity, relationships, education and professional life.

*If the research has raised concerns for you, your GP is a good first call. There are also some numbers below, which might be useful:*

**BPS –**

<http://www.bps.org.uk/psychology-public/find-psychologist/find-psychologist>

*If you would like further psychological support for any emotional issue you can contact the BPS for a list of appropriately recognised psychologists.*

**Samaritans** – 08457 90 90 90 *If you would just like to talk to someone who is trained to listen*

<http://www.samaritans.org/how-we-can-help-you/contact-us>

**Twelve step support groups for being in co-dependent relationship**

CODA – co-dependents anonymous

<http://www.coda-uk.org/>

**Relate relationship counselling**

<https://www.relate.org.uk/>

**Family Crisis foundation**

[www.familycrisis.com](http://www.familycrisis.com)

**National domestic Violence**

[www.nationaldomesticviolencehelpline.or.uk/](http://www.nationaldomesticviolencehelpline.or.uk/)

**Highly Sensitive People Org.**

[www.highlysensitive.org/272/relationships-and-highly-sensitive-people/](http://www.highlysensitive.org/272/relationships-and-highly-sensitive-people/)

**National centre for eating disorders**

[www.eatingdisorders.org.uk](http://www.eatingdisorders.org.uk)

**Alcoholics anonymous**

[www.alcoholics-anonymous.co.uk](http://www.alcoholics-anonymous.co.uk)

**Sex and love addicts anonymous UK**

[www.slaauk.org.uk](http://www.slaauk.org.uk)

**Food addicts anonymous**

[www.foodaddicts.org.uk](http://www.foodaddicts.org.uk)

**AL-anon – people affected by people with alcoholism**

[www.anonuk.or.uk](http://www.anonuk.or.uk)

We hope you found the study interesting. If you have any other questions please do not hesitate to contact us at the following:

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Ethics approval code: PSYETH (P/L) 16/17 09

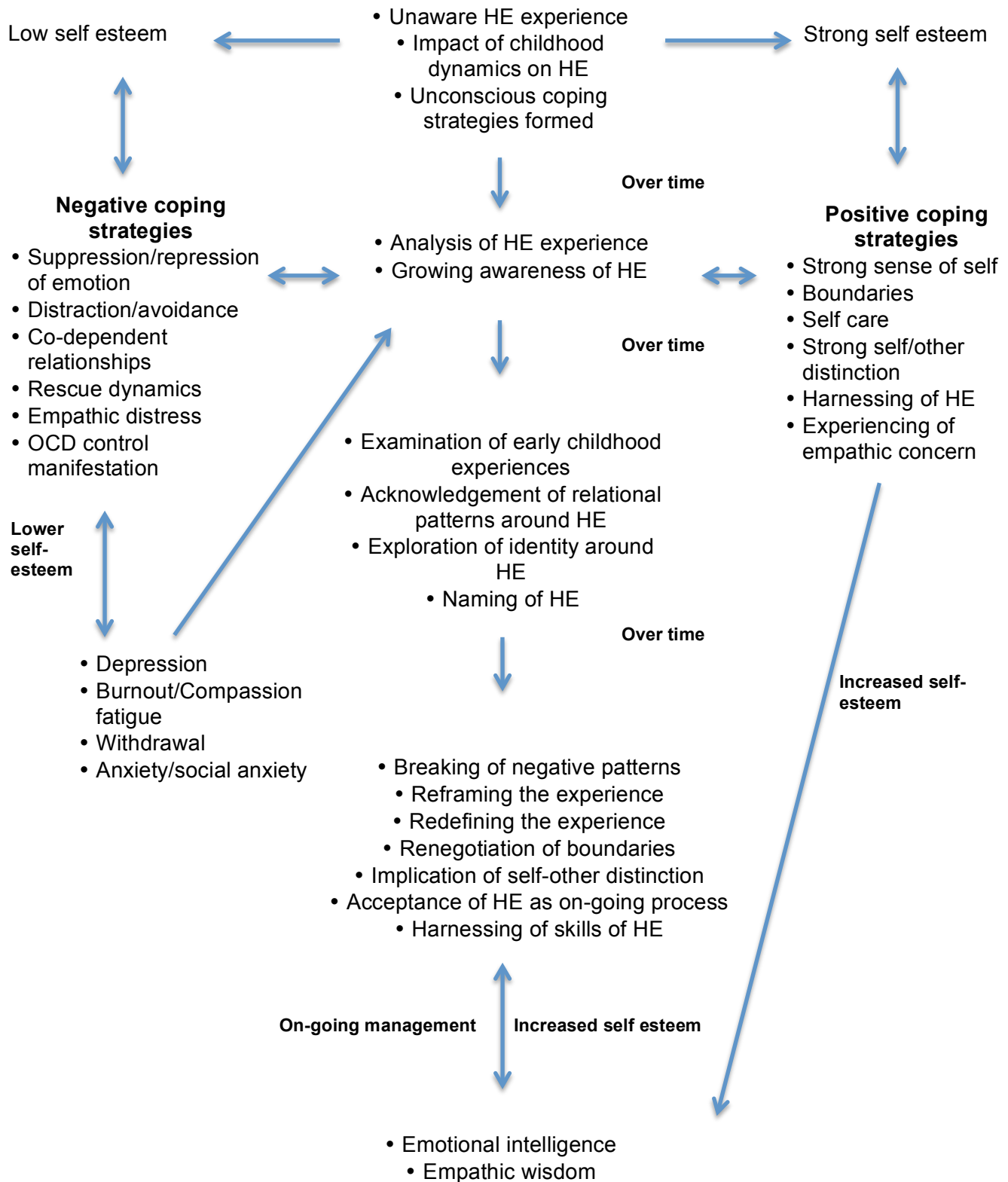
## Appendix 9: Table of Participants' Biographical Detail

### Table B.1: Table of Participants' Biographical Detail

Fig 1. Table of participants' biographical detail

<b>Name</b>	<b>Age</b>	<b>Relationship/family status</b>	<b>Occupation</b>
Marie	age 25,	in a relationship, no children,	speech therapist/musician
Verity	age 33,	engaged in relationship, no children,	actress
Alice	age 39,	married, two children,	artist/actress
Anna	age 40,	not in a relationship, no children,	consultant haematologist
Rose	age 40,	married, one child,	psychologist
Sarah	age 53,	married, two children,	paediatric neurologist
Esther	age 68,	not in a relationship, no children,	therapist

**Appendix 10: Tentative Model for Potential Sequential and Thematic Experience of HE**  
**Diagram B.1:**





## **Appendix 11: Example of Theme Table for One Participant**

### **Table B.3: Theme One for Anna with Subthemes, and Quotes**

#### **1. Making sense of HE**

##### **1.1 HE experience and the self**

Oh of my very existence, but I've never really sat and labelled it. I've never labelled it. (Anna, 527)

I've never put a label to just being me. (Anna, 18)

Until, before I actually sat down and thought about it I didn't, I guess I didn't realise I had high empathy levels. (Anna, 13)

##### **1.1.1 HE as part of the self from childhood**

I liked spending time around adults when I was younger, because, maybe I felt I understood them more than children. I remember wanting to enjoy adult company (Anna, 921)

##### **1.2 Defining HE**

I really understand how people feel, so I also see people in quite a vulnerable state. Erm, and I can really relate to what they are probably going through (Anna, 26)

It tends to be women. I don't think I've ever met a man, one friend actually, one friend at work and in the male setting it's actually quite irritating. Males who have high empathy levels are actually slightly irritating. Yea, there's that terrible phrase of them actually being quite girly. It feels actually quite unnatural for a man, and yet you seek that in relationships [laughter] (Anna, 846)

it's complicated really isn't it (Anna, 334).

I didn't realise that I had high empathy levels so I think at times I could be perceived as being highly strung (Anna, 13)

I always want to connect, I always reach out [...] I can get away with that kind of connecting with people. I think it's having high empathy (Anna, 477)

Tears prickly my eyes often. Anything on TV...[.] human stories, babies, sick people, anything like that, my eyes prickle in about 3 seconds of seeing it. (Anna, 769)

seek approval of the people I love and trust (Anna, 251)

I can detect any kind of tension in a room and that really, [pause], it effects me before anybody else, I'm sure of it. (Anna, 617)

It's quite physical and in a social setting if you've had a few glasses of wine or alcohol, you definitely feel a sense of being more relaxed about it but um, yea, it's [the mind] busy. (Anna, 663)

It happens so frequently (Anna, 154)

##### **1.2.1 Embodied empathy**

high empathy is, it really is. Yes. [Pause] um. To the point where at times, you almost feel, your senses are so heightened that you, that it's almost out of body, you almost see yourself, I can almost remove myself and look down on myself. It's very odd. I'm not schizophrenic [laughter]. (Anna, 351)

I mean I don't hear voices, but I can almost hear their thought process. Erm, and, anticipate what they are going to say and often, I'm correct in predicting how they would behave and what they will say next (Anna, 57)

I can often feel that sensation of your heart racing and your blood pressure rising (Anna, 99)

So the feelings get quite physical for me. I can genuinely feel my heart and I've realized now over time, that I can, with emotion actually drop beats [laughter] and it's not just because I'm a doctor but I have actually sat myself on an ECG machine and I know when I am particularly emotional it, it, physically manifests and I can actually have pauses in my heart and I've seen that registered on paper. So it becomes physical. It's in my chest it's heavy erm, it's in my head. I can give myself a headache. (Anna, 304)

##### **1.3 Manifest experience of HE**

##### **1.3.1 Prediction**

I know exactly how they will then subsequently behave and that doesn't have to be the next hour or the next day, but around the issue for a period of time and, and, and sure as hell that often is the way and I don't enjoy that (Anna, 111)

I don't hear voices but I can almost hear their thought process. Erm, and, anticipate what they are going to say and often, I'm correct in predicting how they would behave and what they will say next. (Anna, 57)

### **1.3.2 Concern for others**

I'm much happier, when everyone else is happy (Anna, 614)

I often find myself worrying about the health of friends or worrying about the health of my parents particularly. And I do think that has something to do with high empathy levels (Anna, 35)

I pride myself on being a giving person and if people don't need me it offends me a little. So it has to be, I want to help people. I mean I've kind of walked into the ultimate job where you try to help people [laughter]. I wonder if that's got anything to do with high empathy? (Anna, 749)

Oh, I definitely think it is related to high empathy levels. It's um, [pause] yea, one particular partner had, you know a job that was particularly stressful, particularly responsible and, I felt his responsibilities, which he owned, that then, I somehow, it then, I kind of took them on as well. And he wasn't asking me to, in fact it was the opposite in fact he wasn't keen that I took them on but I couldn't help it um.. (Anna, 713)

I feel their pain but they don't feel mine and often when it comes to arguing, I've found myself saying, accusing them of a lot of that, um, which was very irritating for them and was very irritating for me. It's very frustrating [pause]. (Anna, 677)

I then go home and have friends and family behind closed doors, I have a lot of anxiety about their health. It kind of transfers. I guess I'm able to deal with it in the clinical setting but then I transfer anxieties to other aspects of my life. And so I often find myself worrying about the health of friends or worrying about the health of my parents particularly. And I think that has something to do with my high empathy levels. (Anna, 38)

### **1.3.3 Need for Justice**

each time I kind of asked myself, do I believe that what I am arguing for is right, is it correct and if it feels right, I can't hold back, (Anna, 214)

there was an element of bullying going on in the workplace and nothing to do with me but for a work colleague going on, and I definitely saw that going on and she was part of that. And erm, I was aware [...] Then I did have to confront her because it was clear that her attitude, her approach to things was totally unacceptable and I have this sense of knowing deep down in myself [...] but a justice needed to be ahd and so that sense of justice drove me to approach her (Anna, 169)

I knew that would greatly offend her, but I had to, I had to bring this up, [laugh] because I had to, I had to bring this up...[Anna, 190]

### **1.3.4 Time**

I'm not a super timely person, I tend to run late with the things that I do [...] if ever I'm with somebody, they always comment that I can't get away with having a little chat or a little flirt and my sister thinks that's hilarious [...]

Interviewer: sounds like you want to connect!

Participant: always, like a child who looks pleased with their pink shiny scooter or, I always want to connect, I always reach out. (Anna, 466)

## **1.4 Evaluating HE**

### **1.4.1 Mixed experience**

It makes me feel, um, from a practical level like you've got a skill, I think I'm good at it. But, um, once in a while, maybe it makes you feel slightly resentful and over burdened. But um, generally, I don't I would still choose this side of the coin to be on, I think actually. Um it can often enrich as well as disable I think. (Anna, 366)

I understand things to another level but I'm not sure that's entirely helpful in a relationship (Anna, 829)

whilst high empathy weighs you down, in lots of peoples lives you are placed quite highly in their lives and so it re-enforces, that reinforcement of being important in somebody's life, um [pause] I felt that sense at times. Being prized, special. (Anna, 725)

### **1.4.2 Negative experience**

you can often become quite paralyzed by a scenario and if you're putting all your energy into something that may or may not turn out the way you predict it will or won't, um, other things suffer and, that might just been some downtime or relaxing, going to the gym or sleeping well, um, it kind of impacts on other things. I mean it's a strong term but that's disabling in a sense. It's not enabling. (Anna, 378)

I think at times you're more emotional than others and I hang onto things, I think the high empathy probably... (Anna, 75)

having high empathy and being around people is exhausting. I find it quite exhausting. Um, [pause] all that kind of worrying and analysing, um yea it's really exhausting. (Anna, 548)

I end up doing some more processing and that's quite time consuming. (Anna, 85)

I have to consider, knowing what each person's personality type is, is providing I know who they are, or anticipate if I don't know who they are, um, it becomes quite busy [laughter]. It's again quite tiring. You know after a night out I'm exhausted, I look forward to going home because in a big group, it's quite exhausting. (Anna, 653)

#### **1.4.3 Positive experience**

So the positive things that I see is that I really understand how people feel, so I also see people in quite a vulnerable state. Erm, and I can really relate to what they are probably going through. (Anna, 27)

Patients like it, so I can almost tell, I can tell them how they feel and I think they're often quite surprised. It's almost like I've been through the process with them so I think they can kind of, they feel that, we build a good rapport quite quickly. (Anna, 40)

## Appendix 12: Example of One Superordinate Theme for All Participants

**Table B.4: ‘Making Sense of HE’, For All Participants with Subthemes and Quotations and Line Numbers**

### 1 Making sense of HE

#### 1.1 HE and the self: what’s me, what’s HE?

Esther: “difficult because I had it so often, I mean I had it. I probably can’t remember a specific instance. You mean when I heard somebody’s pain? I mean it was pretty much constant...yea, it’s a noisy, noisy background. I mean, that’s all I heard in my mother, in my father in my, you know, in my fellow nursery playmates, and [laughter] everybody. All I could hear was what they were meaning to say so, there isn’t that, standout trigger, it’s just the way, I seem to have..... [deep breath], you know, it’s a bit like if you have perfect pitch, which I also have, you know you’ll hear, much quicker if a tone is just slightly off, but there isn’t one particular song where you notice it, it’s just, you just have quite acute hearing. So I have quite acute hearing.” 103

Anna: “I: is high empathy at the core of who you are?

P: oh, of my very existence, but I’ve never really sat and labelled it. I’ve never labelled it” 527

Anna: “I’ve never put a label to just being me” 18

Mary: “It’s really difficult to know if it’s empathy or if it’s just me [laugh]” 244

Mary “yea, so....I think it’s really....part of yourself, so then it’s hard to sort of describe it in terms of empathy, I think that’s why it’s a tricky question because how do you view yourself in terms of having high empathy, well, I’m just someone who has high empathy and that probably effects me most of the time and it sort of flares up all of the time, or I’m aware of it a lot. So I’m doing the whole, okay so, on kind of high alert for what someone is feeling or saying and kind of trying to work out what that means, but in terms of myself, I don’t know exactly...[.] yea, and it’s sort of hard to look at it when it’s something that you’re always, it’s always coming in, rather than, like I can’t really see it, it’s just something that I feel and try to work with..[.] it’s hard to be objective and think...so my sense of self I can see all the good and not so good qualities of myself and I could maybe describe myself to someone, but in terms of having high empathy, I think that’s just a part of all of that” 452

Mary: “[non-verbal experiences] is positive experience, yea, yes, but a very kind of stabilising almost, back to really really me rather than me plus empathy or me plus the extra, not necessary bits” 713

Mary: “I don’t know if this is to do with empathy or just being, not very anxious but sometimes I’m quite, I’m quite an anxious person, I don’t know if that’s related to the empathy or not but, [sigh]” 52

Sarah: “my oldest son, I think has very similar traits. I can see it. And that for me has been really exciting to see. It’s not just me being a little bit, over sen..I’ve always been called over sensitive. So I can see it’s not just over sensitive, it’s actually ‘in tune with other people’. And I can see how good he is with that” 54

#### 1.1.1 Becoming aware of HE: process over time.

Esther: “I: So we are doing the interview because you feel you have very high empathy. P: well I didn’t feel...it was measured..well [laughter]no I imagined I did yes” 5

Rose: “felt a bit on the spot because I’m not actually sure how high empathy has affected me. It’s like that thing, of if you’ve lived with something your whole life, it’s really hard to have an idea of how it’s affected you because you don’t have a comparison [laughter] you know?” 792

Anna: “Until, before I actually sat down and thought about it I didn’t, I guess I didn’t realise I had high empathy levels” 13

Mary: I don’t necessarily know which bits of me are, are just because purely because, you’ve got high empathy, this is why you do this, this and this. So it’s been good to sort of think about it, but I feel as if I haven’t quite got to the point where I can look in, and see, this why you’re doing something, or this is why you feel something. So I guess it’s, therefore I feel like it’s a, it must be a big part of me, but it’s not a very easily identified or observable part of me, yet! Maybe it will become clear, [laughter] when I get older. 815

Mary: “so I’ve always been told I’ve got very good empathy. Perhaps more than, I, I probably don’t think, well I know that I do, but it’s because I’ve been told that I do” 12

Nancy: “I was waiting with bated breath after I’d done the questionnaire to see if I did, cos there was a chance that you’d sort of come back and say “oh no you don’t score high” and I would have been a bit confused. Cos, I thought I did, so it was kind of reassuring to have it reassured that yea, I do. ” 10

Nancy: "was probably not, I probably didn't even think that I did have high empathy until I would say my mid twenties maybe, when I actually did think about it, or just come to realise it, because before it would have just been subconscious and just a part of life". 520

### **1.1.2 HE as part of the self from childhood: the unnamed experience**

Esther: "For some reason I would hear someone's subliminal stuff more...clearly than, or I'd attend to it more than their verbal output. So I could always tune somebody's intention or what they meant to say.." 74

#### **1.1.2.1 Feeling different: confused and living in empathy**

Esther: "And I think for a little girl it's confusing, I think all children have it, but,..if it's very loud, it's confusing because you're thinking "why are people saying the opposite of what they mean?" You know, and you just go, does nobody else notice that the emperor hasn't got any clothing on, and it's confusing. But it also means that you literally feel their anxiousness, their nervousness, their, the lies are made up of their fears, ...so, that's what I have a direct line to, so that effectively means that I'm living in empathy rather than in my own space, or my space gets a bit reduced because of the large pain that comes out of them..." 77

