

Finding my Therapeutic Voice: A Heuristic Enquiry into the  
Power of Magic

This dissertation has been submitted by Abeigail Baker (P134711) to  
the University of Wales Trinity Saint David partial fulfilment  
of the requirements for a Masters in Psychotherapeutic  
Practice: Humanistic, under the supervision of Dr. Beverly  
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Submitted February 2024.

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### *Abstract*

The process of becoming a psychotherapist can often be highly subjective and isolating. The literature around this process is focused on mainstream topics, such as: training, ethics and survival as a therapist; particularly after global events that effects the therapist stance. There seems to be missing links within the literature, around how a therapist finds their voice. Specifically, the way in which a therapist uses their internal landscape as a magical tool in deciphering their development and what they have experienced within their personal lives. This either aids or inhibits their psychotherapeutic development. In an attempt to address this gap within the field, a heuristic research study explored how a therapist was influenced by magical instances in order to find their voice as a therapist. The experience was captured by the researcher, who also played the role of the participant, in an expressive and personal dissertation. The participant was 28 years of age and a British, White/ Asian female. The participant had a clinical experience with counselling for ten years, and had been a qualified Psychotherapist for three years. This study focused on magical instances such as: magical thinking, dreams, parasocial relationships, symbolism, music and thanatophobia. Data were obtained through thematic analysis, where four superordinate themes were discovered. These themes demonstrated how the participant communicated with the unconscious mind, the internal processing and how magic affected the participants therapeutic abilities and skills. The research has contributed to the significant seldom topic of magic and how it is used by a practicing therapist, to make sense of psychotherapy and how magical instances can be applied to psychotherapeutic change.

*Keywords: psychotherapy, dreams, psychotherapeutic change, magical thinking, parasocial relationships, thanatophobia, music, magic and the unconscious mind.*

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### *Declaration*

This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree.

Signed: .....Abeigail Baker (signed)..... (candidate)

Date: .....22/02/2024.....

### *Statement 1*

This dissertation is being submitted in partial fulfilment of the requirements for the degree of Masters in Psychotherapeutic Practice: Humanistic.

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### *Statement 2*

This dissertation is the result of my own independent work / investigation, except where otherwise stated.

Other sources are acknowledged by footnotes giving explicit references. A bibliography is appended.

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I hereby give consent for my dissertation, if accepted, to be available for photocopying and for inter-library loan, and for the title and summary to be made available to outside organisations.

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### *Acknowledgments*

I would like to firstly express gratitude to my university lecturers, who have supported me throughout my research. They have allowed me to take breaks when I could not fathom the strength to study or write, without any judgement. They have actively encouraged me not to give up on my studies and provided me with guidance and support throughout, despite not always being an 'active' student.

Secondly, I would like to give credit to myself as both the researcher and the participant. This has been possibly the most challenging piece of work that I have ever written. I have faced many traumatic experiences, in my personal life, since engaging in heuristic research and there was no break. There were several opportunities to walk away and this would have been easier. I chose to live and to carry on and I want to thank myself for that. Similarly, thank you to the heuristic method, for allowing me the creative and safe space to ethically explore my inner landscape.

Lastly, thank you to the people who have influenced my life and influenced this dissertation, I forgive you.

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CHAPTER 1

*Introduction*

***Personal investment in the research***

My journey to find my therapeutic voice appears to be continuously long and challenging. Becoming a psychotherapist is not simply achieved by attending classes and passing assignments, that you would expect from an educational course. Any counsellor must explore themselves, to obtain a deeper level of understanding, exploration and knowledge of themselves, to know others (Bhargava and Sriram, 2016). Even when qualified, a therapist can become better connected at a deeper level with their clients (Tweedie, 2015). The purpose of this Master's dissertation is to explore the knowledge from the researchers own internal landscape, to apply meaning and depth to counselling in practice.

The first section of this dissertation will demonstrate why heuristics was chosen as a method of exploration. The possible bond between magic and magical thinking will be explored alongside my imagination with an academic placement. These will be explored within the counselling field and my personal experiences. The research will assist and inform my inner landscape as an individual and a practitioner. The relationship with internal findings will be compared to the external literature, which will either add support or contradiction. This will be presented later on in the dissertation, which will include a 'new meaning' and a synthesis section.

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Heuristic research requires the researcher to fully invest in the research, from the initial investigation to where new understanding is formed (Moustakas, 1990). On my path to becoming a counsellor, I would regularly experience something personal within training or when with clients. This would demand my attention and once it was discovered, it refused to be buried. I would often feel worried that I would crack and never repair. I found it very difficult to be able to express my discoveries within class or within group-work. In reality, prior to this course, I found it difficult to express my inner landscape with anyone, not even if I trusted them.

Looking back, it was sad and extremely lonely. Granted, I feared people reading my work, but Heuristics allowed me to 'zone-in' on this disturbance, explore it and experience it fully- but safely. Heuristics was my oil paint to a blank canvas. Heuristics allowed me the creativity and safety that I was craving. Admittedly, it was painful and tough. I sought extra personal therapy to ensure I was ethically taking care of myself. As a researcher and participant, I will be mindful of these considerations in my research. Heuristics became a way for me to write the lyrics, without having to sing the song- it was sung for me but still through me.

As part of my initial professional training, heuristic research was a requirement of the counselling diploma program. This research uncovered that I was constantly grieving, surrounding myself in the grief of others to avoid my own (Baker, 2020). This element called to me, enhanced in: visions, dreams, images, music and films. The topic flickered in my awareness, but much like a solid tree trunk, the essence and experience were largely unknown (Baker, 2020). Heuristics allowed me the scope to explore an area of interest, through the unconscious, conscious and my intuition, over a period of one month and valued

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the subjectivity of myself, as the researcher (Moustakas, 1990; Christophers, 2019). Heuristic research also benefitted my counselling career as it allowed me to share my emotions as a counsellor, for example; what is happening to me within the session, including the use of somatic practices within counselling (Baker, 2020). This was useful in discovering how I see the world and more importantly, how I understand the world of my clients. I began to view the influence of ‘magical thinking’, ‘the imagination’ ‘dreams’ and the ‘influence of my unconscious mind’, that were discovered in the conclusions of my report (Baker, 2020). This formed the foundation of this Masters dissertation.

### *Topic overview*

Clark Moustakas proposed a self-enquiry research tool, that could investigate the real human experience; heuristic research. Heuristics was developed from the Greek language, “heuriskein, meaning to discover or find” (Moustakas, 1990, p. 9). In partnership with the meaning of the term ‘Eureka’, heuristics comes from the ‘light-bulb moment’ intertwined with realism (Moustakas, 1990). A moment of shift within the individual’s world, illuminating the chosen topic. This is delivered in vast amounts of detail, gifting the researcher with powerful knowledge for self-growth (Moustakas, 1990). Heuristics is intertwined with person-centred counselling (Moustakas, 1990), taking waves of Phenomenology, Existentialism and Humanistic Psychology (Christophers, 2019). The researcher cannot be separated from the research and Moustakas’ recommends using a co-researcher to increase reliability (Moustakas, 1990). However, Sela-Smith (2002) argues that this can also distract the researcher. The researcher will never fully surrender to the research process, nor will they be disciplined or devoted to the topic (Christophers, 2019). I

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will keep this in mind and challenge my understanding, beliefs and thus challenge any avoidance. For the purpose of this dissertation, a co-researcher will not be chosen, consistent with Sela-Smith's recommendation. Heuristics was used by Moustakas (1990) to house a group of steps, which he claimed lead to the success of investigating the real human experience.

### *Research question*

Magic in dreams is often explored in psychotherapy (Hill, 1996), however, little research has explored the effect of magic on the therapist. Therefore, I wish to explore the idea of 'magic' notions either being a 'building-block' or a 'road-block' to the researcher's success as a therapist. This will assist the overall research question; 'Finding my Therapeutic Voice: A Heuristic Enquiry into the Power of my Imagination'.

### *Research aims*

The research aims to explore the different elements of magic and magical thinking, experienced by the participant to understand the ingredients in the development of a therapist. Additionally, the aim of the research is to explore the effects of these magical instances on the participant and how they navigate the world around them. Lastly, this research aims to add to the depth of research regarding somatic practices within counselling and how these practices influence the therapeutic presence and voice.

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### *Research objectives*

In keeping with the aims, this objective of this research is to utilise heuristic research and thematic analysis to understand the aspect of the aims from the view of a participant, who is also a therapist.

### *Research sub-questions*

This research will focus on some arising sub-questions, for example:

How does magic effect the participant?

How does the imagination influence the internal processing of an individual?

Is there a magical thinking link to the researcher's voice as a participating therapist?

How does magical thinking support or inhibit the participant as a therapist?

How does the imagination influence the counselling position, especially in the researcher's position to understand the client?

The current study will explore things in society that are magical in nature, particularly the ones that everyone will have access to or at least be able to access at some point in their lives. These magical existences can be found in everyday life. Keeping in mind that any research must be ethical and not cause harm (BACP, 2019). Despite the research being a personal reflection, with no data collection from wider participants; to maintain the safety of the participant, the ethical intent and processes of the research (Gaston, 1998) will remain within the Heuristic research guidelines, proposed by Moustakas (1990).