Esther: "initially confusing and then kind of suffocating and tricky." 210

Esther: "Tense, I suppose. And quite confusing" 31

Esther: "I mean it wasn't very confusing by the time I got to school, one I was aware that I was not meant to hear it. So then I was okay. But I was confused when I was little, cos I just didn't know, I thought everyone else could hear the same way, they could see the same way and I kind of just didn't understand them, so why are we fibbing? Later on I leaned that most people don't hear it that way, so then it was okay. I was no longer confusing in the same way". 145

Anna: "I was called selfish a lot when I was younger, when I was little but I think by definition children are selfish, because the world revolves around them. But I never quite understood what that phrase meant" 906

Alice: "and I think I was a really kind of sensitive teenager and I didn't really go through that rebellious phase, I sort of didn't really need to, um, and so, I suppose in those younger teenage situations when people are being really selfish all the time, I didn't really get involved in all of that" 301

#### **1.1.2.2 Feeling older than my young self**

Anna: "I liked spending time around adults when I was younger, because, maybe I felt I understood them more than children. I remember wanting to enjoy adult company" 921

Nancy: "Apparently I've always been really sensible and grown up even as a child and not very silly, or, just a bit of an odd ball...". 832

Mary: "possibly in a more broader sense of feeling that responsibility to, I mean, I've always felt responsible to, the feelings of most of my family, especially my mum...And even when I was little she used to say, you know, like, I was always wanting to help, I was just sort of being the mother, you know, being too old for myself in that sense, trying to fix things that weren't even there or trying to fix problems as they came along, you know family dispute or anything" 218

#### **1.1.2.3 The need to please others: inappropriate guilt and anger (need)**

Esther: "From the get go yes, cos you know, it's pretty difficult to act on your own behalf but later on...so lots of inappropriate guilt, lots of inappropriate you know, making others a priority, and not prioritizing yourself. Yea. Early days, absolutely, early days I would just be dodging, angrily, but dodging between who would I least disappoint today. Who is going to call me the traitor today, my mother, my father, my brother so there was a kind of, but it matters, so obviously the empathy, I could feel that they all wanted you know, to be special, or be adored, or be obeyed..." 950

Esther: "I imagine I was more prone to feel guilty or responsible for other people's pain, um, ...you know decide that somehow or other I had to save them, or I had to do something ..you know or rescue the hell out of them, because children do, if they have high empathy they tend to feel [in breath] quite responsible for other people's emotions, more often than not, so that would be, that would have been me. That was me" 21

#### **1.1.2.4 The search for causality: genetics or environment?**

Nancy: "So I think my dad has very high empathy and I wonder if it's actually inherited from him" 378

Verity: "So I think er, my childhood was very much about supporting my mother and so I sometimes feel there's not much left for me" 308

Verity: "pretty traumatic upbringing in that they were always arguing and I just think that I developed young how to monitor the situation...Like how to make them better" 328

Rose: "which is an interesting one as well, in terms of is it learned or is it genetic because, did I grow up in an environment where parents weren't able to meet my emotional needs and so, I was much more highly able to meet other people's emotional needs, or was I just always like that, I'm not sure." 46

## 1.2 The need to define HE

Anna: "it's complicated really isn't it" 334

Mary "[laughter] I feel as if I don't understand it very well. So, being asked to speak about having high empathy when you don't..." 300

### 1.2.1 Tuning into other people: other people's shoes

Anna: "I really understand how people feel, so I also see people in quite a vulnerable state. Erm, and I can really relate to what they are probably going through" 26

Anna: "emotions in medicine are very well controlled, but it's not unheard of for me, if someone is very very sick and I see a really close family, I place myself in their position and I quite, I feel comfortable crying with them, because they are going through something, you know it's a life changing moment for them" 754

Rose: "tuning into other people, actually I think the main thing is tuning into everybody else's frame of mind and theory of mind" 15

Rose: "able to tune into other people's experiences and I do it quickly and easily and I really enjoy the work" 20

Rose: "so before I can always tell if something is going on with my husband, way before he's probably even processed it himself" 589

Esther: "But it also means that you literally feel their anxiousness, their nervousness, their, the lies are made up of their fears, ...so, that's what I have a direct line to so that effectively means that I'm living in empathy rather than in my own space, or my space gets a bit reduced because of the large pain that comes out of them" 82

Alice: I would say that someone who hasn't had...wouldn't have the ability to put themselves into someone else's shoes or put themselves, or project themselves into other situations and work out what the best thing is to do here" 200

Verity: "I can really put myself in other people's shoes" 20

Mary: "I guess with high empathy I guess you have quick access to what someone might be getting out of that musical experience, or...does that make sense?" 106

Sarah: "So I can see it's not just over sensitive, it's actually, 'in tune with other people'. And I can see how good he is with that" 56

Nancy: "in terms of empathy, well when I told him about the study, he said, I've got really high empathy, I think I could do the study, and I was thinking, I think he probably does have really high empathy but I don't think it's as high as mine, but I didn't tell him that because I didn't want to upset him [laughter]. And then I was thinking why was I thinking that, and we went to the south of France to see his dad and his step mum, at the end of the summer and he's got two little brothers, who were 13 and 16, and it was the first time I've met them so I was trying to make sure that we all got on and that they liked me, best behavior and I could see James, like not realizing that he was doing things that might have been a bit dismissive of the 13 year old little brother that would upset him, and I think that's why I thought that he didn't have quite so high empathy, because then I would compensate for that and make sure that we would include him if we were doing something or if he was getting upset then I would turn the conversation around to make sure he wasn't being excluded or something erm..and I don't think that James was even aware that he might have said something that had dismissed the fact that loop the 13 year old was trying to show his big brother and be proud of. And I don't think he even realized, so I don't think his empathy is quite as high." 479

### 1.2.2 Pervasive, enduring, attentive and intense

Rose: "weird because it happens so often it's hard to think of one specific thing" 81

Rose: "so I think it happens all the time, but I think it happens in groups and individually" 55

Rose: "It happens with everyone I have a relationship with" 62

Nancy: "it's difficult because it would be just all the time, so it would be hard to say specific times" 300

Mary: "does it stay with you? Well, I still feel it very vividly speaking about it now, so I think so, but I've felt like that quite a lot before, so I don't think it changed me, that particular thing" 60

Esther: "one to one it's very easily seen because it's active...[.] in a one on one relationship, it's pretty obvious from

the get go: it's attentive, it's intense, it doesn't rescue but it is empathetic, yea. [laughter] 929

### **1.2.3 HE as part of the "Feminine role"**

Rose: "probably women generally, I don't want to make sweeping statement, but I'm sure women have higher levels empathy levels than men, because we are more the head of the family and taking care of the kids, and what are everybody's needs and we have sort of been the last person standing in terms of what are our needs and what like, who meets those? And of course you can meet a certain amount yourself by just making sure you have your own time and doing things for yourself but we're not, you know, we're social beings and we do need other people to sort of tune in as well" 318

Anna: "It tends to be women. I don't think I've ever met a man, one friend actually, one friend at work and in the male setting it's actually quite irritating. Males who have high empathy levels are actually slightly irritating. Yea, there's that terrible phrase of them actually being quite girly. It feels actually quite unnatural for a man, and yet you seek that in relationships [laughter] 846

### **1.2.4 Embodied empathy**

#### **1.2.4.1 Defining the physical experience**

Esther: "that's the funny thing, no it wasn't auditory, but it may have well have been, because it would come as words come, so for me, even if I visualise, somehow I visualise verbally, so it would be like a voice, but not a voice [laughter] like letters read, so words...I would not really see words,...difficult to explain, I've experience their pain, if it's pain, or whatever they were feeling, almost in a stream of something I'd be writing, so it would come as a written message, so not as a sound not as a tactility, not as a vision, it would just be message.... So translating, pretty much, so for me it would translate, almost as if I could just dictate it or write it, it would come almost in the shape of words, but more as a language, not a vision, or not music, it would be language, so I would be reading them, that's how it would feel...331

Anna: "I mean I don't hear voices, but I can almost hear their thought process. Erm, and, anticipate what they are going to say and often, I'm correct in predicting how they would behave and what they will say next" 57

Sarah: "I pick up on body language" 161

Rose: "sometimes I can feel it, like sometimes if someone is super anxious in session, I just get anxious off just observing the anxiety" 570

Rose: "I think it's more in the head. I experience it more in the brain, like on a real cognitive level. I'm like consciously interpreting and thinking about what everyone else is doing and going through" 541

Rose: "It was a conscious thought, he's on his own. I don't know how much I experience it physically. I'm sure I do, but that's not how I remember things" 552

#### **1.2.4.2 Feeling in your body somebody else's body**

Mary: "if they [people without empathy] had these qualities if they could you know, sort of physically feel things that other people feel, or be able to imagine it," 823

Sarah: "Er, er, when my father was ill he had cardiac problems and I immediately developed sort of what I thought was having a heart attack, but it actually it turns out, it was palpitations and a panic, a panic attack and the doctor pointed out that I was taking on my dad's illness at the time" 87

Esther: "sometimes I get glimpses of it, but I would not actually allow it. Mainly because I'm a pain freak, I'm a coward. But I think you can and easily if you are very high on empathy, you can somatise very very easily, but if you are a chicken like me, you shut it down. I shut it down first. I actually prefer not to be visibly near anything that's too acute. Chronic I can deal with but acute. No. But yes, I think it's close, it's not that difficult to feel in your body somebody else's body" 1057

#### **1.2.4.3 Physical response with HE to an emotionally challenging situation**

Alice: "breath sort of high, I think yea, definitely, I think sort of nervous and not at all like myself. My normal self is to be quite calm, but in a situation that is quite emotionally challenging I probably turn into quite a nervous person. And that would be in nervous breathing, quite high in the chest um..and then slightly losing my vocabulary as well. So something that I feel I would normally be able to express myself within a situation, if the other person is not showing empathy towards me, then I would stop being able to express myself in the normal way, or the way normal to myself" 108

### **1.3 Perceived manifest experience of HE**

#### **1.3.1 Reading people and predicting: getting a 'download'**

Sarah: "I see myself as sometimes getting things right and predicting behaviours in other people. I don't go I told you so. But sometimes I think I should write these things down. I know when someone is about to get into trouble" 537

Sarah: "and he was mature enough to understand all of this but not able to say anything" 126

Rose: "...tons of a sense of what might happen" 805

Rose: "interesting that he surrounded himself with people so that he would be very very isolated and that was the immediate feeling I had when he walked in" 94

Anna: "I know exactly how they will then subsequently behave and that doesn't have to be the next hour or the next day, but around the issue for a period of time and, and, and sure as hell that often is the way and I don't enjoy that" 111

Anna: "I mean I don't hear voices, but I can almost hear their thought process. Erm, and, anticipate what they are going to say and often, I'm correct in predicting how they would behave and what they would say next" 57

Verity: "And also I find in a group that I see and hear what people are really saying or meaning, instead of what they are saying?! And I can't cope with it because I know what's going on and I can't see why other people don't see it" 205

Esther: "but if you are tuning people, it's not that far fetched to think that you would predict within reason what might happen to them, I don't think it's that far fetched, maybe it's [clairvoyance] one level up" 1072

Esther: "I never think of myself as clairvoyant, I think of myself as fairly intuitive, so I can kind of figure people and sometimes it looks clairvoyant, I just get things right or they seem to happen the way I have foreseen them, but I wouldn't pronounce myself clairvoyant" 1069

Esther: "Clairvoyance is probably is related to high empathy, but there are people who are very gifted and they might be very psychic but their heart is not there and their empathy is missing. So not necessarily, but I imagine if you are very high on empathy you're more likely to be someone people might think is psychic. But I have seen psychics with no heart, but they have a gift, so they are not necessarily mutually together" 1045

Verity: "it doesn't seem paranormal to me and I don't understand why some people don't get it. It's almost like a download, like I feel, what it might take someone 5 mins to put in pictures or a whole page in a book comes to me like 'boom' and it's like I know. And it can weird people out. And ever since I've been a child my mum says I've been like that. So!" 860

Nancy: "Um, I can remember being really little, something that I was reflecting back on, um, right back when I was about 10 and I can remember being aware of, consistently being able to tell if a teacher was going to pick me. And I know this sounds strange, but I remember thinking that's weird that I can tell if I am going to be picked for something or not when everyone would be volunteering for things, and I think, I think, having high empathy makes me aware of when people are going to do certain, things? It sounds silly to put this word on it, but I started thinking, am I psychic, because it's not being psychic, I'm and I'm quite scientifically minded, so I don't really believe in stuff like that and I'm aware that it must be picking up cues that I'm sort of subconsciously picking up. So being really little that was the first time I remember becoming aware of it". 25

Sarah: "but it was the moment in which I said "I'm just going to wish you a very lovely life and it's been lovely" and in fact, that because he just hesitated, I got his notes and went back to the first set of notes when he was 4" 127

#### 1.3.1.1 So present, I'm not present: the need to connect emotionally over factual detail

Verity: "it's almost like I'm so present, I'm not present, [laughter], sometimes. Does that make sense? [laughter]. So all the little things, sometimes, it's almost like, yea" 397

Verity: "I can't remember any names, so if I'm in an audition or, I'd have to probably sit and prepare..." 235

Sarah: "that's the bit that helps me remember the person. So it's about their emotions and how they present them". 242

Mary: "That's been hard this year that's what I mean, starting a new course, and oh saying hi, I'm so and so and then they say their name and you've lost it already because your head's all thinking about something else. [Laughter]. Yea, I'm finding it quite hard to remember names...384

Esther: "Again, I probably just read them, cos that's what I do without thinking...I'm not thinking it, I just connect, connect means I'm translating, translating means I'm figuring who they are not what their name is or what their job is, or their appearance. I mean I'm sure it comes in a huge package, but I don't focus on name. Not only that but it's actually painful, because sometimes I'm seated next to someone who has been introduced to me while we are having drinks and now I'm clueless so I have to ask their name again and throughout the meal I have to ask it a few more times because I would have forgotten it." 534

Rose: "I can sit with a client 6 months after we've discussed something and bring up some kind of sentence, something that happened in the story, a piece of information they've given me and they were like, 'how do you remember that', and it's because it's a story and it's like that story and I can remember all of that. Whereas, visuals, faces, names and things that aren't as meaningful to me, I forget" 556



Alice: "And if I ask someone for directions, it took me a really long time to work out why I couldn't follow directions when people gave them to me and then I figured out that I can't listen to the directions that they are giving me because I have to connect with the person that I'm talking to, and I have to look at them, and I'm kind of wondering things about them, and I'm kind of noticing their hair or the way they are doing something and I want them to know that I'm really grateful that they are giving me directions [laughter] and so I'm not actually listening to the directions at all, so Google maps has really helped me! And I would definitely say that that is something that's related to high empathy because I am sort of more worried about that moment that I'm having with that person than the fact that I have to get somewhere and I need to get there [laughter]. 131

### 1.3.2 Concerns for Justice

Esther: I: And integrous is a sense of justice?

P: yes, I mean I have an over developed sense of justice for pretty much everybody. So you know I get upset when bad things happen. I mean I'm, [laughter] genuinely I'd be angry or frustrated or hurt or tearful depending. You know I feel it if anything is unkind, unfair, unjust then it will kick in". 267

Alice: "I feel quite strongly about everything...Um, if I think something's wrong then I will always say something. But I always have, I think I over think things sometimes because I have to, think about how I'm going to approach a situation and I don't want to offend anybody, but I also need to say something. So I think I've got a strong need for fairness" 13

Anna: "each time I kind of asked myself, do I believe that what I am arguing for is right, is it correct and if it feels right, I can't hold back, and I know, I'm certain that other people, from me relaying my experience to other trainees, who were kind of gritting their teeth and scrunching their eyes, but I feel that I didn't have a problem with that, that I was absolutely sure that was the right thing to do" 214

Anna: "there was an element of bullying going on in the work place and nothing to do with me but for a work colleague going on, and I definitely saw that going on and she was part of that. And erm, I was aware that the reason she was reluctant to sign papers and make my transit, my exit as registrar to a consultant difficult was because of other things that have gone on. Then I did have to confront her because it was clear that her attitude, her approach to things was totally unacceptable and I have this sense of knowing deep down in myself that I was sure it was nothing to do with the fact, I was signed off from everything, I was competent, but a justice needed to be had and so that sense of justice drove me to approach her and you know insist that I thought she was being inappropriate and if it had anything to do with our past, our past scenario, we had to put that aside and we had to focus on what her concerns were about my training, because I felt that she was being inappropriate by kind of hanging onto another scenario we had been involved with, with somebody else and she is fairly egocentric and again I'm saying this, she is fairly ego-centric and I knew that would greatly offend her, but I had to, I had to bring this up, [laughter] because I had to, I had to bring this up" 170

Anna: "that goes back to the original confrontation, of me trying to support somebody else, in a bullying situation. She was really unfair to her". 300

#### 1.3.2.1 Need for precision truth

Esther: "I: So it shaped your sense of self?