CHAPTER 2

*Literature Review*

*Literature inclusion criteria*

Over a period of three months in 2023, the literature review focused on every day magical occurrences that could possibly be accessed by everyone at some point in their lives. Search terms included: magical thinking, mental health, psychotherapy, imagination, dreams, nightmares, night terrors, counter transference, power, synchronicity, music, thanatophobia, death anxiety, attachment, loneliness, parasocial relationships, COVID-19, magic and paranormal experiences. The literature review focused on: magical thinking, magic, mental health, dreams, therapy, relationships and death. The data bases that were included for the literature search were: Proquest, Springer, Sagepub, Taylor and Francis, Wiley Online Library, Elsevier, Psycnet, Google and Google Scholar.

*Literature exclusion criteria*

Literature around the biological and neurological side of these search terms were excluded from the research. This was to ensure that the research did not become restrained in a methodological and scientific world where magic cannot exist.

*Magical thinking and magic*

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Magical thinking is often developed in childhood and many adults integrate ‘magic’ into their lives (Mayer and Maree, 2018) and this is more prominent in females (Savage, Slutske and Martin, 2014). A generic internet search of the term ‘magic’ implies something mysterious or supernatural, an unexplained power over life events- almost dangerous but inviting. Magic is an intuition through arts, used as a power to influence situations that are viewed often as uncontrollable (Frater, 2011, cited in Mayer and Maree, 2018). This magic develops before the age of one and researchers’ claim that a child believes that situations and their repercussions can be controlled if they ‘wish’ or use ‘magic’ (Mayer and Maree, 2018). From a Humanistic and Existentialist view, magic is best described as the figure becoming detached from any relationship or constraint to the ground (O’ Sullivan, 2020).

Religion is the most common form of magic, however there are many ‘magical’ instances like Santa Claus, the Tooth Fairy, Easter Bunny, the supernatural and fictional television programs (Mayer and Maree, 2018). However, this type of magic could be considered as a creation of society and some researchers even claim that these are forced on individuals (Hutson, 2008). The researcher adopts the viewpoint that there is obvious magic, for example: in music, art, play, dreams, fantasies and magic does not always have to be experienced mythically. Magic and religion do coexist, for example, when someone dies, the items of that person become magical, sacred and some become charms, that are often worn (Mayer and Maree, 2018). Magical rituals for example ‘good luck’ charms, ‘fingers crossed’ situations are further examples of how magic coexist in society. Although, in Western cultures, these magical events are disguised and squeezed into scientific cages (Subbotsky, 2004).

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Markle (2010) splits magical thinking into active and passive; actively and consciously influencing causality, as opposed to hardly or not at all influencing, it is just 'magical in nature'. Magical thinking tends to be underreported as it is often associated with immaturity and psychopathology (Mayer and Maree, 2018). There are some who believe that personality and culture influence magical thinking (Mayer and Maree, 2018). The researcher in this report has often pushed boundaries and explored various topics that are underrepresented or under-researched (Baker, 2020). Magical thinking is made up of four components: synchronicity, or for the researcher; living by the saying 'everything happens for a reason', holding psychic abilities, having a power or symbolic influence over situations and finally believing that objects or animals have human capabilities (anthropomorphism; Sierra, Hyman, Lee, and Suh, 2015).

### ***Mental health***

In Westernised societies, adult magical thinking is linked to irrational thoughts and behaviours (Mayer and Maree, 2018). However, this is often underreported both quantitatively and qualitatively. Westernised cultures deem appropriate behaviour as being rational, logical as opposed to magical and thus irrational (Mayer and Maree, 2018). Magic is viewed as regression, almost as if an adult regresses back to a child (Adorno and Horkheimer, 1969). However, there is a difficulty for the individual to separate the magical world and the real-world because the individual is sorting their emotional turmoil into categories, within their mind (Gregory and Mustata, 2012).



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Some believe that it can improve mental health (Kennedy and Kanthamani, 1995). One reason for this, is that researchers believe that magic gives the individual a ‘power’, which resembles an independence over their wishes and desires (Subbotsky, 2004). Others contest that it can be determinantal to a person’s mental wellbeing (Mayer, 2015, cited in Mayer and Maree, 2018). Hendrix (2011) argues that magic only tends to be used in crisis situations, usually coping with trauma as a psychological way of controlling. Furthermore, this could be viewed on a spectrum, one end being skeptics and the other being schizophrenics (Hutson, 2008). Additionally, magical thinking can be decreased in situations where a person is depressed (Hutson, 2008).