P: absolutely, it got me to want to be very very straight, very honest, very precise, intellectually precise, not that hung up on the morality of it, although being integrious for me is a form of precision again, but you know, the empathy would drive the need to make that understandable." 264

Esther: "cos as I said it ahs a kind of very strong filter of staying pure and clean and honest and sincere. So it doesn't sell into sentimentality and manipulability" 403

Esther: "I probably wouldn't even dare ask her. I would just know that she wouldn't be available with an answer. You know, then she was shut down, she was shut down, [laugh] so you knew truth would not come that way, but there would be some denial, either a denial of any connection any verbal communication, or there would be some you know, some form of distracted notion that was definitely not the truth" 185

Sarah: "extremely er, er, competent and is very good lecturer, doing same lecture for many years, very good...but had a slight slight, something, [laughter] slightly wrong about empathy in her talk [laughter] "I'm really sorry I want to say something about this"" 300

Esther: "withdraw? Yes, I think so. I mean, again, there is that intolerable precision maker in me which says, I won't be pretending that I'm here when I'm not here. Yea. So I'd just be leaving" 865

Esther: "So I developed a very early aversion to labeling.. and that must be from the empathy. Label meaning judge and think you're god so, so, cos that was so hurtful I never thought I wanted to, I mean I could hurt! [laughter] but not through that. It was a bit too inelegant for pedant here! You need to be sophisticated in the way you wanted to really deal with someone, you can't just go "you shit", not good enough" 671

### 1.3.2.2 Fighting for others

Anna: "I've kind of warned other people, you know, make sure you set this signed, I've definitely spoken to it, I've definitely shared the experience in the hope that it doesn't affect somebody else because I could see how the same individual would quite enjoy repeating itself" 426

### 1.3.3 Concerns for others

Sarah: "that was probably more than you sort of asked for [laughter] was it? 428

Mary: "well, we were in the car driving back from the funeral, this is very depressing, [laughter] sorry". 146

Anna: "I'm much happier, when everyone else is happy" 614

Alice: "But if somebody has some social issue and they're just really shy and you can see that they just don't know what to do, then I will just go out of my way to sort of stay with them. It happened at my wedding actually [laughter], one guy turned up alone, without his wife and then I went to go and check something with my caterer and it was one of my husbands friends who I had never met before, [laughter] and he was just sort of standing in the upstairs bit, in the dining area that we hadn't moved up to and he was just [laughing] clinging onto the back of the chair and sort of rocking and looking mortified [laughter] and I could see he was just dying and I, I just said, oh nick come down stairs and I forced him to come down stairs with me and sort of looked after him until the meal and I said to my husband, why did, why did, why did you not tell me that guy was coming on his own, we should introduced him to people, and he sort of said, oh he's alright, I used to play cricket with him, he's okay [laughter and I said, oh he's really not. And he said, [laughter] oh he's probably just a bit tired and couldn't be bothered to talk to people, and I said no, [laughter]" 325

Mary: "I just like anything, I do worry now that I haven't articulated as well as I would have liked, what it is to have high empathy. Because, I would like your study to go very well, and be interesting and be informative. But I feel like I haven't maybe done that. But I've given as best answers as I can, and that's probably what you need!" 840

Nancy: "I have consciously chosen not to think about things too much, like my second guessing myself about if I'm manipulative and evil and one big example I'd say was, which came to mind when I was thinking about this study and talking to you today... so I'm quite maternal and I would like to have children, but for years and years until probably maybe one or two years ago I didn't want to have children, but for years and years until probably maybe one or two years ago I didn't want to have children myself because I was so worried about over population that I didn't think it was fair to have more children in a world which was already over populated and when ever I tried to talk to anyone else about it, except one person actually, one friend's boyfriend disagreed with me and didn't really understand. And when I would explain it, it would be to say that, it's not just if I have 2 children, it's not those two children, it would be my children's children and their children and I'd be at the top of a family tree with, that could result in about 20 people being alive at the point where we run out of clean water to drink. And I would actually already feel a level of responsibility for those people who would have to fight to the death over clean water or food. And that was really upsetting because I was, that was a real, that really tore me between wanting to have children, and I really did want to have children and I do, and feeling that worried about people existing because, of my selfish choice to have a baby. Um,...and everyone else just says, "why are you thinking about it that much?" or "why do you think you are so important?" or...I think my dad just got frustrated with me and said "you're stupid, you're overthink stuff", cos I asked them well, "did you ever think about that when you had me, did you ever consider anything like that" and they were like "no not at all". [Pause] and so as I've got older now I've just sort of given up on that. And, I'm just going to probably have 2 children and not think about it [sigh]. But that was horrible for a long time. Mmmmm [sigh]" 548

### 1.3.3.1 Duty to friends and family

Alice: "So I think there is a sense of duty that goes alongside feeling empathic" 352

Sarah: "I basically had to leave [university] to sort everything out. Er, and that was quite a burden for a long long time. My dad died about 5 years ago. He had a massive brain injury but lived through a year after some surgery. So I managed all the family to make sure everyone got a chance to see him: managed the funeral" 351

Sarah: "it took a long time to let him go [father's death] but I'm still looking after my mother" 356

Sarah: "I had to" [take care of parents]

### 1.3.3.2 Difficulty making requests of others

Sarah: "Er, about once a month and it sometimes is related to my periods when I'm a little bit disinhibited, I will say, uncharacteristically, that I'm cross or I want something done" 250

Sarah: "so er,er, a job description hasn't gone in for one of my trainees who I want to be a consultant in our department and I tracked the people down who were meant to be doing it and I asked them when they would be doing it, and this was irrespective of how they were feeling, I thought this just needs to be done. So I feel very uncomfortable" 252

### 1.3.3 The need to do nice things for others (more)

Nancy: "I think I need the direct stimulus, maybe that's part of the empathy actually, [laugh], the direct stimulus of having the friendships, erm...and of being able to do nice things for people and having that, and maybe if that's removed and someone is far away, maybe that's why I don't find it so stimulating and interesting and that's how it drops off" 311

### 1.3.4 Intense everyday experience: people, music, film and media

Alice: "I'm trying to think of an example, I want to back that up with something otherwise it's a bit meaningless. There was a guy who is a friend of my husband and he helped us with our school summer fair, he works at oval cricket ground and he gave me some tickets and he really went out of his way to make sure he delivered and he got lost and he's a really sweet guy. And I had written him a thank you card which I did for everyone who had helped us, it was raising money for a children's hospital and I had sent them all off and about 7 months after I found one, one card that hadn't been sent and it REALLY upset me and I said to my husband, "oh Tom didn't get the card I sent him! He's going to think that I didn't care" and he said just stick it in the post and I said, no, no, and I had to go out and buy him a box of chocolates and a teddy bear for his son, and a card and I hand delivered it, and apologise profusely and I said I'm so sorry, I didn't want you to think that I wasn't grateful for what you'd done. So things like that, have a differing impact I think". 767

Alice: "sometimes it makes things take longer for me, because if I go to the tube for example, I have to check behind me before I go through the barrier to see if anyone needs me to help them with their suitcase [laughter]. Sort of look for old people that might need help in crowds and stuff." 18

Alice: "I suppose on a not very serious one, I can't watch things, that, because I get too involved in them. And if I'm watching a film, I have to know that I'm ready to commit to that experience of watching it. And if I'm not really ready to do that, I can't watch it, I have to have something completely you know like, something about selling houses or something. If it's something I need to get emotionally involved with, I can't go there and I think sometimes my husband struggles with why I won't watch certain things. So I went to the cinema with a girl who I was at drama school with and we watched the Pianist and she was offering me wine gums in the film and I was so involved in it and so I felt like I was there so much that I couldn't even breathe all the way through the film. And I came out and I couldn't even breathe afterwards and she was like, "shall we go for a drink", "shall we have a fag". And I was just, I, I, I, don't think I recovered from seeing that film for about a week. And I couldn't stop thinking about it and I could never watch it over again. So that's one example that I can think of that I knew we'd had a very different experience watching that film. She said "oh yea it was bad wasn't it". And I said, no, I just can't, I can't believe that that happened to somebody and that was a real story, and, it, still, I can still remember exactly that feeling of how I was when I watched it and I can never watch it ever again". 41

Verity: "like yesterday I was watching something about bullying and this boy was being bullied and it made me cry a lot because I couldn't believe how horrible people could be" 80

Anna: "Tears prickly my eyes often. Anything on TV...[.] human stories, babies, sick people, anything like that, my eyes prickle in about 3 seconds of seeing it" 769

Rose: "If I see anything with kids, anything, then, I lose it" 656

Sarah: "I sometimes get overwhelmed by the news. I can't watch the news, I can't read newspapers, I'll dip into the Guardian from time to time. I curate the news that I see through Facebook and twitter through the people I follow. Er, the recent polecat things have been overwhelming because I can't solve things" 645

Anna: "I was just going to say, music is good for me, but also some beautiful music, beautiful songs, I just can't listen to at times when I either feel emotionally highly strung or, because it adds to the mood of what's going on so, sometimes I can't listen to music for fear of it, making me more anxious or worried or sad. So that can play a role at different times and different music does different things. But I think music moves a lot for most people" 894

Rose: "It's [media] sad and I'll often cry but I'll still watch it" 300

### 1.3.5 Connecting with others

Alice: "that's what I felt was really the most important thing, to make connections and understand people and really BE with people and I think quite a lot of important stuff probably went out the window and actually I didn't realize" 300

Sarah: "I know that within 20 seconds of arriving people are going to tell me their innermost moments" 590

Anna: "I always want to connect, I always reach out [...] I can get away with that kind of connecting with people. I think it's having high empathy" 477

Verity: "...deep strong connections with people" 176

Verity: "it's almost like, I absolutely can't be bothered opening my mouth to have inane chit chat? It's like, I literally can't see the point. An evening spent with people talking nothing, I'm just like, I don't get this. I just want deep connection, interacting, which [laughter] not everyone wants all the time! [laughter] Not everyone wants to go there all the time!" 537

Esther: "I'm sure I've been with people who were mildly narcissistic but not people with narcissistic personality disorder, because that would be unconnectable for me so I'd feel lonely. So I don't think I've ever had an intimate relationship with anyone who had, no empathy or no ability to connect, cos also if someone doesn't want to connect with me, I'm not that interested, not an invite and because I don't want to intrude, I wouldn't be running after, seeking connection. That's not my repatoire" 877

Esther: "I have relatively in-depth heartfelt connections. So, I don't have superficial relationships. Never have. Not very good at superficial relationships. So they are quite intense, quite in-depth. It sort of requires an intensity that may not be everyone's cup of tea, but it's about the only way I know" 889

### 1.3.6 Concepts of Time: time lost, time controlled

Mary: "I get very involved in things, so that might mean, so I've known all day that I've needed to do that, that that thing was the most important thing but I got really involved in that other piece of work and suddenly it was quarter past three, so I like to be organized, but I get very involved in things and I lose track of time [laughter] sometimes, yea" 279

Alice: "you know you're just late because you are slightly inept, [with high empathy], they are a bit more accommodating [laughter] 166

Alice: "I have this strange perception of time and as I've gotten older I've learnt to deal with that in a way that it doesn't affect my life. I was in the past a very late person. I think having children and deadlines for work has changed that. So I know that I have to set a watch 10 to 15 mins earlier and I have to keep checking it, because I know in my mind, time, a lot more happens in, I don't realise how much times gone past when I'm involved in activities. I think I get really involved in things, I think it's something to do with the high empathy". 124

Anna: "I'm not a super timely person, I tend to run late with the things that I do and that really irritates me and I vow to myself every single day that I'll stop that. But rather than just accept that, 40 years that's the way that I am, I still can't, like I still don't accept, I still feel that I might be able to change. Is it something to do with the high empathy, I think, I don't think that I will. I don't think that I will, like going to buy bits, like groceries across the road, I always chat to people and it, and everybody that, if ever I'm with somebody, they always comment that I can't get away with having a little chat or a little flirt and my sister thinks that's hilarious, that I can't not have a little bit of banter with a security guard and I want them to like me...

Interviewer: sounds like you want to connect more!

Participant: always, like a child who looks pleased with their pink shiny scooter or, I always want to connect, I always reach out." 466

Mary: "Um... I'm quite conscientious, I can't really not hand things on time, I'm one of those people who wouldn't have a late essay, that kind of thing, and I don't really know if that's to do with empathy or not, it's just something I like to have really organized" 250

Mary: "You know, I wouldn't have a melt down if something wasn't quite right or if my house wasn't the tidiest it needs to be, it's not really that sort of thing, but, when it comes to letting someone down or being on time for someone that kind of thing, I try and make sure I'm... [...] well for example, I was looking at my phone and it was 29 minutes past 3 and I was running to come and meet you because I had just underestimated how long something was going to take me just before, so I had to do that because of where I'm going next, but I also had to meet you so I sort of had that, oh I must go, I must go, instead of just thinking, oh she won't mind, it's only 2 mins, I had to get there, that sort of thing..." 263

Esther: "miss. control freak, is hyper anal. My sense of time is never lost, again, probably because I don't ever, you see in my world it is disrespectful to be late which is also to do with high empathy because I don't want to put other people out, and I don't find that I would choose to be playing with other people's time, so I'm highly controlling when it comes to time, so I don't lose track of time, [deep breath] not in my ordinary daily routine, no" 482

### 1.4 Evaluating HE: "a gift" or "a ridiculous vulnerability"

Esther: "I would only ever say, you know make it a gift and if you don't then be mindful of it because it will become a total crippling disadvantage so, if you don't use it appropriately then it is not a plus and then that's a shame, because it is such a plus. So if anyone has it, make sure you figure out how to make it not a rescue but an empowering force and not a disadvantage but an advantage and have correct boundaries. That would be my thing. Otherwise it just turns into a ridiculous vulnerability that makes you extremely over available and abused. And the upside is, that you know, to have the honour of feeling like other people might do when they are not at their best, it's pretty humbling". 1031

Nancy: "I, I think mainly that I hope there's lots of research like this going on into it because it's really interesting what they say about the low end of the spectrum having all this work on it, but nothing at the higher end because I'm sure that this is one of the reasons why I have high anxiety at times and why I can't do public speaking, but you're not allowed to say "oh, sorry, I can't do this presentation because I have high levels of empathy" [laughter] but if you said "I can't do this because I'm autistic" then that would be fine, so I'm really keen that more stuff is done on it". 848

#### 1.4.1 Mixture of experience: the duality of positive and negative

Nancy: "I have been thinking, and I did make a little list of some positives and negatives. I think overall I'm definitely

pleased, that I have high empathy ...[...] Um, I do like it... um, but it does have negative points as well, I think. So I think I'm a very thoughtful person, not just in terms of empathy and other people, but I just think a lot and probably over think quite a lot of things, so, overall positive but there are negatives, definitely" 8

Sarah: "erm, it's er, I think it's a mixture of fantastically useful and pleasant and really quite difficult" 7

Rose: "as and when I have balance, it's great. But when I don't have the balance it can yoyo both ways [deep breath]. 192

Esther: "so it can be a real pain, and it can also be a real plus, so I can, again, adjust or help or empower or leave alone, as may well be" 570

Esther: "I suppose other than you know allowing a certain intensity of feeling, it's not, not really detrimental any more" 348

Esther: "more a helpful friend, not my enemy and as I said it's not a vulnerability, but I don't dislike my vulnerabilities anyway" 777

Esther: "I suppose other than you know allowing a certain intensity of feeling, it's not, not really detrimental any more, it's much more a plus than a minus, one it helps my days, my work, I'm perfectly happy that I can cry if I see a movie that moves me, happy that I can be infuriated when something inhuman or violent takes place so it doesn't, I don't experience it as a negative. It's more a plus than a minus...." 349

Esther: "it's going to be a pain and a hindrance, not the huge gift it can be" 912

Esther: "that it's not a hindrance to me, that it's more a tool or a useful thing. It's not something I suffer. As I said, I don't get sold out on it and nor do I get manipulated by it" 805

Sarah: "that can go from, saying goodbye to a patient yesterday, who I've worked with for 5 years, but has been part of the service for 8 years, he was 18 and that was bitter sweet moment when he couldn't leave the clinic and I found it difficult to say goodbye to him and wish him well forever" 29

Mary: "it does maybe impact then on all aspects of life, because I approach things in a certain way because I have high empathy I think. I'm always considering, the impact on other people rather than just doing something. So I would have said that there are some things that that's really great for and some things that holds me back a bit I think. I think that would be fair" 16

Mary: "can mean you over think things and you imagine feelings from others that aren't even there, but equally it means you have very good relationship with people, or the people I'm closest to I have very good relationships with and I feel as if we understand each other well, because I can, so understand how they feel quite easily about something, even if it's not the same as what I think, I can sort of take it on board if that makes sense. So yea, relationships with other people, yea, I think that's" 27

#### 1.4.1.1 Pleasant and useful, spiritual and poignant: a professional plus.

Sarah: "because people automatically open up, which is a real privilege" 64

Rose: "yea, being a psychologist, I mean it's super useful in this work. Um, but you have to have it to be a good psychologist and to be able to tune into other people's experiences and I do it quickly and easily and I really enjoy the work. So the upside to it is definitely being able to help people and being able to tune in. And also in social settings being able to meet people properly and easily" 27

Alice: "it's definitely shaped my behaviour and with what little knowledge I have of empathy in psychological term, I would say that someone who hasn't had would probably carry on making the same mistakes because they wouldn't have the ability to put themselves into someone else's shoes or put themselves, or project themselves into other situations and work out what the best thing is to do here. Because sometimes your own opinion, I've realised I think, you own opinion's not always the one you have to follow. And actually to think about why is that person saying that to me? Why do they want me to do this when I've done this thing to them? And that definitely has changed my behaviour in certain situations and I think that's for the good" 199

Nancy: "I think I'm happy, I'm happy I've got high empathy because I think I can make other people happy and I can be a good nurse and can provide what people would like and would want from a nurse and that makes me happy because a lot of how I identify is how I can help other people" 251

Verity: "positive wise, I care and I'm a good person, I hope, [laughter]. I try to be" 223

Rose: "I think positively in terms of feeling really good about my work and feeling really able. And that's a really positive thing for my self-esteem" 124

Anna: "empathy then kicks you out of that state [self analysis] quite quickly" 387

Sarah: "talked about when he first joined our service when he was 8, and it was a way of kind of completing it for him" 132

Verity: "I think it makes me a good actor. I think I really feel what other people go through. I think I really can put myself in other people's shoes. And a lot of people can't. So I'm very thankful for that" 803

Sarah: "and I have to be able to get people on side enough to be able to get information to help their children and that I find quite easy to do and natural to do" 19

Sarah: "So the pleasant and useful bit is that I can, my job as a pediatrician" 10

Sarah: "from a professional point of view it's great" 13

Esther: "well, I suppose I make a professional plus of it, [deep breath] because my job requires it, so, it's, it's, pretty handy. I don't suffer it. I may have suffered it when I was much, much younger, but it is a major plus. But I don't experience too many minus's any more" 12

Anna: "Patients like it, so I can almost tell, I can tell them how they feel and I think they're often quite surprised. It's almost like I've been through the process with them so I think they can kind of, they feel that, we build a good rapport quite quickly". 40

Sarah: "I work with children with learning difficulties and behavioural difficulties and, er, their families are often very vulnerable, sometimes find it difficult to express their emotions, er, and often feel quite embattled, erm and often a little aggressive and a little confrontational. So, I have to be able to evaluate a mood very quickly" 11

Sarah: "it was a really heart felt goodbye from him, [laughter] and I'm going to get myself going again [tears] I thought if only I could write that sort of thing in my plays, that would be lovely, just to capture that kind of poignancy of that moment" 146

Verity: "my mother had a stroke last year, yea, it was hard, but I, I mean when, I saw her in hospital, the love and absolute caring that came over me, it was almost like a spiritual experience, [laughter]. I mean I felt everything so in a positive way, I couldn't do enough. It just feels like this overwhelming love, caring for" 65

Nancy: "in terms of actual feelings I'm a pediatric nurse, cardiac nurse and I'm now a cardiac nurse specialist, so I look after families with what we call fragile babies, so I have to train them how to keep them well and keep them well at home, so, having high empathy, I think is really helpful in that job, but it can be quite upsetting as well, because a lot of these babies are very poorly and some of them don't make it so. I'd say having high empathy there is good, mainly good, because most of our babies do well, more than do badly and I think because I do really care, parents pick up on that and they are aware that I really care, and I think it makes me enjoy my job and I think they get a better experience by having me as a nurse because I do really enjoy it and they can tell that I care." 44

Rose: "and then we discussed that actually looked at how isolated he was and looked at his beliefs about actually talking and about how he felt depressed to everyone else and it turned out to be stuff about vulnerability and things you'd suspect" 118

#### **1.4.1.2 Difficult, overwhelming, confusing, draining burden: a risky, all consuming, disabling vulnerability.**

Esther: "you know I had a very very cold detached mother, who's pain wouldn't allow her to connect or love, least of all for a child, cos, you know she survived a concentration camp and lost all her family and she was not going to risk loving. Plus she was jealous, because my father had a very unhealthy attachment to me. And then there was the opposite, same but opposite, of possessive controlling incestuous kind of love from the other parent. So both were supremely suffocating and cold and painful and not pleasant". 210  
(tuning into childhood dysfunction)

Sarah: "I hope it's [the interview] is helpful, because it's [HE] hard and I think it's [your research] really useful" 869

Sarah: "So the burden of not upsetting people, I think is something I feel quite acutely". 270

Alice: "That means that I will never, I cannot properly have an argument with her because actually, I understand how she feels and I always try and think about why she's behaving in the way that's she's behaving ...[...] I think it means sometimes that I have to, no not that I have to, that I choose to ignore my own feelings because I understand why they are behaving in that way and actually that sometimes does mean that, you know," 230  
move to impact

Esther: "So I didn't lose myself because I could feel someone else's stuff...and that absolutely could be a risk with very high empathy levels. I think it's one of the biggest pit falls. If you have very high empathy it's very difficult to hang onto

your sense of self or to maintain that it's valid. Cos usually it comes from, someone else's feeling is more important than mine, hence I have to feel that and not me. That's not my story, it didn't come from there" 688  
Loss of self move

Nancy: "I don't like being centre of attention or public speaking at all. Which is really negative and as I've got older, that's got worse, and I get very anxious about public speaking or, even putting my hand up in a class, I get really nervous and I think might be related to the empathy because I'm worried about what other people are thinking about me, because I would be thinking about other people..." 66

Rose: "downside is that if I meet everybody's needs, or try to meet everybody's needs on a constant basis then, I get left with very little within myself and I can become aggressive an angry and then I'm not behaving in a way that I feel happy about" 179

Sarah: "So he connects in with a machine and he can connect to anyone anywhere in the world. Er, and sometimes it's overwhelming so that's empathy" 727

Sarah: "The difficulty is if it's a situation that's very difficult, I will, it can have a draining affect on my emotions" 27

Sarah: "from a home point of view it can be overwhelming" 50

Sarah: "Er, but I can get a little overwhelmed, by the end of the day I just need time and space" 58

Rose: "the intensity of that on a second by second basis is pretty exhausting, so I need to take breaks from it, from all that" 129

Verity: "it's all very surface and not saying what they really meant and I find that very difficult and...and there was a lot of unhappiness that was stifled and a lot of tuning into stifled emotion and unhappiness. People trapped in relationships with people they shouldn't have been with" 219

Anna: "well, you can often, so with scenarios like that, you can often become quite paralysed by a scenario and if you're putting all your energy into something that may or may not turn out the way you predict it will or won't, um, other things suffer and, that might just been some downtime or relaxing, going to the gym or sleeping well, um, it kind of impacts on other things. I mean it's a strong term but that's disabling in a sense. It's not enabling."