Markle (2010) supports the idea that magical thinking is used for coping with any form of distress that they may be facing. If we take the idea proposed by Fite, Adut and Magee (2020); magical thinking is used for control, intertwined with perfection and in situations such as loss and can be an advantageous tool. Furthermore, it can be used in illnesses, which increases hope and excitement (Mayer and Maree, 2018). One example given by the researchers, is that it improves elements of the self, such as: understanding, development, self-actualisation and spiritual awareness which improves wellbeing and the reflection of the self. This assists with more established counselling practice and forming magic into reality (Mayer and Maree, 2018). However, Mayer and Maree (2018) claim that magical thinking has benefits for an individual which is often not accessible by every day self-exploratory methods, for example: exploring both conscious and unconscious awareness.

Thinking in this manner can also be used to imagine what the death would look like for a few days after the event, preparing the individual, however, this does not expand

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beyond a few days (Brennan and Dash, 2008). Furthermore, individuals use magical thinking as a way of obtaining closure on the experience (Eddy and Hansen, 2021). In contrast, others argue that there is a distinct link with intrusive thoughts about harm to others (Eddy and Hansen, 2021). Eddy and Hansen (2021) reviewed 273 adults who use magical thinking, referred to as Thought Action Fusion (TAF). They found that magical thinking had a negative impact on a person's mental health as TAF increased distress in conditions like schizophrenia and obsessive-compulsive disorder. Additionally, there was a positive association between TAF and the inability to express emotion. The researchers found that when an individual tried to decipher their internal landscape, this was inhibited by magical thinking.

### *Dreams*

One way of exploring the unconscious mind using magical thinking is dreams. It has been argued that this form of magic will be experienced by everyone at some point in their lives (Goodwyn and Reis, 2020). A Google search for a definition of the generic 'dream' revealed that dreams are stories, images and emotions that occur when a person sleeps (WebMD, 2021). More scientific definitions focus on how the unconscious mind is accessed via dreams (Kaku, 2014, 00:39). Researchers claim that dreams do not have a purpose or meaning to the individual (Crick and Mitchison, 1983). For the purpose of this dissertation, it is assumed that dreams do have a function in reality and they are magical in nature. Additionally, it is argued that dreams occur in the Rapid Eye Movement sleep (REM; sleep pattern phase, Foulkes, 1996). Lucid dreams (conscious dreaming) are referred to as a

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person's awareness, where they know that they are dreaming and can control the dream (Kaku, 2014, 03:35).

There are many theorists that explore dreams including: the causes, meanings and the brain mechanisms of a dream. Dreams became a focus of psychological study in the 1900's, where individuals evolved into dream theorists. Sigmund Freud was of the first to interpret dreams in this era. Freud believed that dreams were an unfulfilled wish or a repressed desire that continued into a person's reality, after awakening (Freud, 1900). Translated from his own dream, Freud split the dream to understand its context. The manifest content (remembering what happened in the dream) and latent content (the underlying wish or symbolism, Freud, 1900).

Dreamwork begins when the dream is explored to understand what a person is experiencing, for example: through condensation, where one image or activity in the dream, can represent many emotional ideas or scenarios (Freud, 1900). Displacement is where a person or object in the dream, can represent something or someone else, often with an emotionally charged meaning (Freud, 1900). Dreams cannot be pulled apart without the dreamers' active cooperation and they are "subjected to the unconscious" (Rodriguez, 2001, p. 398). Dreams can show any suicidal intention or wishes, especially in people with depression, which is often useful in providing therapy and support to those in need (Glucksman and Kramer, 2017).

### *Symbolism*

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In therapy, dreams can be interpreted through symbols. Whereas Freud focused on sexual representations, he claimed that symbols were personal to the individual and to understand our problems, is to understand the symbols in dreams (Freud, 1900). Dreams come to the individual spontaneously, the therapist may hear the symbolism in the more the client explores (Jung et al., 2010). However, sometimes dreams need to be taken for what they are and nothing more and the therapist must be cautious (Jung et al., 2010). Jung et al. (2010) established a number of significant symbols, for example: trees are related to a parental figure and animals are linked to siblings. Dreams that are related to height, flying or falling, could resemble unrealistic plans and warning of risky behaviours (Jung et al., 2010). Psychic dreams will warn us about something that is going to happen (Jung et al., 2010). Dreams can also become reoccurring if the event is desirable to the dreamer (Jung et al., 2010).

Li et al. (2023) provide an Easternised, cross cultural view on dreams when they investigated 1190 participants. They found that among the highest scoring dream was dreams of 'falling' (48.10%), being awake but not able to move (31.21%) and dreams of sex (32.62%). On the other hand, researchers believe that dreams do not have a purpose or meaning to the individual (Crick and Mitchison, 1983). For the purpose of this research, it is assumed that dreams do have a function in reality. Scarpelli, Alfonsi, Gorgoni and De Gennano (2022) state that negative dreams can be beneficial for the individual as they can be modified through therapies such as; Eye Movement Desensitisation and Reprocessing Therapy and through Lucid Dreaming Therapy.