Anna: "um, because probably, there are times in the day, where it makes it more stressful than it needs to be, having high empathy makes things more stressful and there's a sense of winding down.....and I need that.." 548

#### **1.4.2 Evaluating HE in relationships**

Nancy: "day to day I think it's very useful. It definitely, it's definitely a positive. I can use it to my advantage, I think. But my list of negatives is, something that worries me, is that I find it very easy to make friends, quickly, but then I do worry that maybe I'm just making friends, because I'm somehow kind of manipulating the people to like me. That somehow, subconsciously might be doing that, so I'm like "do they actually like me or do they just like me because I know how to behave in order to make them like me?" 109

Nancy: "I do worry a little bit about my authenticity and that the whole whether or not I use my empathy, it's manipulating and then evil but I don't think I am. I think I just, I think I am nice, I hope I am nice." 271

##### **1.4.2.1 Makes relationships easier: facility to understand**

Alice: "I think it's made relationships easier. I think yea, it did, I've sort of fallen into relationships in the past and they've happened and they've perhaps been people that I've been drawn to that were really different to me, but then having gone through the experience that might have been negative, I can then find those people and avoid them and then choose to go to somebody who is more sensitive" 76

Alice: "But I think in the past I managed to, it sounds awful to say, get out of a situation that had been created that was negative because of, that kind of thing happening with timing, but I would always be able to understand to say the thing to them that would make them not be angry. [laughter]. So I said, actually that sounds really manipulative! [laughter] but I wouldn't have thought of it in that way. I would just know that the worst thing to say would be to makeup some excuse and so I just say, I'm so sorry I'm late, it's really unacceptable and I would mean it, I would really mean it, so I think that means people are probably a bit more accepting." 155

Alice: "I think perhaps the people that I'm quite close to, they would all say to me quite frequently, oh I knew you'd understand about that. So I think they do understand that I do understand them, so I think it can be really positive in a positive relationship. It can be really nice. And it's nice to know that people feel that way about you?" 664

Nancy: "It's a new person and a new acquaintance, I would think my levels of high empathy are probably making me, aiding me to make friends easier and they probably rives them to like me more in a way, bringing me back to the manipulation,...um" 686

Esther: "I hope to think that I have probably better relationships, because I was somewhat more emotionally able to accommodate other people's states and feelings". 683

Verity: "I've got a lot of good friends" 176

Mary: "I'm in touch with my family on a daily basis and I think that's because I really care about how they are and I'm constantly checking in on them, [laughter] not all the time, we're quite reciprocal, like they do the same, we're quite close so yea, closeness with my family" 246

Sarah: "people find it very helpful and very nice" 588

Sarah: "we're good listeners" 697

Verity: "I'm a likeable person an it [HE] means I'm really caring" 300

#### 1.4.2.2 Intrusive and castrating: problematic in relationships

Esther: "it can be irksome, because I you know, I don't think everybody likes to be an insect in a relationship, it's intrusive. So it can be a real pain, and it can also be a real plus, so I can, again, adjust, or help or empower or leave alone, as may well be. So, I, I know that it used to be often a source of un...discomfort in another person, if they feel some how, because I don't pontificate on the subject, but if they feel that I kind of get them or I read them well, that can be quite intrusive, so one wants to be pretty careful with it. It's not always welcome." 563

Esther: "I think I must have done very many times...but it's not necessary that I would use it that way. It would probably allow me to be much sharper and if I was not clear on my own intention I would be, I mean I used to be a total castration machine, I mean I'd be razed sharp, very quick very wounding. So, yea, I mean, you know, it can be used very destructively and I'm sure I have done that, or I know that I've done that. And as I said, I remember thinking about my own job, it's intrusive unless you're invited, cos you know I read people who never invited me to read them. So it's not that nice sometimes, to feel somebody, or to see when actually you're not invited, it feels intrusive." 579

Esther: "I'd be a dangerous creature to have around with that precise tool, because if it wanted to be hurtful it could be very very hurtful because it was a precision instrument. Not fab" 597

Esther: "when I was cutting, it would just be, critical, I didn't actually start translating people to themselves, that was never my gig. I didn't have the need to tell them what my reading was, absolutely not, I'm scorpio, I'm way to secretive, but it allowed me to be very critical if I needed to be. Um...[pause] no I didn't feel that I ever needed to hold my truth, so I never managed to hide or sit on my truth, I never suppressed, it was more how I expressed was the issue, whether it was you know, unbridled or not...." 635

Mary: "um... this is where I think it doesn't make you the very very best, ...listener sometimes, and that might be, that might be contradictory but, I feel so much what the other person feels, that I can't not, not cry or not, you know get very involved in it and it's frustrating because you want to be, I think having high empathy means you want to help others, ...and you naturally want to do that, but I find myself, it's almost like, my mum recently lost a friend to cancer and I've just been struggling with how to help because I, want to, help, but, I can't talk about it without getting really upset, not now, but, with her. So that's definitely something, [sigh/laugh] where I'm just, it's not such a great thing [laugh]. yea." 131  
(too involved in other's emotions)

Anna: "I feel like I've, I understand things to another level but I'm not sure that's entirely helpful in a relationship" 829

#### 1.4.3 To have or not to have HE

Mary: "um, but I think overall it's a good thing to be empathetic and, [pause] and if you meet someone who is very unempathetic it's quite good to be empathetic to see what they've not got, so you could imagine, if they had these qualities if they could you know, sort of physically feel things that other people feel, or be able to imagine it, then maybe they could, they would not have done that thing or they would, you know, so I think if you didn't have empathy or very much you would probably, [sigh] yes, you wouldn't be as good at helping others who have even less. I suppose. So I feel a bit like it's a good thing, because you can look back, you can look down the scale, but if you don't have much empathy it might be quite hard to imagine. But I don't know. Yea, it's a good thing. 823

##### 1.4.3.1 Better to have HE

Mary: "I would probably lose the, I wouldn't be so sensitive to others, which is a good thing to be. So, I would miss that, the things you do pick up on an you can have really meaningful conversations with those that you are close to, so I would miss that" 636

Verity: "can she tune into my thoughts and my feelings? Yea, but I wouldn't say she's as deep as me and I think that's something" 532

Rose: "so my experience of that is that I quite like it [HE] because it puts me in a position of just getting it" 102



Verity: "I think people can be selfish in that they don't think of other people in their actions do affect everybody and that if everybody was caring and understanding [laughter] then the world would be a better place. And we are here to look after each other just as much. So I do think that some people are selfish and don't think that their actions have a chain and effect and I don't like that" 791

#### 1.4.3.2 Better not to have HE

Verity: "She's caring but she's pretty self focused in that she wouldn't waste her time or give her energy to things that weren't to do with her...I mean with my mum, she came to the hospital to help me, wash her hair and I mean, you know, she's caring but it just seems like she has the right balance" 512

Mary: "my partner not having the same amount of empathy, I'm sure he's just got an average amount of empathy which is perfectly fine, but I do think, he sometimes has it better than me, [laugh] because he just does, he just does things and he just does whatever he wants to do and he just kind of well it's not your problem, if I'm worried about it, you know it's not your problem. Um..kind of person, do what suits you kind of thing, whereas, you know, I might waste quite a lot of time organizing things to suit other people [laughter]" 356

Mary: "I really want to be like that ...where I do feel he's just an average person, he doesn't have that hyper-sensitive very aware of people all the time kind of thing, that I think I have. But he's very very kind, and he's very gentle and he does kind things for others which is an empathetic thing, but he doesn't do that over the top of what he needs to get out of his day, so, I kind of think, there's like an element of, 'I really want to be like that, I really want to sort of have aspects of that" 616

Anna: "I think at times you're more emotional than others and I hang onto things, I think the high empathy probably..." 75

Mary: "[if I didn't have high empathy I would lose] a constant feeling of anxiety in conversation, but perhaps social anxiety is something I wouldn't have if I have zero empathy, I don't know how they are related but they do often co-occur, [laugh]. Yes, as in, I feel most anxious when I'm most switched onto someone else. I get that feeling a lot." 632

Sarah: "I suspect she probably does [have high empathy] but has so many barriers. Er, I envy that actually, in many ways. I envy that" 428

Verity: "I've already got myself into a situation other people wouldn't have done [laughter]" 89

Anna: "maybe interactions with people I work alongside is slightly more challenging for me than it would be for other people I would think" 46

Verity: "I kind of feel a bit envious of other people who don't seem to...who are just so in their own thing that they just don't sort of think about, they haven't got their heads going, they don't seem to think about things like that, so they don't waste any energy or...[laughter]" 451

Anna: "think I often in relation to other people around me realize that I become quite stressed about things, or concerned about things in a way that others don't" 16

## Appendix 13: Table of All Themes

**Table B.1: All Themes with Subthemes and Quote locations**  
**Master Theme Table**

### **1 Making sense of HE**

#### **1.1 HE and the self: what's me, what's HE?**

Esther:103, Anna:527, Anna:18, Mary:244, Mary:452, Mary:713, Mary:52, Sarah:54

##### 1.1.1 What's me, what's HE?

Esther:5, Rose:792, Anna:13, Mary:815, Mary:12, Nancy:10, Nancy:520

##### 1.1.2 HE as part of the self from childhood: search for causality

Esther:74, Esther:77, Esther:210, Esther:31, Esther:145, Anna:906, Alice:301, Anna:921, Nancy:832, Mary:218, Nancy: 378, Verity:308, Verity:328, Rose:46

#### **1.2 The need to define HE**

Anna:334, Mary:300

##### 1.2.1 Tuning into other people: other people's shoes

Anna:26, Anna:754, Rose:15, Rose:20, Rose:589, Esther:82, Alice:200, Verity:20, Mary:106, Sarah:56, Nancy:479

##### 1.2.2 HE as part of the "Feminine role"

Rose:318, Anna: 846

##### 1.2.3 Embodied empathy

###### 1.2.3.1 The physical experience

Esther:331, Anna:57, Sarah:161, Rose:570, Rose:541, Rose:552

###### 1.2.3.2 Feeling in your body somebody else's body

Mary:823, Sarah:87, Esther:1057

###### 1.2.3.3 Personal physical responding to others' distress

Alice:108, Esther:1059, Sarah:90

#### **1.3 Perceived manifest experience of HE**

##### 1.3.1 Reading people and predicting and clairvoyance

Sarah:537, Sarah:126, Rose:805, Rose:94, Anna:111, Anna:57, Verity:205, Esther:1072, Esther:1069, Esther:1045, Verity:860, Nancy:25, Sarah:127

###### 1.3.1.1 So present, I'm not present: memory, names and logistics

Verity:397, Verity:235, Sarah:242, Mary:384, Esther:534, Rose:556, Alice:131

###### 1.3.1.2 The need to connect

Alice:300, Sarah:590, Anna:477, Verity:176, Verity:537, Esther:877, Esther:889

##### 1.3.2 Intense everyday experience: people, music, film and media

Alice:767, Alice:18, Alice:41, Verity:80, Anna:769, Rose:656, Sarah:645, Anna:894

### 1.3.3 Concerns for others

Sarah:428, Mary:146, Anna:614, Alice:325, Mary:840,Nancy:548, Alice:352, Sarah:351, Sarah:356, Sarah:250, Sarah:252

### 1.3.4 Concerns for Justice

Esther:267, Alice:13, Anna:214, Anna:170, Anna:300

#### 1.3.4.1 Need for precision truth

Esther:264, Esther:403, Esther:185, Sarah:300, Esther:865, Esther:671

### 1.3.5 Connecting with others

### 1.3.6 Concepts of Time: time lost, time controlled

Mary:279, Alice:166, Alice:124, Anna:466, Mary:250, Mary:263, Esther:482

## 1.4 Evaluating HE: “a gift” or “a ridiculous vulnerability”

Esther:1031, Nancy:848

### 1.4.1 Mixture of experience: the duality of positive and negative

Nancy:8, Sarah:7, Rose:192, Esther:570, Esther:348, Esther:777, Esther:349, Esther:912, Esther:805, Sarah: 29, Mary:16, Mary:27

#### 1.4.1.1 The positive: spiritual and poignant, pleasant and useful, a professional plus

Sarah:64, Rose:27, Alice:199, Nancy:251, Verity:223, Rose:124, Anna:387, Sarah:132, Verity: 803, Sarah:19, Sarah:10, Sarah:13, Esther:12, Anna:40, Sarah:11, Sarah:146, Verity:65, Nancy:44, Rose:118

#### 1.4.1.2 The negative: difficult, overwhelming, confusing and draining, a risky, all consuming, disabling burden

Esther:210, Sarah:869, Sarah:270, Rose:179, Sarah:727, Sarah:27, Sarah:50, Sarah:58, Rose:129, Verity:219, Anna:540, Anna:548

### 1.4.2 Evaluating HE in relationships: the facility to understand or intrusive/castrating

Nancy:109, Nancy:271, Alice:76, Alice:155, Alice:664, Nancy:686, Esther:683, Verity:176, Mary:246, Sarah:588, Sarah:697,Esther:563, Esther:579, Esther:597, Esther:635, Mary:131, Anna:829

### 1.4.3 To have or not to have HE

Mary:823

#### 1.4.3.1 Better to have HE

Mary:636, Verity:532, Rose:102, Verity:791

#### 1.4.3.2 Better not to have HE

Verity:512, Mary:356, Mary:616, Anna:75, Mary:632, Sarah:428, Verity:89, Anna:46, Verity:451, Anna:16

## 2. Impact of HE

### 2.1 Physical well-being

#### 2.1.1 Anxiety and panic attacks

Verity:513, Verity:504, Verity:155, Verity:636, Anna:98, Anna:351, Mary:421, Nancy:649, Alice:93

#### 2.1.2 Exhausting and draining: worn-out

Sarah:307, Anna:548, Esther:357, Alice:728

## **2.2 Psychological well-being**

### 2.2.1 Concerns with emotion

Esther:197, Sarah:367, Rose:713, Esther:352, Esther:276, Esther:230, Sarah:295, Verity:143, Mary:168, Verity:805, Esther:993, Esther:998, Esther:31, Rose:42, Esther:307, Rose:181, Rose:34, Rose:515, Sarah:309, Verity:123, Anna:110, Anna:57, Anna:130, Nancy:306, Alice:728, Sarah:324, Anna:296, Sarah:533, Sarah:292, Rose:265

### 2.2.2 The Lost self: suppression, devaluing and loss of boundaries

Sarah:480, Verity:322, Sarah:444, Sarah:444, Mary:797, Rose:72, Sarah:339, Nancy:514, Rose:130, Mary:738, Verity:121, Verity:472, Esther:83, Alice:526, Verity:364, Nancy:439, Esther:914, Esther:45, Verity:362, Sarah:838, Sarah:643, Sarah:315, Rose:16, Verity:20, Verity:675, Rose:187, Verity:118, Verity:764

### 2.2.3 Naivety and gullibility: lack of judgment

Esther:430, Esther:406, Esther:420, Verity:823, Verity:652, Nancy:358

## **2.3 Intrapsychic processes**

### 2.3.1 Analysing, processing and worry

Esther:240, Anna:67, Anna:85, Anna:93, Mary:353, Alice:763, Mary:335, Anna:742, Nancy:199, Nancy:283, Nancy:112, Mary:700, Anna:914, Verity:373, Nancy:207

### 2.3.2 Identity and roles: helper, therapist and parent/protector

Anna:749, Esther:91, Anna:718, Alice:788, Alice:270, Sarah:830, Anna:581, Anna:779, Anna:516, Nancy:639, Esther:623, Sarah:534, Sarah:717, Sarah:416, Sarah:400, Sarah:287, Rose:61

### 2.3.3 The perceived self: an odd dichotomy

Mary:587, Sarah:467, Sarah:459, Verity:368, Rose:221, Sarah:478, Sarah:489, Verity:197, Esther:755, Esther:784, Sarah:40, Anna:14, Rose:219, Rose:534

## **2.4 Interpersonal processes**

### 2.4.1 Taking responsibility for the other: understanding the other to my detriment

Anna:713, Esther:95, Verity:463, Sarah:592, Anna:47, Verity:423, Sarah:282, Alice:649, Esther:697, Esther:714, Esther:719, Mary:400, Alice:256, Verity:439, Sarah:306, Verity:21, Nancy:765, Verity:572, Verity:734, Verity:33, Verity:751, Alice:541, Sarah:62, Rose:365

### 2.4.2 HE imbalance: conflict with getting needs met

Anna:701, Rose:296, Rose:596, Anna:817, Rose:281, Rose:279, Nancy:380, Nancy:525, Rose:305, Anna:395, Anna:677, Anna:816, Esther:160, Anna:333, Anna:674, Alice:22

### 2.4.3 Power: dynamic of control or abuse

#### 2.4.3.1 Having the Power

Rose:598, Anna:63, Esther:620, Sarah:159, Rose:70, Nancy:134

#### 2.4.3.1 Being vulnerable

Esther:838, Alice:507, Verity:491, Sarah:620, Anna:334, Sarah:593, Alice:494, Verity:56, Sarah:611, Anna:445, Sarah:348, Verity:592, Sarah:597

### 2.4.4 Social anxiety and group processes

Esther:947, Anna:646, Anna:617, Rose:375, Mary:77, Esther:920, Nancy:91

#### 2.4.4.1 Flooded/overwhelmed/anxious: tuning in socially

Rose:692, Esther:926, Verity:407, Verity:278, Anna:653, Rose:762, Rose:738

#### 2.4.4.2 Social glue, caretaker, maintaining group equilibrium

Sarah:691, Mary:38, Alice:684, Alice:310, Anna:635, Anna:622, Sarah:700, Sarah:288, Sarah:779, Verity:177, Alice:428

#### 2.4.5 Relationship burnout: concerns about having an intimate relationship

Anna:680, Anna:698, Sarah:233, Nancy:117

### **3. Attempts at management**

#### **3.1 Internal processes**

##### 3.1.1 Analysis: the need to process experience

Verity:272, Alice:474, Esther:120, Esther:144, Esther:220, Mary:8, Anna:86, Nancy:535, Nancy:114, Rose:136, Rose:430, Sarah:364, Esther:98, Sarah:34, Esther:1004, Esther:164, Rose:526

##### 3.1.2 Reframing and redefining the experience

Esther:555, Rose:199, Esther:812, Rose:532, Rose:252, Mary:541, Mary:616

##### 3.1.3 Time and space: meditation and blanking the mind

Verity:284, Rose:364, Mary:740, Mary:644

##### 3.1.4 Avoidance, distraction, displacement and intellectual defence

Nancy:538, Nancy:419, Rose:352, Verity:707, Anna:663, Rose:347, Verity:693, Rose:153, Rose:46, Rose:156, Mary:484

##### 3.1.5 Intellectualising and desensitising: emotional defenses against HE

Rose:572, Rose:672, Esther:566, Verity:87, Rose:650

##### 3.1.6 A sense of self: boundaries, mastering emotion and self care

Esther:910, Esther:685, Esther:13, Verity:87, Rose:471, Esther:822, Anna:100, Rose:442, Sarah:359, Verity:784, Nancy:655, Nancy:741, Verity:780, Rose:293, Esther:664, Mary:225, Verity:167, Rose:369, Alice:713, Rose:330, Rose:762, Mary:602, Esther:389, Esther:361, Sarah:373, Sarah:35, Sarah:378, Anna:282, Anna:764, Verity:602, Verity:621

#### **3.2 Interpersonal processes**

##### 3.2.1 Shutting down and withdrawing: detaching

Mary:657, Verity:575, Verity:571, Sarah:499, Sarah:61, Sarah:296, Esther:930, Sarah:637

##### 3.2.2 The false social self

Alice:421, Anna:781, Verity:564, Rose:225

##### 3.2.3 Transference and projection: attributing own meaning to others emotions

Rose:428, Mary:691, Nancy:369, Anna:38

##### 3.2.4 Choosing protective relationships

Verity:497, Mary:726, Rose:374, Verity:165, Verity:326, Anna:849, Nancy:543, Rose:416, Rose:267, Mary:684, Mary:369, Rose:313, Alice:292, Rose:491

### **3.3 Physical management, activities and processes**

#### **3.3.1 Harnessing HE**

Rose:211, Esther:119, Sarah:44, Sarah:655, Sarah:661

#### **3.3.2 Catharsis and relaxation: switching off the mind, distraction and physical release**

Rose:347, Rose:476, Sarah:42, Anna:533, Alice:284, Verity:17, Verity:255, Verity:288, Anna:886, Anna:869, Sarah:298

#### **3.3.3 Medication**

Anna:866, Nancy:64, Verity:269, Rose:424

## **4 Mature Empathy and wisdom: an ongoing challenge**

### **4.1 Learning with age, management process over time**

Esther:898, Verity:342, Rose:113, Anna:973, Esther:593, Esther:14

#### **4.1.1 Ongoing struggle**

Anna:322, Anna:939, Anna:299, Alice:300, Alice:190, Alice:81, Rose:184, Rose:189

### **4.2 Mature empathy and Wisdom: an ongoing challenge**

Esther 898, Esther:593, Rose:113, Anne:332, Anna:973

#### **4.2.1 Learning with age: management process over time**

Esther:812, Sarah:178, Sarah:132, Verity:401

#### **4.2.2 Letting HE just be....**

Anna:251, Sarah: 270, Mary:691, Esther:610

## Appendix 14: Cross Referencing E-mails

At two stages during my process I cross-referenced my findings: at the point of completing the master theme table with all quotes and all participants, and after the first draft of my analysis write-up. I cross-referenced with two colleagues who had themselves carried out IPA research and are qualified psychologists, to see if my theme titles and quotes were easily connected and related to, and that my findings and the arc of the write-up gave a sense of the participants' individual and collective experiences, grounded in the quotes selected. I have included their responses below, anonymously.

Hi Sally,

I received your email and looked at your work last night. Your master theme table with all the quotations, I found really insightful into HE, and your analysis seems perfectly coherent to me.

If I might make one comment: there is a quotation under 'psychological well being' from Esther. Might it more relate to the theme of manifest HE, 'Need for precision and truth'?

Other than that there is nothing I would highlight. As usual, quotations could fit with a number of themes, but your choices seem clear.

Best wishes,

-----

Dear Sally,

Thank you for sending your analysis, I enjoyed reading it.

I would say the arc of your findings is very clear. You tell a clear story and I found your quotations related appropriately to your themes.

Good luck with the rest of the work!

Best,

-----

## Appendix 15: Extracts from Research Logs

Throughout my process I kept a research log in which I wrestled with epistemological and personal reflections. The chosen extracts below I feel encapsulate the research journey at each major stage of the process. Often the log took the form of 'notes to self' in the form of self-questioning, reminders for awareness of certain issues, which might cloud my research judgement and a place to set down my struggles:

Recruitment stage:

*People have already started responding to the posters and I have started marking the EQ's – so far people are scoring in their 60's but have not reached over 70/80 – I wonder if I have set the cut off point for HE too high?*

*I shall give it this month and review if I do not have my 8 participants by then.*

^^

*I now have three people, women, who have scored over 70/80...contacted and they are excited to be a part of the process. I shall keep the cut off point as it is: I think it's simply a matter of time.*

^^

*Before this first interview, I need to clarify a few things – because of my status of HE as an 'insider' researcher, seeking insider knowledge, I need to make sure I bracket my own experience. I have run through the questions on the interview schedule and answered them for myself. I have a lot to say about my own experience (!) and now I'm aware of what that is, I should have a feeling in the interviews as to when/if it starts to become about my own experience rather than the participant. I'll take the stance of 'naïve' researcher and will not reveal my HE status .... I probably want to be prepared for questions as to why I'm interested in the topic....I shall gently let them know that we can chat after when I can tell them more about myself, and I can share my status then, if they ask me. I'm certain they will feel it – I'm hopeful they will feel the empathy and open up with their experiences. I expect to relate to them in many ways and I must remain neutral to their revelations without creating an artificial atmosphere. These are transferable skills from therapeutic practice – this should not be difficult.*

^^

*I have seen how my style is evolving in the interviews. I wonder if this will alter the data. I'm certainly more relaxed. I'm becoming less afraid to deviate from the interview schedule to excavate the material I feel participants want to give...I strongly relate to much of what is being said and I feel particularly lucky with my participants – all eloquent and verbally dextrous. They are all women. They are all educated and middle class mmm... I wonder if I should have waited to find a man over 70?*

*I've had two men at 69... I think the purposeful homogenous sample is best for IPA – and perhaps a sample of men over 70/80 is a good idea for further research?*

*People are certainly more affected by HE than I had imagined.. this has caught me off guard and opened up some of my own analysis. It really is a pervasive experience and so much a part of the self that participants have simply not named it HE: its just the way things are. There is a lot of data.... I'm already*



feeling that potentially 6 participants would have been adequate or 4 with a second interview a few weeks later? I hope I can do their stories justice.

Analysis Phase:

I am feeling quite overwhelmed with the amount of data I am submerged in. I am firmly in a process now and I shall walk the steps set out by Flowers et al. until conclusion. Will there come a time when I feel 'done'....I am aware of my status of fledgling researcher and my need for guidance. I had no idea that I would feel so protective of my participants and grateful for their contributions: I attempt to remain objective and be aware of the affinity I have discovered so that it doesn't sway the data and create blind spots. There are convergences within the analysis and idiosyncrasies between participants. It's a long road moving from theme lists back to the data, back to the theme list. A shape is emerging but I want it to be grounded in the raw data to really reflect each participants' experience of the phenomenon. I'm so struck that there are no men in this study... interestingly there is a range of ages and their different points of relationship to their own HE is becoming clear...it's a process over time... a process of learning how to manage/strategize.. and process the empathic information.

^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^

Critical realism...pragmatic stance...I am acknowledging different layers of experience and the existence of both subjective experiencing of a real and embodied world....I still feel I need to let go of my need for causal explanation... is it part of the human condition to ask why and how? What's important is that the participants are asking how and why – that's part of their process with their HE. I don't want to slip into a content analysis as my supervisor flagged – lists of what the phenomenon contains rather than a focus on participants' processes...and their perceived experiencing of HE. With this philosophical stance of Critical realism, how much might I venture participants' experiences to support the existing literature...and how much am I discovering from the literature with the data? It strikes me how physical and physiological the experience of HE is for all participants. It is rooted in the body: emotion/cognition/biology/neurology.

The write up:

The analysis has taken a long time...I have attempted to begin the write up phase already, only to find that I felt the need to revisit my themes and quotes and go back once more to their context within the interviews. I want to listen to my participants' recordings once more before I write so I have their voices, rhythms, intonations and breath in my head.

^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^

I am struggling with word count. My methodology section needs to be longer as it has the EQ component and is somewhat a 'mixed methods' study... I feel strong justification of this tool is needed and the philosophical underpinnings of both IPA and my critical realist stance: am I truly aware of what knowledge I am searching for? How are my personal beliefs and psychological paradigm influencing my write-up? I have already asked these questions at the design stage and the interview stage and feedback from my supervisor on the quality of the richness of the raw data should be reassuring.... How will my 'voice' shape the data? Stay focused on the participants but don't be afraid to interpret. I've cross

*checked the themes and quotes with a colleague and they feel the connection is clear ...Interpretative Phenomenological Analysis. Cross check again after first draft of analysis.*

^^

*My analysis is far to long for the word count given in the d-psyche and yet I feel each quotation adds a new dimension to the experience of HE. The data is rich and I really feel now that six participants would have been a better choice in order to do each voice justice. I need some space from the analysis. I will take a week off to distance and gain perspective.*

^^

*I can see now what Flowers and Larkin mean when they talk about condensing the analysis... I need to attempt to keep the meaning... and trust myself to encapsulate this for the participants and to present my interpretation of their narratives without needing every participant's words at each step: hopefully this will enable the reader to enter into the experience of HE and begin to make their own interpretations of the awareness I offer through my participants.*

## Appendix 16: Symbolic Analysis

Ohlen (2003), discusses “poetic condensation” (p558) in which meanings are evoked through the narrative through embedded meaning with metaphor or idiosyncratic turn of phrase. These ‘poems’, which emerged from the participant’s accounts, were undertaken in the hope of encapsulating an understanding of their experiences, which may have the power to inform around the experience of HE at another level of perception. This potentially offers up a deeper understanding of the lived experience of each participant and here I present five of the eight condensations, randomly selected, to give a flavour of this process, which informed my analysis write up.

Marie:

I feel as if we understand each other well	29
I feel this sort of panicky feeling in my chest	79
I feel so much what the other person feels	
That I can’t not, not cry	133
I want to help because I, want to, help,	138
I was just feeling as bad as she felt	155
Also powerless	192
You do feel responsible	195
Even when I was little [...] I was just sort of being the mother	222
It’s actually not my job to do that	228
Pick up on cues [...] trying to decipher them	354
Having that kind of extra layer of processing	403
I’m quite sensitive to their feelings	412
That gets me quite worried. So I do worry quite a lot.	429
HE sort of flares up all the time	456
On kind of high alert..	458
It’s always coming in	465
A switch off from HE	661
I was always building a picture of the day, so I knew what to do	491
Awareness of other people and not wanting to make a mess of it	493
Yea, strategies	526
Come across as kind of closed off	590
Constant feeling of anxiety	633
Perhaps social anxiety is something	
I would have if I had zero empathy	634
When I’m playing, you know in an orchestra,	
that is the best feeling	646
the Ice is broken	648
Digging myself into that experience	675

Verity:

It can be pretty overwhelming	16
I don’t want them to feel bad	20
Just feels like this overwhelming love, caring for	69
I just kept feeling really sorry for him	72
Other people’s anger, it’s like it freezes me	78
Empathy in my heart, or very high fear in my stomach	103

Can feel pretty lost	123
Completely freezing up	131
Build deep and strong connections	139
I don't know how to be	154
Shut down, completely close off	159
Like a hedgehog	160
I had a panic attack	197
I'm a bit of a space cadet	195
I need this filtering process, just to really digest things	269
Take me off guard	281
They won't let me lose myself in them	326
I am who that person wants me to be, rather than being me	333
Treat me like a child	353
I worry people might find that overwhelming	378
I go even more overboard	358
I feel like I'm responsible for their pain	464
As a child, jumping straight to there, missing a whole load of steps	478
So present, I'm not present	480
ever so kind and sensitive I flourish	487
slightly narcissistic I crumble	489
keep being a door mat	493
She has the right balance	519
I just want deep connection	541
Put myself in other people's shoes	623
I think a lot of my protection	562
This wall comes down and there's no way in	576
I become invisible, I shuffle around, like egg-shelly	672
You need to toughen up	724
Didn't know how to cope and there was no escape	707
It was a real wake up call	827
It's the whole fucking, it's the game of it	832
Maybe I'm not mad	842
Alice:	
I felt like I was there so much I couldn't even breathe	51
It stays in me, I can sort of relive things	67
People who don't have strong feelings for other people's feelings	94
Confuse me a lot	95
I sort of panic a bit if I feel that people are manipulative	
I don't understand it	99
I would literally just want to run away	103
Nervous breathing quite high in the chest	111
Losing my vocabulary	112
I have to connect	170
It has shaped me a lot	198
So there's a bit of forfeiting going on	260
That sense of forfeiting can be quite draining	270
Retreat into myself	284
I feel very different from those people	307
I couldn't bear for someone to feel like that	314
There is a sense of duty	353
Worrying about what other people were thinking and feeling	360
I wasn't really focusing on myself enough	361
I don't like the emotional chaos	439
I find it overwhelming	444

I switch off a bit, maybe just sort of tuning out	457
I'm on the peripheral	460
Negative relationships that have dragged on for too long	494
It's dangerous to try to empathise with her	503
He wasn't enough for me emotionally	563
Terrible heartache	599
It will effect me, emotionally	
I will sort of almost physically jolt	655
I have sort of tried to withdraw	702
Take the moral high ground	756
A sense you're never going to win	720

Sarah:

Bitter sweet moment	32
I have to process it	39
In tune with other people	57
I can get a little overwhelmed	58
I just need time and space	59
People automatically open up	65
It's a nice warm feeling	85
I do get panic attacks	86
I felt his fear of stepping into the unknown	95
A poignant moment	120
A heart felt goodbye	146
A lot of mirroring	164
I've capitalised on it	200
Avoid conflict in all shapes an forms	247
The burden of not upsetting people	278
I get a bit claustrophobic	295
My sort of Sanctuary	298
Absorbs a fair amount of energy	307
My role to be my mother's friend and protector	347
A long time to let him go	357
I cry everyday	375
I also have depression which comes and goes	376
Very cold and distant	413
A doctor who is warm	483
Extremely cold and very detached	543
The ice princess	563
Floods of tears	606
I stopped dead	617
I cut off	636
A little piece of me comes away	660
I shut down	662
I abandon relationships	665
I try to lift the mood, bring everybody up	705
Like an outline with every body else in the background, and I didn't have a face	639

Esther:

I had to save them	23
Tense I suppose and quite confusing	32
Grandiose	36
Feeling responsible for other people	49

Rescue the hell out of them	23
I could always tune somebody's intention	76
Feel their anxiousness, their nervousness, their lies are made up of their fears	82
Living in empathy rather than my own space	84
The emperor hasn't got any clothes on	86
I heard somebody's pain	104
It's a noisy, noisy background	105
It's a bit like if you have perfect pitch	110
How many more veils are there	123
Confusing and then kind of suffocating and tricky	199
Figure and ferret and search and analyse	224
Give it shape, colour, texture, because if it's diffuse it's hard to deal with	230
Like a fog	304
I might be worn out	360
A kind of desperate feeling	308
A hunger or frustration	309
As a written message	337
It touches me	391
You're drowning with the person that's drowning	441
Not so blind	454
Behaviour whipping me across the face	476
I'm translating	526
Its painful	529
It's not an unwelcome guest, it's not an intrusive one	557
It's my helper not my hinderer, it's a tool	558
I used to be a total castration machine	580
Razor sharp	582
I'd be a dangerous creature	597
It's a precision instrument	599
It's not for you to rescue	612
A precision reading	729
I was brutally clear	757
Often perceived as quite cold	758
An odd dichotomy	762
Helpful friend, not an enemy	777
In depth, heart felt	889
A huge gift	915
Get hijacked	917
I get so withdrawn	936
I shut down, if I tune out	448
If I have to shut down, I'm not present	950
I get overwhelmed	951
Lots of inappropriate guilt	969
I was never carpet	997
An empowering force	1035
A ridiculous vulnerability that makes you extremely over available	1037

## Reference List

Adler, A. (1927). *The practice and Theory of individual psychology*. New York, Harcourt, Brace & Co.

Allison, C., Baron-Cohen, S., Wheelwright, S., Stone, M., Muncer, S. (2011). Psychometric analysis of the Empathy Quotient (EQ). *Personality and individual differences*, 51, (7), 829-83.

Ashington, J., Harris, P., Olson, D., (1988). *Developing Theories of Mind*. Cambridge, Cambridge University Press.

Baron-Cohen, S., Wheelwright, S. (2004). The Empathy Quotient: An Investigation of Adults with Asperger Syndrome or High Functioning Autism, and Normal Sex Differences, *Journal of Autism and Developmental Disorders*, 34 (2).

Baron-Cohen, S. (2011). Autism, Empathizing-Systematizing (E-S) Theory, and Pathological Altruism. In Oakley B., Knafo, A., Madhavan, G., Sloane Wilson, D., (Eds) *Pathological Altruism*, chpt 26, Oxford, Oxford University Press.

Baron-Cohen, S., (1995). *Mindblindness: An essay on autism and theory of mind*. Boston, MIT Press/Bradford Books.

Baron-Cohen, S. (2009). Autism: The empathizing–systemising (ES) theory. *Annals of the New York Academy of Sciences*, 1156, 68–80.

Baron-Cohen, S., Leslie, A., Frith, U. (1985). Does the autistic child have a “theory of mind”? *Cognition*, 21, 37–46.

Baron-Cohen, S., Richler, J., Bisarya, J., Gurunathan, N., Wheelwright, S. (2003). The systemising quotient: an investigation of adults with Asperger syndrome or high–functioning autism, and normal sex differences. *Royal Society*, 358 (1430).