Rani (2013) studied 192 visually impaired participants, 93 males and 99 females (from the age of five) and proposed dream categories as a result. These include: wish

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fulfilment dreams (identified as dreams of contentment), thought dreams (resembling issues of life), predictive dreams, (foretelling events), problem solving dreams (often remembered but not the content), awakening dreams and finally, dreams induced by real stimuli in life (money). Rani (2013) also proclaimed that dreams of your own death represented an end of a stage in a participant's life, money resembling a person being short of money and mobile phones reflecting communication or lack of. Buckley (2023) supports these claims and states that the individual's dream is consistent with the emotional concerns, that surround the person's life.

### *Nightmares*

Nightmares are usually negative, associated with emotionally charged, vivid stories or images that awake the dreamer whereas bad dreams elicit slightly different responses (Sinclari, Vali and Arnulf, 2020). Night terrors have been classed as parasomnias, a sleep disorder, as a result of abnormal associated behaviours, for example: verbal and physical activity during sleep (Van Horn, 2018). They can trigger an experience of: panic, distress, fear, and helplessness and are very common in children (Van Horn, 2018). They can occur in adults and although rare, it can be linked to an underlying issue i.e. neurological disorder (Van Horn, 2018). Nightmares are also linked to Post-Traumatic Stress Disorder (PTSD; Germain, 2013). There is an association with negative dreams and suicides in individuals (Agargun et al., 2007).

Giovanardi et al. (2022) studied 598 participant dreams during COVID-19 (lockdown). They found that there was a higher percentage of negative dream experiences

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(81%) compared to positive ones (Giovanardi et al., 2022). Interestingly, the researchers found that more than half of these dreams focused on fear as the overall emotion.

Furthermore, separation or infidelity dreams were prominent during the research, whereas dreams involving fatality, were around the minority (5%, Giovanardi et al., 2022). The most common positive experience with participants' dreams were grouped into joy and pleasure. This occurred in sex dreams, set in a familiar setting with either a partner or someone known to the dreamer (Giovanardi et al., 2022). Beneficially, the validity of this research can be supported, as in dream analysis, at least 100 dreams need to be investigated (Domhoff, 1996).

### *Therapy*

Hackett (2020) carried out a systematic review of the literature for therapists working with dreams. It was found that despite a vast amount of research on dreams, the focus was largely on descriptive research and very little on the therapists' experience with dreams. Fox (2002) claims that dreams are more likely to be explored by therapists, as a result of their competency, such as working on their own dreams and their levels of training. Additionally, the lack of research around therapists' and dreams, may be due to the stigma around dreams (Hill, 1996). In addition, qualitative research from semi-structured interviews, concluded that little focus was given to dreams, neither to the impact of dreams and their impact on change in therapy (Murray-Young, 2019). Although, in another review of the literature presented by De Macêdo et al. (2019), it was found that therapies addressing dreams, work better when in combination with other therapies (lucid dreaming and Gestalt Therapy).

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Fischmann, Russ, Leuzinger and Leuzinger- Bohleber (2013) found that the stronger the therapeutic change, was dependent on the severity of the emotional content within the dream. Blagrove (2021) studied 44 participants and found that those who were on the receiving end of someone's dream (listening to dream sharing), significantly increased in empathy towards that person. However, Hackett (2020) concluded that the therapeutic study of dreams is generally challenging (Hackett, 2020). The success depends on many influencing factors, for example: the therapeutic alliance and therapist empathy (Pesant and Zadra, 2004).

Using dreams in therapy can be beneficial, for example; Kramer and Glucksman (2017) found that certain elements in an individual's dream, such as themes of self-identity, correlates with positive achievements in therapy. Although, dreams can impact memory as they tend to combine current and previous memories that may become confusing (Lewis and Durrant, 2011). On the other hand, dreams reveal a significant amount of information about the individual and can influence the individual's commitment to the therapeutic process (Eudell- Simmons and Hilsenroth, 2005). There are many researchers who note the usefulness of counter-transference dreams and dreams regarding clients, to understand the client's internal landscape and benefit the work (Heenen-Wolff, 2005; Brown, 2007; Blechner, 1995 and Pollack-Gomolin, 2002).

Murray-Young (2019) found that in eight practicing therapists, they all stated the importance of their own dreams and dreams within their practice. Some reported that their own life issues were addressed through dreams and they needed a particular dream to remind them of their strength (Murray-Young, 2019). Others visited dreams at their start of their career to 'work' at night, until they were fully equipped to solely work in the day

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(Murray-Young, 2019). Contrastingly, there is a lack of training in how to work therapeutically with dreams and most practitioners are lacking in this field (Leonard and Dawson, 2018). Some therapists have attempted to combat this by undertaking additional training courses to upskill their toolkit (Keller et al., 2018). Furthermore, Margherita, Troisi and Incitti (2020) found that in women who have experienced partner domestic violence, they had an inability to think clearly about the traumatic dream. In half of the cases, the therapists' own dreams and interpretations took over the sessions and they became the "true dreamers" (Margherita et al., 2020, p. 10).

### *Relationships*

Relationships, specifically connections with others have been explored through attachment theory. Attachment theory has evolved over the years from the original work by John Bowlby (1969). Bowlby explains the 'secure base phenomenon' (i.e. security in an attachment figure) to understand brief separations in children (Bowlby, 1969). Overall and Lemay (2015) state that attachment security effects emotion regulation and the ability to be adaptive, whereas, insecurity is linked to maladaptive. Adult insecure attachments are associated to psychological pathology, for example; depression (Dagan, Facompré, and Bernard, 2018). Additionally, depression was associated with attachment avoidance and anxiety in a meta-analysis, over a seven-year period (Dagan et al., 2018).

Brandão, Brites, Hipólito and Nunes (2023) studied emotional invalidation in a study with 234 adults and their attachment security. In current relationships, emotional invalidation can cause rumination and then discourages that individual from emotionally



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communicating. Although, this suppression of the individual's emotions, contributes to depression and only occurred when attachment avoidance was included in the analysis. Secure attachment individuals who experience distress, tend to pull upon positive regulation strategies to coping (Walker et al., 2022). Whereas it is the opposite for those with insecure attachments and their lack of competencies to reduce how severe the distress is (Walker et al., 2022). Preoccupied attachments in adults are linked to the need for a relationship, juxtaposed with the fear of abandonment (Collins and Read, 1990).

An increase in the security of an attachment with a partner, can influence and increase secure attachments with others (Fraley, 2019). When a partner is deemed as unavailable or they influence a person's independence, then this can be considered as a negative influence on the secure attachment (Fraley, 2019). More recent research has been focusing on how attachment changes over a lifespan. One example is sexual identity (i.e. non-monogamy), where a person is forming multiple romantic relations and attachments (Fraley, 2019). Individuals need a deep connection with someone to be able to address attachment issues and this drive is core to being a human and humans need to feel loved by another (Eppel, 2009).

### *Parasocial relationships*

Relationships can be magical for example; individuals develop parasocial relationships. This is defined as a relationship that develops with a media person on television (Cole and Leets, 1999). Parasocial relationships are linked to attachment styles and more so for those who avoid attachment (Wheeler, 2015). These individuals use

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television to reduce anxiety, however this type of strategy is found to cause loneliness (Wheeler, 2015). Tukachinsky and Dorros (2018, p. 4) refer to ‘media modelled romance’, which creates unrealistic relationship goals. Imagining a relationship allows the person to experience the emotions as one would in reality (Tukachinsky and Dorros, 2018). This fantasy world only holds on to the positive aspects of what a person wants a relationship to look like (Tukachinsky and Dorros, 2018). The media sets the tone for what an ideal relationship ought to look like. Then as a result, high standards equal disappointment (Tukachinsky and Dorros, 2018).

Liebers and Straub (2020) found that the more a person scores on their imagination and their ability to create a fantasy, then the higher the intensity with the media connection. Previous relationships have found that those who are in relationships, tend to develop the attraction to the individual on the television (Greenwood and Long, 2011). Whereas a study by Liebers (2022) determined that single people (96 individuals), were more likely to have these relationships. Furthermore, the presence or absence of a romantic partner can affect the parasocial connection (Liebers, 2022). From an additional part of the study with 358 participants, the less satisfied the individual is with their relationship, the more intense the connection (Liebers, 2022).

In line with this connection, humans are motivated by a hierarchy of needs that influence behaviour (Maslow, 1943). Maslow understood that basic needs (physiological) were crucial to any progression to a more affluent need and needs that were ranked at this high level, were considered as ‘growth’ needs (Trivedi and Menta, 2019). This need was presented as a person becoming what they are capable of (Trivedi and Menta, 2019). Social needs were established by Maslow through the category love/belonging (the need to be

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loved by another, Trivedi and Menta, 2019). Moustakas (1961) on the other hand, found a negative connotation to this 'love' need as the researcher claims to find loneliness in love, where the layers of a relationship are deeply missed and he missed the person. The researcher further explains that to experience love, we must experience pain, doubt and darkness (Moustakas, 1961, p. 133). There are influencing factors that can directly affect connection, such as sexual disorders, with consequences attributed to disruptions of interpersonal connections, such as; becoming aware of mortality (Eppel, 2009).