Baron-Cohen, S., (2002). The extreme male brain theory of autism. *Trends in Cognitive Science*, 6, 248–254.

Baron-Cohen, S., Wheelwright, S., Skinner, R., Martin, J., Clubley, E. (2001). The Autism-Spectrum Quotient (AQ): Evidence from Asperger Syndrome/High-Functioning Autism, Males and Females, Scientists and Mathematicians, *Journal of autism and developmental disorders*, 31(1).

Baron-Cohen, S., Golan, O., Ashwin, E. (2009). Can emotion recognition be taught to children with autism spectrum conditions? *Philosophical Transactions of the Royal Society: Biological Sciences*, 364 (1535).

Baron-Cohen, S. (2008). Autism, hypersystemising, and truth. *The Quarterly Journal of Experimental Psychology*, 61 (1).

Baron-Cohen, S., Robson, E., Lai, M., Allison, C. (2016). Mirror-Touch Synaesthesia Is Not Associated with Heightened Empathy, and Can Occur with Autism. *PLoS ONE*, 11 (8), e0160543. <http://doi.org/10.1371/journal.pone.0160543>

Baron-Cohen, S., Belmonte, Matthew K. (2005). Autism: a window onto the development of the social and the analytic brain, *Annu Rev Neurosci*. 28 (1), 109-26.

Baron-Cohen, S., Bolton, P., Wheelwright, S., Scahill, V., Short, L., Mead, G., Smith, A. (1998). Autism occurs more often in families of physicists, engineers, and mathematicians *Autism* Sagepub.com

Baird, K., Kracen, A. (2006). Vicarious traumatization and secondary traumatic stress: A research synthesis. *Journal of Counselling Psychology Quarterly*. 19 (2).

Banissy, M., Ward, J. (2007). Mirror Touch Synaesthesia is Linked with Empathy. *Nature Neuroscience*. 10 (7):815816. doi:10.1038/nn1926. PMID 17572672.

Borg, M. B., Brenner, G. H., Berry, D. (2015). *Irrilationship: How we use dysfunctional relationships to hide from Intimacy*. Central Recovery Press: US, NV

Brackett, M., Mayer, J., Warner, R. (2004). Emotional intelligence and its relation to everyday behaviour. *Personality and Individual Differences*, 36, 1387-1402. doi:10.1016/S0191-8869(03)00236-8

Burke Johnson, R., Onwuegbuzie, A. J. (2004). Mixed Methods Research: A Research Paradigm whose Time Has Come. *Educational Researcher*, 33, (7).

Carnelly, K. B., Pietromonaco, P. & R., Jaffe, K. (1996). Attachment, caregiving, and relationship functioning in couples: Effects of self and partner. *Personal Relationships*, 3, 257-278.

Chapman, E., Knickmeyer, R., Auyeung, B. (2006). Fetal testosterone and empathy: Evidence from the Empathy Quotient (EQ) and the "Reading the Mind in the Eyes" Test *Social Neuroscience*, 1 (2).



Cocker, F., Joss, N. (2016). Compassion Fatigue among Healthcare, Emergency and Community Service Workers: A Systematic Review. *Journal of Environmental Research and Public Health*, 13 (6), 618.

Cooper, M., McLeod, J. (2010). *Pluralistic Counselling and Psychotherapy*. London: Sage.

Corradini, A., Alessandro, A. (2013). Mirror neurons and their function in cognitively understood empathy. *Consciousness and Cognition*, 22 (3): 1152-1161.

Creswell, J., Plano Clark, V. (2015). *Designing and Conducting Mixed Methods Research*. US, California, Thousand Oaks, Sage.

Davis, M. (1994). *Empathy: A social psychological approach*. Colorado: Westview Press.

Decety, J., Bartal, I. B., Uzefovsky, F., & Knaf-Noam, A. (2016). Empathy as a driver of prosocial behaviour: highly conserved neurobehavioural mechanisms across species. *Philos Trans R Soc Lond B Biol Sci*, 371 (1686), 20150077. doi: 10.1098/rstb.2015.0077

Decety, J., Lamm, C. (2006). Human empathy through the lens of social neuroscience. *ScientificWorldJournal*, 6, 1146-1163. doi: 10.1100/tsw.2006.221

Deuter, C., Nowacki, J., Wingenfeld, K., Kuhl, L., Finke, J., Dziobek, I., Otte, C. (2018). The role of physiological arousal for self-reported emotional empathy. *Autonomic Neuroscience*, 214.

De Waal, F., Preston, S. (2017). Mammalian empathy: behavioural manifestations and neural basis. *Nat Rev Neurosci*, 18 (8), 498-509.

Dixon-Woods, M., Shaw, R., Agarwal, S., Smith, J. (2004). The problem of appraising qualitative research. *Qual Saf Health Care*, 13, 223–5

Duncan, B. L., Miller, S. D., Wampold, B. E., Hubble, M. A. (2014). *The Heart and Soul of Change, Second Edition, Delivering What Works in Therapy*. American Psychological Association: Washington DC

Dwyer, S. C., & Buckle, J. L. (2009). The Space Between: On Being an Insider-Outsider in Qualitative Research. *International Journal of Qualitative Methods*, 54–63. <https://doi.org/10.1177/160940690900800105>

Earley, L., & Cushway, D. (2002) The Parentified Child. *Clinical Child Psychology and Psychiatry*, 7, 163-178.

Feilzer, M. (2009). Doing Mixed Methods Research Pragmatically: Implications for the rediscovery of Pragmatism as a Research Paradigm, *Journal of Mixed Methods Research*, 4 (1).

Figley C. (1995). Compassion Fatigue: Coping with Secondary Stress Disorder in Those Who Treat the Traumatized, in *Compassion fatigue as secondary traumatic stress disorder: An overview, UK, Bristol, Brunner/Mazel*.

Graham, T., Gesn, P., Ickes, W. (2005). Gender differences in empathic accuracy: Differential ability or differential motivation? *Journal of Personal Relations*, 7 (1), 1-130.

Gangopadhyay, N. (2014). Introduction: Embodiment and Empathy, *Current Debates in Social Cognition. Topoi*, 33 (1), 117-127. doi: 10.1007/s11245-013-9199-2

Gallese, V., Goldman, A. (1998). Mirror neurons and the simulation theory of mind-reading. *Trends in Cognitive Sciences*, Elsevier.

Gazzola, V., Aziz-Zadeh, L., Keysers, C. (2006). Empathy and the Somatotopic Auditory Mirror System in Humans. *Current biology*, 16 (18).

Goleman, D. (1996). *Emotional Intelligence. Why It Can Matter More than IQ*. London, Bloomsbury publishing.

Goleman, D. (1998). *Working with emotional intelligence*. New York, Bantam Books

Goldman, A., Sripada, C. (2005). Simulationist models of face-based emotion recognition. *Elsevier*, 94 (3).

Gopnik, A., & Astington, J. (1988). Children's Understanding of Representational Change and Its Relation to the Understanding of False Belief and the Appearance-Reality Distinction. *Child Development*, 59(1), 26-37. doi:10.2307/1130386

Harari, H., Shamay-Tsoory, S., Ravid, M., Levkovitz, Y. (2009). Double dissociation between cognitive and affective empathy in borderline personality disorder. *Psychiatry Res.* 175 (3), 277-9. doi: 10.1016/j.psychres.2009.03.002.

Hoffman, M., (1984), Interaction of affect and Cognition in Empathy. C., Izard, J., Kagen, R., Zajonc (Eds), *Emotions, Cognition, & Behaviour*, (1984), p101. Cambridge, Cambridge University Press.

Holle, H., Banissy, M., Ward, J. (2013). Functional and structural brain differences associated with Mirror-Touch Synaesthesia. *Neuroimage*, 83, 1041-50. doi: 10.1016/j.neuroimage.2013.07.073.

Ingudomnukul, E., Baron-Cohen, S., Wheelwright, S., Knickmeyer, R. (2007). Elevated rates of testosterone-related disorders in women with autism spectrum conditions. *Hormones and Behavior*, 51 (5), 597604. doi:10.1016/j.yhbeh.2007.02.001. PMID 17462645.

Jurovic, G. J., Jessee, E. H., & Goglia, L. R. (1991). Treatment of parental children and their families: Conceptual and technical issues. *American Journal of Family Therapy*, 19, 302-314.

Keysers, C., Gazzola, V. (2006). Towards a unifying neural theory of social cognition. *Prog. Brain Res.* 156, 379-401.

Keysers, C., Gazzola, V. (2009). Expanding the mirror: vicarious activity for actions, emotions, and sensations Christian. *Current Opinion in Neurobiology*, 19 (6), 666-671.

Klimecki, O., Singer, T. (2012). Empathic Distress Fatigue Rather Than Compassion Fatigue? Integrating Findings from Empathy Research in Psychology and Social Neuroscience. In Oakley, B., Knafo, A., Madhavan, G., Sloane Wilson, D., (Eds) *Pathological Altruism*, chpt 28, Oxford, Oxford University Press.

Kristi, J., Klein, S. (2001). Gender Differences, Motivation, and Empathic Accuracy: When it Pays to Understand. *Personality and Social psychology*, 27 (6), 720-730.

Lacoboni, M., (2009). Imitation, Empathy, and Mirror Neurons. *Annual Review of Psychology*, 60, 653-670.

Lamm, C., Batson, C.D., Decety, J. (2007). The neural substrate of human empathy: effects of perspective-taking and cognitive appraisal. *Journal of cognitive neuroscience*, 19 (1), 42-58.

Lamm, C., Porges, E., Cacioppo, J.C., Decety, J. (2008). Perspective taking is associated with specific facial responses during empathy for pain. *Brain research* 1227, 153-161.

Lamm, C., Majdandžić, J. (2015). The role of shared neural activations, mirror neurons, and morality in empathy—A critical comment. *Neuroscience Research*, 90, 15-24.

Larkin, M., Thompson, A. (2012). Interpretative phenomenological analysis, in Thompson, A., Harper, D. (Eds), *Qualitative research methods in mental health and psychotherapy: a guide for students and practitioners*, p99-116. Oxford, Wiley Press.

Leung, L. (2015). Validity, reliability, and generalizability in qualitative research. *Journal Family Medicine Primary Care*, 4(3): 324–327.

Lawrence, E. J., Shaw, P., Baker D., Baron-Cohn, S., David, A. (2004). Measuring empathy: reliability and validity of the Empathy Quotient. *Psychological Med.* 34 (5): 911-9.

McDonald, N.M., & Messinger, D.S. (2010). The Development of Empathy: How, When, and Why. In Acerbi, A., Lombo, J., Sanguineti., (Eds), *Free will, Emotions, and Moral Actions: Philosophy and Neuroscience in Dialogue*. If-Press.

Meyrick J. (2011). What is good qualitative research? A first step towards a comprehensive approach to judging rigour/quality. *J Health Psychol*, 11, 799–808.

Michael, J. (2014). Towards a consensus about the role of empathy in interpersonal understanding. *Topoi*, 33 (1), 157-172.

Muncer, S. J., Ling, J. (2006). Psychometric analysis of the empathy quotient (EQ) scale. *Personality and Individual Differences*, 40(6), 1111-1119.

Norris, P., Epstein, S. (2011). An Experiential Thinking Style: Its Facets and Relations With Objective and Subjective Criterion Measures. *Journal of personality*, 79 (5), 1043-79. doi: 10.1111/j.1467-6494.2011.00718.x.

O'Connor, L., Berry, J., Lewis, T., Stiver D. (2012). Empathy-Based Pathogenic Guilt, Pathological Altruism, and Psychopathology. In Oakley, B., Knafo, A., Madhavan, G., Sloane Wilson, D., (Eds) *Pathological Altruism*, chpt 2, Oxford, Oxford University Press.

- Ohlen, J. (2003). Evocation of meaning through poetic condensation of narratives in empirical phenomenological inquiry into human suffering. *Qualitative Health Research*, 13, 557-566.
- Palm, K., Polusny, M., Follette, V. (2004). Vicarious Traumatization: Potential Hazards and Interventions for Disaster and Trauma Workers. *Prehosp Disaster Med.* 19 (1), 73-8.
- Pratt, M., Goldstein, A., Levy, J., Feldman, R. (2017). Maternal Depression Across the First Years of Life Impacts the Neural Basis of Empathy in Preadolescence. *Journal of the American Academy of Child & Adolescent Psychiatry*, 56 (1), 20-29.
- Pessin, K. (2010) Seduction super-Responders and Hyper-Trusters. In Oakley, B., Knafo, A., Madhavan, G., Sloane Wilson, D. (Eds) *Pathological Altruism*, chpt 9, Oxford, Oxford University Press.
- Preston, S., De Waal, F. (2002). Empathy: Its ultimate and proximate bases. *Behavioral and Brain Sciences*, 25 (1), 1-20. doi:10.1017/S0140525X02000018
- Punch, K. (2006). *Developing Effective Research Proposals*. London: Sage.
- Riby, D., Bruce, V., Jawaid, A. (2011). Everyone's Friend? The Case of Williams Syndrome. In Oakley, B., Knafo, A., Madhavan, G., Sloane Wilson, D., (Eds) *Pathological Altruism*, chpt 9, Oxford, Oxford University Press.
- Ripoll, L., Snyder, R., Steele, H., Siever, L. (2013). The Neurobiology of Empathy in Borderline Personality Disorder. *Current Psychiatry Reports*.15 (3):344. doi: 10.1007/s11920-012-0344-1
- Rizzolatti, G., Fadiga, L., Fogassi, L., Gallese, V. (1999). Resonance Behaviors and Mirror Neurons. *Archives Italiennes de Biologie: A Journal of neuroscience*, 137 (2/3).
- Rizzolatti, G., Scandolara, C., Matelli, M., Gentilucci, M. (1981). Afferent properties of periarculate neurons in macaque monkeys. *Behavioural Brain Res*, 5, 407-413.
- Rothen, N., Meier, B. (2013). Why vicarious experience is not an instance of synaesthesia. *Front. Human Neuroscience*, 7, 128.
- Rutgen, M., Seidel, E., Silani, G., Rieccansky, I., Hummer, A. (2015). Placebo analgesia and its opioidergic regulation suggest that empathy for pain is grounded in self pain. *Proceedings of the National Academy of Sciences*, 112 (41).

- Salovey, P., Mayer, J. (1990). Emotional Intelligence. *Imagination, Cognition and Personality*, 9 (3).
- Schutte, N., Malouff, J., Bobik, C., Coston, T., Creeson, C., Jedlicka, C., Rhodes, E., Wendorf, G. (2001). Emotional Intelligence and Interpersonal Relations. *The Journal of Social Psychology*, 141 (4).
- Singer, T., Seymour, B., O'Doherty, J., Kaube, H., Dolan, R., Frith, C. (2004). Empathy for pain involves the affective but not the sensory components of pain. *Science*. 1 (303): 1157–1162.
- Singer, T., Lamm, C. (2009). The social neuroscience of empathy. *Annals of the New York Academy of Sciences*, 1156 (1), 81-96.
- Smith, J., Osborn, M. (2003). Interpretative Phenomenological Analysis. In J.A. Smith (Ed), *Qualitative Psychology: A Practical Guide to Research Methods*. London: Sage.
- Smith, J., Flowers, P., Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method, and Research*. Los Angeles, CA: Sage.
- Smith, J., Flowers, P., Osborn, M. (1997). Interpretative phenomenological analysis and the psychology of health and illness. *Material discourses of health and illness*, 68-91.
- Smith, J. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative research in psychology*, Taylor & Francis.
- Stotland, E. (1969). Exploratory investigations of empathy. Berkowitz, L., (Ed.), *Advances in experimental social psychology*, 4: (271-314). New York: Academic Press.
- Tashakkori, A., Teddlie, C. (2003). *Handbook of Mixed Methods in Social & Behavioral Research*. Thousand Oaks: Sage.
- Thorndike, E. (1920). Intelligence and its uses. *Harper's Magazine*, 140, 227-235.
- Tolmacz, R. (2010). Forms of concern: A psychoanalytic perspective. In M. Mikulincer & P. R. Shaver (Eds.), *Prosocial motives, emotions, and behavior: The better angels of our nature* (p. 93–107). American Psychological Association.
- Tully, E., Donohue, M. (2017). Empathic Responses to Mother's Emotions predict internalising problems in children of depressed mothers. *Child psychiatry Human Development*, 48 (1), 94-106.

Vitale, J., Johnston, B., Boccignone, G. (2014). Affective facial expression processing via simulation: A probabilistic model. *Elsevier*, 10.

Wakabayashi, A., Baron-Cohen, S., Wheelwright, S. (2006). Development of short forms of the Empathy Quotient (EQ-Short) and the Systemising Quotient (SQ-Short) *Personality and Individual Differences*, 41 (5).

Ward, J., Banissy, M. J. (2015). Explaining Mirror-Touch Synaesthesia. Cognitive neuroscience. *Journal of Cognitive Neuroscience*, 6 (2-3), Taylor & Francis online.

Williams, J., Whiten, A., Suddendorf, T., Perrett, D. (2001). Imitation, mirror neurons and autism. *Neuroscience & Biobehavioral Reviews*, 25 (4), 287-295.

Willig, C. (2001). *Introducing Qualitative Research in Psychology Adventures in Theory and Method*, Maidenhead, Open University Press.

Willig, C. (2012). Perspectives on the epistemological bases for qualitative research.

Cooper, H., Camic, P., Long, D., Panter, A., Rindskopf, D., Sher, K. (Eds), *APA handbook of research methods in psychology, Vol 1: Foundations, planning, measures, and psychometrics*, pp. 5-21.

Washington, DC, US: American Psychological Association, xlv, 744 pp.

Wellman, H. (1990). *The Child's Theory of Mind*. Cambridge, MA, US, MIT Press.

Zahn-Waxler, C., Van Hulle, C. (2012). Empathy, Guilt, and Depression. In Oakley, B., Knafo, A., Madhavan, G., Sloane Wilson, D., (Eds), *Pathological Altruism*, chpt 25, Oxford, Oxford University Press.

**Section C: Professional Redacted Professional Component**



**Section D:**  
**Journal Article**  
**For The Counselling Review**

**The Management and Impact of Living with Very High  
Empathy: Not Just a Pro-Social Skill**

## 1. Abstract

**Background/Aims/Objectives:** Empathy is a phenomenon, long defined and measured for use in identifying low empathy and diagnosis of autism spectrum conditions. High empathy HE, has been largely unexamined; considered a 'pro-social part of normal-sex differences' i.e. an adaptive female skill facilitating interpersonal relationships. This research aims to contribute to the gap in research regarding the lived experience of HE: offering psychologists an awareness of HE's possible impact and management for potential clients.

**Methodology/Methods:** Interpretative Phenomenological Analysis (Smith, Flowers and Larkin, 2009) was used to analyse eight semi-structured, 90 minute interviews, with women aged 25 to 68 yrs. Participants self-selected from posters asking for very high empathy, referring them to online Empathy Quotient, EQ (Baron-Cohen & Wheelwright, 2004), recruiting the first eight participants scoring over 70/80 (average male score = 41/80, average female = 47/80).