### *Thanatophobia*

Thanatophobia (fear of death) or 'death anxiety' has received attention in recent years, as it appears to be a genuine issue for all those who are concerned (Ho, 2023). Emerging research links death anxiety with mental health conditions such as: depression, anxiety, and the impact on sleep (Türkarşlan, Okay, Cevrim and Bozo, 2020). Watson (2023) argues that while Thanatophobia is not a diagnosed medical condition, it increases a person's anxiety, depression and PTSD. In support of Thanatophobia increasing mental health conditions, those with traumatic experiences and broken connections (loss), were more likely to experience death anxiety (Çakar, 2020).

### *Music therapy*

In addition, dreams involving death and especially reoccurring nightmares have been attributed to links with Thanatophobia (Kroth et al., 2001). Çakar (2020, p. 99) voices that if death anxiety was to be viewed existentially, the way to address this fear is to "face death, to

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recognise it and to know it". In a study conducted with 239 participants, where there was a higher ratio of males (136) to females. Females had higher death anxiety compared to their male counterpart (Çakar, 2020). Music therapy has been found useful for a number of psychological conditions, such as; anxiety, depression and in dementia patients (Wang et al., 2018). Rodrigues and Oliviera (2011) states that there type of music a person listens to can determine their thoughts around death and suicide and this varies in difference, depending on gender. Music reveals the thoughts and feelings around the meaning of life and death (Rodrigues and Oliviera, 2011).

Bodner and Gilboa (2009) found that during experiments where music contained melancholic references to death, this awareness influenced the participants' need to affiliate with others, especially in difficult situations (Bodner and Gilboa, 2009). In a review of the literature, music with negative connotations like death can trigger death anxiety (Bodner and Gilboa, 2009). There were no studies that found this type of music to influence the avoidance or denial of death (Bodner and Gilboa, 2009).

Ziv and Hollander- Shabtai (2022) conducted a study with 200 participants following the first COVID lockdown. They found that music elicits emotional responses, as a unique experience for the individual, allowing for the individual to resonate with the content (Ziv and Hollander- Shabtai, 2022). Although, they were unable to determine whether music aided an individual's coping process (Ziv and Hollander- Shabtai, 2022). In a review of the literature by Lee and Thyer (2015), nine randomised control trails all demonstrated positive effects of music therapy on mental health and in some cases, the effects were more significant than psychotherapy.

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Nettl (2015) states that music exists between the natural and the supernatural. This would support the idea that music is coined with a magical presence. Individuals search for symbolism within their world, which is outside of the body- to avoid being within the body as a reminder of how vulnerable they are to death (Goldenberg et al, 2006). This separates the person from their physical existence (Goldenberg et al, 2006). The more empathetic the individual is, then the more likely they will resonate with the music through sensory and motor reactions (Vuoskoski, Clarke and DeNora, 2016).

CHAPTER 3

*Method*

*Ethical considerations*

Before any heuristic research could take place, a research proposal and an ethical consideration form was submitted to the University's Ethical Committee. No research was conducted until approval was granted to protect the student and the University. The British Association for Counsellors and Psychotherapist (BACP; 2019) state that previous therapy research has been ridiculed in all areas of research. In particular, the treatment of participants both human and animal, the ethical use of research results and how they are distributed (BACP, 2019). To ensure the correct treatment of the participant and the production of ethical results, there were several protections in place. Over the course of the four-week heuristic research period, I received weekly personal therapy and fortnightly supervision. I did not carry out any client work, despite being a qualified and practicing therapist. I wanted to ensure the safety of myself and my clients. I was able to increase the frequency if I encountered any difficult topics. Additionally, I was able to contact my university supervisor for assistance at any time.

Throughout my professional training, I have engaged in highly sensitive work, where exploration of upsetting or challenging topics was a requirement. As a result, I have developed both professionally and personally in addressing these issues when they arise. I have learnt to discuss, reflect on, explore, rather than shy away from and ask for help when I need it. This personal and professional development assisted me as both the researcher and

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participant. I was able to recognise when the research was becoming overwhelming. I ensured that I regularly engaged in self-care, specifically stepping away from the computer, spending time outside and reconnecting with family and friends often. I accepted that I could not force myself to sit and engage with heuristics, although this proved difficult at the beginning, I allowed myself to participate when I 'felt up-to-it'. This highlighted the battle between being both researcher and participant.