**Results/Findings:** HE or strategies for its management, were felt to significantly impact intrapersonal and interpersonal processes, with varying consequences e.g. identity issues, anxiety, withdrawal/detachment, co-dependent and/or abusive relationships in which the self was lost in a focusing of attention on the 'other'. This management/awareness is a process learnt over time in an increasing move towards 'empathic wisdom' and harnessing HE, using skills described by theories of Social Intelligence and Emotional Intelligence.

**Discussion/Conclusions:** HE is not simply adaptive and socially beneficial, nor is it pathological in itself. Whether HE is harnessed for wellbeing/success is seemingly dependent on management e.g. clear boundaries between self/other, mature skills of emotional regulation, and emotional clarity regarding personal history, lessening empathic distress (Singer et al. 2011), allowing for empathic concern and promoting feelings of emotional self-esteem, intimacy, love and compassion in what participants termed 'empathic wisdom'.

**Keywords:** empathy, hyper-empathy, emotional intelligence, social intelligence.

## 2. Introduction:

Alfred Adler (1927), the founder of individual psychology, believed that a person could heal themselves from neurosis by seeing, hearing and feeling from the perspective of another. We might name what he describes as empathy: an adaptive phenomenon with the potential to heal. 30 years later, Rogers (1960), one of the founding figures of humanistic psychology, identified empathy as one of three core conditions for therapeutic work. Literature from psychology, philosophy, sociology and neuroscience contribute to understanding the exact nature of this complex and somewhat elusive phenomenon.

Historically the word empathy comes from the Ancient Greek word, 'Empatheia', from 'en' meaning 'in' and 'pathos' meaning 'passion' or 'suffering'. Literally translated as 'in suffering or passion with'; implying a shared sense of not just the other's pain, but also their exultation. It was first translated into the German 'Einfuehlung', 'feeling into', appearing in the English language in 1909, thus originally alluding to the affective experience of empathy.

Differing definitions have been based on; biological, genetic, neurological and evolutionary science; personality trait-based, environmental, social and developmental psychology; and psychological and social theories of self and identity. We can see how these perspectives are often intrinsically linked and the understanding of this phenomenon as it exists today is built on shared knowledge from different ontological perspectives from which it is potentially not useful to divide, both objective and subjective layers of HE providing information about the experience, one reason for the choice to use the EQ (Baron-Cohen & Wheelwright, 2004) as a recruitment tool.

The primary debate has been whether empathy is cognitive or affective and to set it apart from emotional 'contagion', which was thought to be somatic, unmediated and across species, (Hume, 1888, 1990; Levenson, 1996; Nietzsche, 1895, 1920). Neuroscientists are examining the brain during empathy in an attempt to better understand its processes, and the new debate seems to be concerning the role of emotional 'resonance' and 'vicarious states': the idea being,

observing another's affect, action or pain will trigger areas of the same neural pathways responsible for experiencing these emotions and undertaking these actions directly (Keysers & Gazzola, 2009). It is believed, information from emotional and physical resonance then moves on to other cognitive processing parts of the brain for more conscious analysis.

Thus empathy is seemingly now widely accepted as an interrelated composition of three aspects (Davis, 1994; Baron-Cohen & Wheelwright, 2004): cognitive (Kohler, 1929; Mead, 1934; Piaget, 1932 amongst others); somatic/physiological/neurological (Rizzolatti et al. 1981, 1988, 1999; Gazzola et al. 2006, 2017; amongst others); and affective (Eisenberg & Miller, 1987; Hoffman, 1984; Stotland, 1969).

Cognitive empathy has been named Theory of Mind, ToF M, (Baron-Cohen et al., 1985; Astington, Harris, & Olson, 1988; Wellman, 1990) and Mind-reading (Baron-Cohen, 1995; Whiten, 1991): terms used to describe the process of mental perspective taking, linked to developmental and social psychology, (Piaget, 1921; Baron-Cohen et al. 1985; Knafo et al. 2008). It comprises of being able to understand intentions, perspectives, feelings and thoughts of another.

Gallese et al. (1998) talk of 'mirror neurons' (Rizzolatti et al. 1981, 1988, 1990, 1999), the discovery of and relatively recent research which has identified physiological mechanisms of mirroring at single-cell and neural system levels (Gallese, Goldman, 1998; Williams et al. 2001; Lacoboni, M., 2009, amongst others). Rizzolatti et al. (1999), explain 'resonance behaviours' making distinction between 'mimicry' (action observed first and subsequently physically reproduced), and 'observed action', which has a 'neural pattern', occurring internally before any action is made. This second form of resonance behaviour, it has been argued, is not simply a *component* of empathy but potentially forms the basis for our understanding others' actions without which the cognitive, more abstract empathic tuning of 'ToFM' would not be possible. Baron-Cohen (1997) describes the lack of this ability as 'Mindblindness': the impairment of the capacity to tune unconsciously into a constant process of reading visual cues and interpreting

their meanings. It is a term he uses to describe 'low empathy' associated with Autism and Asperger's (Autism Spectrum Conditions, ASC), which often results in clinical presentation of social isolation, anxiety and depression.

There is limited research into the nature of HE, at the opposite end of the EQ spectrum and the information put forward in the 'Findings' section highlight the potential clinical presentation of HE.

Mirror systems in the brain may also be the foundations of the once separated, affective component of empathy. Before the information concerning the mirror neuron became available, emotional empathy was considered an affective 'perspective taking', (Hoffman, 1984, Stotland, 1969). However, with fMRI and Transcranial Magnetic Stimulation, TMS, we understand more the experiencing of others' emotions and potentially others' physical experiences, such as visually witnessed illness or injury as personally 'resonant', physiologically and neurologically based. De Waal (2008) specifies that 'state matching' is central to pro-social benefits of perspective taking and suggests that mirror-neurons may explain this, but is this experienced by those with HE as simply socially advantageous? A question I shall hope to address in the findings section below.

Furthermore, in 2017, Deuter et al., investigated whether somatic response was an indication of higher cognitive and emotional empathy, using the self-report Multifaceted-Empathy test, (MET), combined with physiological testing, (heart rate, skin conductivity response and affective startle modulation). They concluded, conversely, that despite their "research showing distinct patterns of neural activation when witnessing emotions in others, (Decety and Lamm, 2006)", intensity of somatic response was not positively correlated with empathic experiencing and that strong physiological responding may *decrease* the ability to empathise, again raising the question of how this somatic responding in those with HE impacts lived ability to empathise.

This may be related to the research on the emotional regulation of personal empathic distress. Decety and Jackson (2006) tell us that the pre-frontal cortex is importantly activated

when witnessing another person's distress, facilitating management of personal distress by enabling the observer to connect on a more cognitive level to the other, enabling helping behaviour. How is this cognitive engagement experienced by those with HE? And what happens if this personal resonance is not managed? More questions to which this research will attempt to contribute.

A plethora of research has been carried out on empathy from the theory of self as trait-based: a trait core to the personality and biologically/genetically or early environmentally determined (Presnal, Widiger, 2011; Eisenberg, Woo, Warneken, Tomasello, 2006; Baron-Cohen, 2004). It follows that if empathy is trait based, core to the personality and consistent over time, there is opportunity to attempt its measure in a meaningful way, justifying the use of the EQ (Baron-Cohen & Wheelwright, 2004), a rigorous and valid empathy measure, for recruitment.

Empathising deficits in cognitive empathy, is thought to denote Autism (Dziobek, 2008 amongst others) as previously mentioned. Within Empathising-Systemising theory, Baron-Cohen, (2002; 2008; 2009) detailed five brain types: very high empathy-low systemising, (Extreme Type E); very low empathy-high systemising (Extreme Type S); moderately high (Type E) and low levels, (Type S); and those in balance, (Type B). Throughout the literature however, the Extreme Type E brain has not been discussed, yet Baron-Cohen asserts "such individuals should exist" and do according to the EQ and SQ, and he goes on to consider what this 'high E' individual would be like suggesting they would avoid systemising subjects and find subjects or jobs requiring listening, communicating, socialising, or supporting others "trivially easy". As Extreme S Type, Autistic presentation experience difficulties in empathic social and communication issues, we might ask whether Extreme E Type individuals experience similar yet opposite manifestations of struggle e.g. with systemising realms, and what emotional effects this might have on psychological wellbeing, on relationships, self and identity?

Baron-Cohen (2012) states such a profile need not lead to any clinical difficulties as any clinical difficulties would likely not lead to social isolation, but what are the lived experiences of this?

This research addresses the gap in the literature of the lived experience of HE, and addresses the impact and management as it is subjectively experienced.

### **3. Methods/Methodology:**

This research uses predominantly a qualitative design, data generated from a small homogenous purposeful sample, first self-selected for HE using posters asking for people who considered themselves to have HE to complete an online questionnaire, the EQ, (Baron-Cohen & Wheelwright, 2004), recruiting the first eight participants to score over 70/80, inviting them to interview. Data was collected and analysed using Interpretative Phenomenological Analysis, IPA, the four stage process (Smith, Flowers and Larkin, 2009). IPA is concerned with subjective experiencing of phenomenon, by the individual: with their personal interpretation of their experience, which is then interpreted by the researcher in what's known as the double hermeneutic. The aims are to access layers of experience, across cases, with the idea that what is true for one, might be true for many. Scores on the EQ were not offered unless participants were invited for interview to avoid negative feelings around personal expectations.

The kind of knowledge produced in this research is considered 'everyday' pragmatic (Biesta, 2010), critical realist, (Bhaskar, 1998) phenomenological, interpretative, ideographic (Lamiell, 1987; Smith 2004) and 'lightly constructivist' (Eatough & Smith, 2006). The assumptions being made about the world being studied, are that it is made up of both objective and subjective layers of reality, which are ultimately interpreted, so while one might use multiple methods to access these layers i.e. the EQ combined with IPA, supposedly from different perspectives, reality can never truly be accessed with either method, not least because the main tool is language which itself is constructing. With my own status of HE, I am 'insider' researcher,

seeking 'insider knowledge' (Willig, 2012, p10), i.e. examining how phenomena present themselves in and through experience. I made every endeavour to 'bracket' my personal experience to make space for participants' voices and provide reflexivity at every stage of the research process, in the hope that with focus on the particular and what might be true for one, may give some insight into the universal and what might be true for many, (Smith, Flowers and Larkin, 2009).

The interviews lasted between 60-90 minutes. The schedule was designed with ideas inspired by the literature and the areas of interest implicit in the scope of the research question of the 'lived experience', (e.g. definition, manifestation, evaluation, impact and management of HE) and IPA's breadth and reach concerning human processes (e.g. intra-psychic, self and identity, and interpersonal). Questions were kept open ended, assumption free, and non-leading, to allow participants maximum space to describe their experiences and with a "light touch" in line with Smith et al. (2009), (p60), attempting to avoid direct questioning, rather asking for stories and examples. The stance of 'naïve' researcher was assumed, not revealing my HE status, however, the depth of connection and empathy shared from the start of the process, felt as if there was an implicit, taken for granted sense that I understood and could relate to their experiences. Interviews were audio-recorded using a digital recorder and transcribed verbatim. Extra-linguistic features were included such as laughter, false starts, silence and pauses, (Willig, 2013). At the para-linguistic level mispronunciations and truncations of words were also included.

Ethical guidelines suggested for research by the BPS (2014) were abided by, as were those of City University of London, and full ethical approval was applied for and granted by the university. As I was not working with specified vulnerable populations, excessive safeguarding was not necessary. The areas of ethical importance were two: respect for participants, including informed consent, debriefing, privacy and confidentiality; and secondly, integrity of scientific research (reflexivity, accountability and transparency).



The process of analysis consisted of personally transcribing the interviews, and immersing in the data. Upon first re-reading after transcription, I noted down ideas and connections. With subsequent readings, in the left margin I wrote provisional coding or labelling. For the first stage of the process, I looked for emergent themes, linguistic analysis and more abstract interpretative concepts, written in the right hand margin. Rhythm, style of expression, any emotional non-verbal communication noted by transcription, was attended to.

Themes were formed into a list, and clustered, making connections between them, from which emerged preliminary superordinate themes. This process was followed for each interview and patterns identified across case. After four interviews had been provisionally coded, themes were again listed and clustered into superordinate themes. The same process was then followed for remaining four interviews. Themes and quotations from interviews were then separated from their interviews and grouped with others, into a master table (themes, quotes, participants and line numbers).

The superordinate themes were then organised into a narrative and a tentative psychological model was drawn up detailing participants' experiences of HE. See diagram B.1. Then written up into narrative account supported by verbatim extracts from each participant.

As with all qualitative research, procedure remained flexible and connected to the sensitive interpretative process, moving back and forth from 'parts' (themes and quotes) to 'whole' interview, ensuring analysis was grounded in participants experiences.

It should be noted that all separation of themes and narration of construction of analysis is artificial and imposed upon the raw data of participant experience: all themes are interconnected and the breakdown into sequential and thematic structure, is merely one way of making sense of participants' experience, so as to give it a form which the reader may themselves interpret and use.

#### 4. Findings

Findings are presented below without reference to individual themes. While this is unconventional, it is felt that with the brevity of space for explication within a journal article, this is the best way to offer the information which emerged from the Doctoral research, in the hopes of presenting transferable and useful information to the reader.

The findings suggest that pathology and/or dysfunctional manifestation of HE is not inherent in HE itself, in support of Baron-Cohen's assertion (2012) and reported by participants as rather to do with its mismanagement and mismanagement of coping strategies – which if addressed could prevent such manifestations – one potential aim for this research. A tentative model for my theorisation of the experience of HE can be seen in diagram B.1. An overview of the analysis is what follows:

Participants reported experiencing HE from a young age without conscious awareness of the phenomenon: feeling different from others; sometimes isolated within their capacity to attune parents, teachers and nursery playmates alike; confused by others' lack of response to unspoken dynamics. Participants discussed having always experienced this phenomenon, implicating HE as permanent and pervasive, driving behaviour and impacting relationships: so much a part of their 'selves' that HE is felt by all participants as indivisible from 'self'.

The primary negative impacts upon the self from a young age were named as guilt, anger, confusion, isolation, displacement, frustration and a development of being 'over-responsible' for others, supporting the research by Zahn-Wexler and Hulle (2012) regarding the development of 'hyper-empathy' and pathological guilt in children of depressed mothers. Social anxiety and a 'flooding' experience within social and group settings were discussed by all participants to varying degrees; some, discussing avoidance of group situations and a few, of relationship 'burnout'; withdrawing and sometimes abandoning relationships as potential coping strategies were also discussed. I shall discuss the idea of HE experienced as information/emotional 'flooding' shortly.

From early childhood memories participants describe taking on the 'helping', protector or parental role for those around them, to varying degrees, (motivated by different factors), which for most, became a major part of their identity. Where clients report experiencing personal physical, emotional or psychological trauma/issues in childhood, empathic care and/or management of the parent might be seen as taking over from the participants' priority for focus/development of their own sense of self.

Generally, participants described attempting to manage the wellbeing of parents particularly in those situations where parents were experienced as unaware, depressed, abusive and/or narcissistic. In one case, however, this manifested, not in increased servicing of their emotional needs, but angry, rebellious defiance of complying with family needs, and anger at feeling the 'guilt' of not complying with their subliminal emotional requests.

Coping strategies were put in place to manage the as yet unnamed experience, some providing relief in the short-term and manifesting in negative impact upon self, self-esteem and relationships, and some functional strategies, which were also carried into adulthood. The negative coping strategies seemed to become increasingly clear to participants over time, impacting their experience of the everyday world and relationships e.g. avoidance and distraction from the self and of relationships, (excessive intellectualising as a defence against confusing and/or distressing emotion; excessive use of alcohol; excessive 'doing' or socialising; excessive focus on helping others): suppression/repression of emotion, (particularly anger and avoidance of conflict): and control (excessive organising/control of environment, resulting in increased anxiety and OCD manifestations). On an interpersonal level, the result of taking on the helping role, had appeared to manifest for many participants in 'co-dependent' relationships, based on a form of need or control of the other e.g. necessitating the 'other' to be in the position of 'helped', 'victim' or 'child', (or other dependent dynamic), leaving the other feeling powerless and/or invaded or controlled, leading to potential conflict within the interpersonal realm. This is

potentially the connection to the research on pathological altruism, (Knafo et al. 2008), which may well be a mismanagement of very high empathy amongst other things.

Alternatively, participants describe finding themselves in the 'naïve', dependent position with an abusive, manipulative other, validating the other's dysfunction by extending endless understanding, negatively impacting participants' sense of self and self-esteem.

HE also seemed to manifest as naivety or gullibility concerning the inability to comprehend unjust behaviour or lack of empathy in others: potentially serving as a 'shield' to processing difficult emotions around an acceptance of perceived harsh life experience, in which others actions are not always motivated by empathic concern; breaking down a fantasy or hope that if others are offered understanding and kindness, participants will be offered the same: a coping strategy that leaves them vulnerable to abusive dynamics.

HE's varying degrees of impact, sees participants experiencing anxiety, exhaustion and feelings of low mood and/or depression, pertaining towards Compassion Fatigue or burnout (see section below). HE can become a negative feedback loop impacting the self and interpersonal relations: low self-esteem from childhood, doubting intuition and empathic tuning, (exacerbated by traumatic childhood experiences, critical primary caregivers, perfectionism, or a lack of presence of someone who might tune into them to the depth which they perceive necessary); followed by attempts to help others as a patterned response to avoiding difficult feelings in the self or described as a learned pattern from childhood, (amongst other motivations), followed by a continued loss of self, more experience of co-dependent relationships (or withdrawing from relationships), leading to further experiencing of loss of self esteem.

Patterns developed in childhood, concerning relationships and management of HE, were reported as following participants into young adulthood, which for some precipitated gradual processes of internal analysis of the phenomenon; how HE manifested from an early age, going through a process of needing to define and evaluate the experience and reach mastery and clarity.

Participants' ambivalence to the phenomenon is clear: a mixture of experiences were described from deep, intense feelings of struggle and pain; of HE as anxiety provoking, a 'disabling burden'; to feelings of pride and gratitude for the heights of spiritual, poignancy of love and caring; capacity to build deep relationships and connect to others.

Participants were at different points of awareness depending on age and experience at the time of interview. Those that had addressed negative coping strategies had learnt and were in process of learning, how to harness HE for its benefit and limit negative impact.

Participants described physical, psychological, intra-psychic and interpersonal impact. The main struggle revolved around feeling drained by the phenomenon and living in empathy to the detriment, suppression and devaluing of self.

The main successful management strategies discussed were a re-setting of psychological and physical boundaries; a giving up of 'inappropriate guilt'; a handing back of responsibility to others for their own emotions and relationships; fostering healthy emotional processing, regulation and clarity e.g. talking/therapy, releasing emotion through crying and confronting with healthy conflict resolution and assertiveness. Other management strategies included taking time and space to process emotion and cognition and taking time and space away from analytical engagement and active use of empathy i.e. switching off layers three and four of reflection, (Smith, Flowers, Larkin, 2009) e.g. level three being attentive reflection on the pre-reflective and level four the deliberate controlled reflection of the phenomenological kind. This was done through 'blinking the mind' with meditation, exercise, or engaging with music e.g. concerts or playing in orchestras, during which empathy is not activated, yet one is part of a communal experience, seemed of particular relief. Management also consisted of self-care including rest and alone time and meeting own needs without fear of the impact on others.

A redefining of HE and a reframing of the experience to maximise positive impact and guard against a narrative of HE as negative and 'disabling' was central to participants' management,

fostering agency, as was an acceptance of management of the phenomenon being an on-going experience – validated by social context and accepted as ‘normal’ by participants and others.

This balancing of tensions between the empathic identity and an identity entitled to deny the requests of others, promoted a harnessing of HE, a new sense of agency and power, and an awareness of the potential dichotomy for HE experience: either vulnerability and abuse, *or*, potential for professional success, deeply connected and mutually reciprocal interpersonal relationships.

The use of protective relationships with others with HE (experienced as offering complicity and care) and those with lower HE, (offering stability and containment), was another positive strategy for navigating HE.

As new boundaries are put in place to protect and value the self, and the harnessing of HE as a skill is manifested, self-esteem raised and participants described experiencing feelings of worth, pride and satisfaction, touching a capacity for ‘empathic wisdom’ and emotional intelligence valued by others in personal relationships, professional capacities and wider society.

For some, the experience was not examined fully or even partially named until joining the research, and began or continued while taking part in the interview, revealing itself in a deep searching and emotional opening; the EQ and interview validating and offering a form through which to contain and give permission to an otherwise much ignored phenomenon.

## **5. Discussion/Conclusions:**

Findings support the idea that empathy is an inter-relation of experiencing and processing, from the physically embodied, emotional experience, to cognitively experienced perspective taking and processing of self and others’ experiences. These findings are supported by the research into mirror-neurons (Gazzola et al. 1998) and resonance and simulations theories, that suggest emotional experience of others is recreated within the body, to produce a vicarious experiencing.

Participants also discuss paying attention to body-language and “reading” people in a way that fits with Baron-Cohen’s Theory of Mind: usually an unconscious awareness and ability to pay attention to emotional and social cues. Participants discuss HE as a part of their everyday experiencing from a young age, and assertion of HE as trait based, central to their core selves, and findings are supportive of Baron-Cohen’s Empathising-Systemising theory, (2002), asserting that the higher the empathy, the lower the systemising skills in terms of logistics and paying attention to factual detail e.g. participants discuss remembering directions or names as difficult. The idea put forward by participants being the priority of connecting and tuning into the subliminal and emotional dynamics of the situation above concern for factual data.

High systemising for ASC manifests as experiencing a flood of data that causes confusion (Baron-Cohen, 2005), and a focusing on detail, that does not make logical sense in social situations, (Baron-Cohen, Wheelwright, Lawson, Griffin, Hill, 2007). These ideas seem connected to ideas of HE ‘flooding’, where participants described becoming overwhelmed with emotional information in social settings: e.g. when being faced with attuned behaviour that did not fit with their worldview, or sensing unacknowledged or unspoken subliminal emotions, or attuning emotions in others that caused difficult personal response or personal resonance. As anxiety levels rise, engendering a shutting down of empathic processing ability, leaving participants describing experiences tantamount to that of the “autistic brain”, in which there is limited information on social cues. Participants discuss avoiding large social groups because of feeling overwhelmed and experiencing anxiety and what feels to them like Social Anxiety, which may well lead to feelings of lack of agency and low mood (similar to that of autistic presentations). I would like to make the differentiation, that while people with HE may develop Social Anxiety (a negative interpretation of reading the cues of others, with an over-focus on the thoughts of others, including potentially what others think of them, especially in an exam or performance setting where it may be considered important to ‘please’ the other), it may be that at times of extreme emotional arousal, they simply, are unable to interpret cues. This would be

supported by the neuro-scientific literature (Decety and Lamm, 2006), which found that intensity of somatic response was not positively correlated with empathic experiencing and that strong physiological responding may decrease the ability to empathise. This may become particularly overwhelming if the person with HE attempts to systemise the emotional data, if we take Baron-Cohen's theory of low systemising skills to be relevant e.g. to organise experience and emotions into set responses to others, or attempts to label these emotions and experiences with excessive categorising, as emotions are complex and often more than one element.

Emotional Intelligence and Social intelligence, of which HE is considered part, have been associated with leadership qualities and success, (Goleman, 1998). However, findings also indicate potential dangers of HE and what might manifest as a result of mismanagement and maladaptive coping mechanisms.

If HE is coupled with low-self esteem, and need for management of primary caregiver in childhood, participants discussed a manifest guilt which emerged and further low self-esteem as they were unable to solve parental issues, perhaps leading to thinking they are attributing 'wrong' meaning to empathically tuned data, potentially leading to anxiety and/or social anxiety, pre-occupation with analysis of others' thoughts, feelings and intentions, further leading to low self-esteem and a mistrust in capacity for insight.

It is easy to see how HE could lead to co-dependent relationships if HE is used to rescue others and position the self in the role of saviour, protector or 'helper', demanding the other stay in the position of victim/helped, disempowering the other, in a futile attempt to raise self esteem as the effects on the other remain negative, which ultimately a person with HE would on some level understand.

It is also easy to see how without a strong sense of self, self-actualising may not be achieved in personal relationships e.g. reciprocal, adult, sexual intimacy between equals may well not manifest in a 'parent-protector, or child-victim' dynamic, as seen with the participant who took a 'motherly' role with her husband. In a professional sense – there are a lot of professions for



example, which harness this helping role, regardless of function of drive towards helping profession.

Potentially, concerns with HE management could benefit from examination of major findings within the literature of Compassion Fatigue, CF, which resonate with the findings from this research. Joss & Cocker (2016), devised five “Resiliency Skills” from protocol put in place by Gentry et al. (2002) to prevent/recover from CF, associated with a lowering of anxiety and lessening of CF:

i) self-care/revitalisation; (ii) connection/support; (iii) intentionality, or eradicating stress, shifting from reactive to intentional behaviour; (iv) self-regulation, ability to intentionally control the activity and lessen the energy of the Autonomic Nervous System [...] (v) perceptual maturation, a cognitive skill involving maturing perceptions of self towards resiliency and perceptions of the workplace, to render them less toxic.

My findings show management using self-care, connection and supportive relationships, intentionality and self-regulation i.e. learning when to ‘deactivate HE’, and how to navigate emotional reactions towards a more intentional responding, calming the Autonomic Nervous System (e.g. meditation, yoga, breathing techniques), and reframing the self in a position of agency fostering resiliency.

Goleman (1998) believed Emotional Intelligence EI, and Social Intelligence, SI can be learnt. In support with this capacity to learn, participants describe over time, developing HE into an ‘empathic wisdom’: a mastery over the experience, sharing major facets of the process with Goleman’s five area’s of skill associated with EI, particularly, self-awareness, self-regulation and the harnessing of social skill.

It seems likely that HE can be problematic in relationships without the developed EI to harness, control and understand the experience. We might wonder if the higher the empathy, the greater the EI needed to manage the experience; if this can be manifested, the greater the opportunity for emotional connection and satisfaction in relationships (Shutte et al. 2001),

personal and professional, especially where the professional occupations require connection to others e.g. with clients, patients or audiences.

As no qualitative literature exists on the experience of HE, this research hopes to contribute significantly to therapeutic practice in terms of understanding potential impact and healthy/unhealthy ways of management. One of the areas practitioners should bear in mind is the examination of identity, the content and evaluation of content (Breakwell, 2010), of both social and personal identity, in relation to the positive/negative experiencing of HE. A reframing of HE and the experience may be necessary to manage and negotiate identity threat while moving away from potential harmful manifestations of HE, namely being over-responsible for the wellbeing of others above ones own; remaining continuously in the 'helping role' without healthy transition to other roles of receiving and setting appropriate boundaries, and being assertive in confronting potentially abusive/manipulative relationships, and processing emotions rather than distracting, avoiding or repressing.

Also, a differentiating between theirs and others' emotion – providing further clarity and validation for self-awareness, empathic intuition and ideas around emotional intelligence (self awareness, self-regulation, self care and perceptual maturation), should also be born in mind.

Offering skills around 'particularity', which aims to override the autonomic nervous system in times of flooding/overwhelming experience by consciously focusing on elements, which calm the reactive responses (Joss & Cocker, 2010), is also valuable.

Psychologists might be aware of normalising and encouraging acceptance of the on-going struggle and management of HE, guiding clients to come to terms with past manifestations and management, and how to move forward in the present with healthy strategies for successful experiencing, particularly harnessing HE for its skills, personally and professionally whilst minimising vulnerabilities.

## **Appendix 1: Word Count and Counselling Psychology Review Journal Specification**

No more than 5,000 words including abstract, reference list, tables and figures

[CPREditor@bps.org.uk](mailto:CPREditor@bps.org.uk)

- A structured abstract of up to 250 words should be included with the headings: Background/Aims/Objectives, Methodology/Methods, Results/Findings, Discussion/Conclusions.
- Approximately five keywords should be provided for each paper.
- Authors are responsible for acquiring written permission to publish lengthy quotations, illustrations, etc., for which they do not own copyright.
- Graphs, diagrams, etc., must have titles -these should not be part of the image.
- Submissions should be sent as email attachments. Word document attachments should be saved under an abbreviated title of your submission. Include no author names in the title. Please add 'CPR Submission' in the email subject bar. Please expect an email acknowledgment of your submission.
- Please make all changes after review using Track Changes and return them to the Editor-in-Chief.

## Reference List

Allison, C., Baron-Cohen, S., Wheelwright, S., Stone, M., Muncer, S. (2011). Psychometric analysis of the Empathy Quotient (EQ). *Personality and individual differences*, 51, (7), 829-83.

Ashington, J., Harris, P., Olson, D., (1988). *Developing Theories of Mind*. Cambridge, Cambridge University Press.

Baron-Cohen, S., Wheelwright, S. (2004). The Empathy Quotient: An Investigation of Adults with Asperger Syndrome or High Functioning Autism, and Normal Sex Differences, *Journal of Autism and Developmental Disorders*, 34 (2).

Baron-Cohen, S. (2011). Autism, Empathizing-Systematizing (E-S) Theory, and Pathological Altruism. In Oakley B., Knafo, A., Madhavan, G., Sloane Wilson, D., (Eds) *Pathological Altruism*, chpt 26, Oxford, Oxford University Press.

Baron-Cohen, S., (1995). *Mindblindness: An essay on autism and theory of mind*. Boston, MIT Press/Bradford Books.

Baron-Cohen, S. (2009). Autism: The empathizing–systemising (ES) theory. *Annals of the New York Academy of Sciences*, 1156, 68–80.

Baron-Cohen, S., Richler, J., Bisarya, J., Gurunathan, N., Wheelwright, S. (2003). The systemising quotient: an investigation of adults with Asperger syndrome or high–functioning autism, and normal sex differences. *Royal Society*, 358 (1430).

Baron-Cohen, S., (2002). The extreme male brain theory of autism. *Trends in Cognitive Science*, 6, 248–254.

Baron-Cohen, S., Wheelwright, S., Skinner, R., Martin, J., Clubley, E. (2001). The Autism-Spectrum Quotient (AQ): Evidence from Asperger Syndrome/High-Functioning Autism, Males and Females, Scientists and Mathematicians, *Journal of autism and developmental disorders*, 31(1).

Baron-Cohen, S., Bolton, P., Wheelwright, S., Scahill, V., Short, L., Mead, G., Smith, A. (1998). Autism occurs more often in families of physicists, engineers, and mathematicians *Autism* Sagepub.com

Bhaskar, R., (1978). *A Realist Theory of Science*. Hassocks, West Sussex: Harvester Press

Cocker, F., Joss, N. (2016). Compassion Fatigue among Healthcare, Emergency and Community Service Workers: A Systematic Review. *Journal of Environmental Research and Public Health*, 13 (6), 618.

Dixon-Woods, M., Shaw, R., Agarwal, S., Smith, J. (2004). The problem of appraising qualitative research. *Qual Saf Health Care*, 13, 223–5.

Davis, M. (1994). *Empathy: A social psychological approach*. Colorado: Westview Press.

Decety, J., Bartal, I. B., Uzefovsky, F., & Knafo-Noam, A. (2016). Empathy as a driver of prosocial behaviour: highly conserved neurobehavioural mechanisms across species. *Philos Trans R Soc Lond B Biol Sci*, 371 (1686), 20150077. doi: 10.1098/rstb.2015.0077

Decety, J., Lamm, C. (2006). Human empathy through the lens of social neuroscience. *ScientificWorldJournal*, 6, 1146-1163. doi: 10.1100/tsw.2006.221

Deuter, C., Nowacki, J., Wingefeld, K., Kuhl, L., Finke, J., Dziobek, I., Otte, C. (2018). The role of physiological arousal for self-reported emotional empathy. *Autonomic Neuroscience*, 214.

De Waal, F., Preston, S. (2017). Mammalian empathy: behavioural manifestations and neural basis. *Nat Rev Neurosci*, 18 (8), 498-509.

Eisenberg, N., McNally, S., (1993). Socialization and Mothers' and Adolescents' Empathy-Related Characteristics. *Journal of Research of Adolescence* Vol. 3, Issue 2

Gallese, V., Goldman, A. (1998). Mirror neurons and the simulation theory of mind-reading. *Trends in Cognitive Sciences*, Elsevier.

Gazzola, V., Aziz-Zadeh, L., Keysers, C. (2006). Empathy and the Somatotopic Auditory Mirror System in Humans. *Current biology*, 16 (18).

Goleman, D. (1996). *Emotional Intelligence. Why It Can Matter More than IQ*. London, Bloomsbury publishing.

Goleman, D. (1998). *Working with emotional intelligence*. New York, Bantam Books

Goldman, A., Sripada, C. (2005). Simulationist models of face-based emotion recognition. *Elsevier*, 94 (3).

Gopnik, A., & Astington, J. (1988). Children's Understanding of Representational Change and Its Relation to the Understanding of False Belief and the Appearance-Reality Distinction. *Child Development*, 59(1), 26-37. doi:10.2307/1130386

Hoffman, M., (1984), Interaction of affect and Cognition in Empathy. C., Izard, J., Kagen, R., Zajonc (Eds), *Emotions, Cognition, & Behaviour*, (1984), p101. Cambridge, Cambridge University Press.

Holle, H., Banissy, M., Ward, J. (2013). Functional and structural brain differences associated with Mirror-Touch Synaesthesia. *Neuroimage*, 83, 1041-50. doi: 10.1016/j.neuroimage.2013.07.073.

Ingudomnukul, E., Baron-Cohen, S., Wheelwright, S., Knickmeyer, R. (2007). Elevated rates of testosterone-related disorders in women with autism spectrum conditions. *Hormones and Behavior*, 51 (5), 597-604. doi:10.1016/j.yhbeh.2007.02.001. PMID 17462645.

Keysers, C., Gazzola, V. (2006). Towards a unifying neural theory of social cognition. *Prog. Brain Res.* 156, 379-401.

Keysers, C., Gazzola, V. (2009). Expanding the mirror: vicarious activity for actions, emotions, and sensations Christian. *Current Opinion in Neurobiology*, 19 (6), 666-671.

Klimecki, O., Singer, T. (2012). Empathic Distress Fatigue Rather Than Compassion Fatigue? Integrating Findings from Empathy Research in Psychology and Social Neuroscience. In Oakley, B., Knafo, A., Madhavan, G., Sloane Wilson, D., (Eds) *Pathological Altruism*, chpt 28, Oxford, Oxford University Press.

Lamm, C., Batson, C.D., Decety, J. (2007). The neural substrate of human empathy: effects of perspective-taking and cognitive appraisal. *Journal of cognitive neuroscience*, 19 (1), 42-58.

Lamm, C., Porges, E., Cacioppo, J.C., Decety, J. (2008). Perspective taking is associated with specific facial responses during empathy for pain. *Brain research* 1227, 153-161.

Larkin, M., Thompson, A. (2012). Interpretative phenomenological analysis, in Thompson, A., Harper, D. (Eds), *Qualitative research methods in mental health and psychotherapy: a guide for students and practitioners*, p99-116. Oxford, Wiley Press.

Leung, L. (2015). Validity, reliability, and generalizability in qualitative research. *Journal Family Medicine Primary Care*, 4(3): 324–327.

Lawrence, E. J., Shaw, P., Baker D., Baron-Cohn, S., David, A. (2004). Measuring empathy: reliability and validity of the Empathy Quotient. *Psychological Med.* 34 (5): 911-9.

O'Connor, L., Berry, J., Lewis, T., Stiver D. (2012). Empathy-Based Pathogenic Guilt, Pathological Altruism, and Psychopathology. In Oakley, B., Knafo, A., Madhavan, G., Sloane Wilson, D., (Eds) *Pathological Altruism*, chpt 2, Oxford, Oxford University Press.

Pessin, K. (2010) Seduction super-Responders and Hyper-Trusters. In Oakley, B., Knafo, A., Madhavan, G., Sloane Wilson, D. (Eds) *Pathological Altruism*, chpt 9, Oxford, Oxford University Press.

Preston, S., De Waal, F. (2002). Empathy: Its ultimate and proximate bases. *Behavioral and Brain Sciences*, 25 (1), 1-20. doi:10.1017/S0140525X02000018

Rizzolatti, G., Fadiga, L., Fogassi, L., Gallese, V. (1999). Resonance Behaviors and Mirror Neurons. *Archives Italiennes de Biologie: A Journal of neuroscience*, 137 (2/3).

Rizzolatti, G., Scandolara, C., Matelli, M., Gentilucci, M. (1981). Afferent properties of periarculate neurons in macaque monkeys. *Behavioural Brain Res*, 5, 407-413.

Salovey, P., Mayer, J. (1990). Emotional Intelligence. *Imagination, Cognition and Personality*, 9 (3).

Schutte, N., Malouff, J., Bobik, C., Coston, T., Creeson, C., Jedlicka, C., Rhodes, E., Wendorf, G. (2001). Emotional Intelligence and Interpersonal Relations. *The Journal of Social Psychology*, 141 (4).

Singer, T., Seymour, B., O'Doherty, J., Kaube, H., Dolan, R., Frith, C. (2004). Empathy for pain involves the affective but not the sensory components of pain. *Science*. 1 (303): 1157–1162.

Singer, T., Lamm, C. (2009). The social neuroscience of empathy. *Annals of the New York Academy of Sciences*, 1156 (1), 81-96.

Smith, J., Flowers, P., Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method, and Research*. Los Angeles, CA: Sage.

Stotland, E. (1969). Exploratory investigations of empathy. Berkowitz, L., (Ed.), *Advances in experimental social psychology*, 4: (271-314). New York: Academic Press.

Wellman, H. (1990). *The Child's Theory of Mind*. Cambridge, MA, US, MIT Press.

Willig, C. (2001). *Introducing Qualitative Research in Psychology Adventures in Theory and Method*, Maidenhead, Open University Press.

Willig, C. (2012). Perspectives on the epistemological bases for qualitative research.

Cooper, H., Camic, P., Long, D., Panter, A., Rindskopf, D., Sher, K. (Eds), *APA handbook of research methods in psychology, Vol 1: Foundations, planning, measures, and psychometrics*, pp. 5-21.

Washington, DC, US: American Psychological Association, xlv, 744 pp.

Zahn-Waxler, C., Van Hulle, C. (2012). Empathy, Guilt, and Depression. In Oakley, B., Knafo, A., Madhavan, G., Sloane Wilson, D., (Eds) *Pathological Altruism*, chpt 25, Oxford, Oxford University Press.