There was only one participant present in this research and that was myself. At the time of writing, I was a British White/Asian female and 28 years of age. As a participant in this research, I was fully aware of the process of the research and chose to participate in the research. I was aware that I could withdraw at any time and withdraw any material that I did not wish to be documented, whilst maintaining truth within the data collection (Pimple, 2022). I understood that I could remove any information that I was not comfortable with or information that could have harmed myself or others, keeping in line with the social responsibility of the research (Pimple, 2002). The confidentiality of being both participant and researcher was considered throughout this research.

I was aware that this research did not allow for full anonymity and maintaining full confidentiality would be somewhat difficult, given the qualitative inclusivity of the researcher being the participant (Snyder, 2012). Likewise, any other individual brought into this research, would not be identified by name or association, pseudonyms and gender changes were used where needed (Snyder, 2012). No incidental information such as; locations or organisations were presented. I was aware of my ethical responsibility to protect all individuals in this research as well as my ethical duty to reflect on my process throughout the work as a researcher (Snyder, 2012).

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### *Research methodology*

Moustakas (1990) proposed a six stepped model of research beginning with the ‘initial engagement’. Taking the Heuristikein translation, to discover or find, this step involved seeking out the passion or interest hidden in a topic. The engagement was formed through an introduction and literature review, to place the research in the wider landscape, before any study of the researcher’s inner landscape.

Following the initial exploration, the researcher must submit to ‘Immersion’ (Moustakas, 1990). In this stage, the self and internal landscape is questioned, in line with the topic. This step reminded me of being in water. I don’t particularly like water, especially when it is over my head. Immersion constantly felt like I was drowning, suffocating in the water. This stage made me: question, challenge, reject, doubt, welcome, celebrate, love, admire and feel proud of; all from various self-enquiries. From my previous heuristic enquiry, I learnt to pay attention to both my unconscious and conscious mind (Baker, 2020). I collected raw data through: thoughts, feelings, emotions, arising questions, reactions, choices, beliefs, goals and behaviours. This included samples from: dreams, diaries, images, day-dreams, conversations, past experiences, therapy, supervision, work, social media, music, family, art, play and choices in life- it was everywhere! I was surrounded by how ‘magic’ and the influences on my world. Samples of this core information were presented in the analysis section. Understanding my unconscious mind was vital to exploring my imagination and magical thinking as Subbotsky (2010) claims that magic is ignored and suppressed by adults in Western societies.



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There came a point where I realised I needed to stop- I needed a break. I could not maintain being immersed after this. This is how I knew I was ready to move on ‘incubation’. This enabled me to detach from the experience and was the most worrying. I completely detached from anything to do with the topic, I avoided writing, my computer and even the room where I sat. Although, this began to look like your stereotypical teenage bedroom- I wanted nothing to do with it. At first, I thought this was me avoiding what I found but then I realised that I was digesting what I found. I was slowly absorbing the material like a dry sponge. This allowed me to explore without judgement or effort, through a ‘tacit’ path (Polanyi, 1983). I found that moving rooms helped when researching and bringing the writing together. This was something new for me.

Once I stopped fighting with the research, I could shine the light on my themes in ‘illumination’. I found myself writing massive amounts of words on a piece of paper, using spider diagrams to physically draw the links between things I was not aware of before. Although, sometimes I had to remind myself not to force links, as a searching participant, but connecting links, as a discovering participant and then reporting as an impartial researcher. I soon realised just how much enchantment encompassed my life and this was my ‘flower-bud’, that craved light, soil and water. It became clear in this stage that this was the beginning of a journey to full potential. The truths regarding the essence of the phenomena, any underlying meaning or new knowledge to connect and correct a way of thinking were discovered in this stage (Moustakas, 1990).

In ‘explication’ I could begin to investigate the new internal landscape. New learning merged together and started to make sense in their overarching themes. Throughout this stage, knowledge, final patterns and alternative viewpoints began to ‘bulk-out’ existing

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discovered qualities. Subsequently, the process of ‘explication’ further developed understanding through extracting dominant core principles or themes around my imagination and magical thinking. Including both unconscious and conscious awareness, using my internal frame of reference as a guide.

The final phase of this research was creative synthesis. This was the most upsetting phase. All components of the work were tied together in a final narrative. This included the participant’s experience of the process and the researcher’s understanding of the work and achievements. Both, were unique and powerful, enriched with new knowledge that was very visible. I saw this as the once flower-bud had hit full bloom. In this stage, I was able to bring all of the themes together in three magical letters to myself. I am not entirely sure how I came to writing letters in this stage. As the researcher, when I viewed the data collection, at the time, it appeared to be consistent with the participant having in-depth conversations with oneself. It was not apparent that the participant was having conversations with anyone else. I needed to find my internal voice and these letters felt fitting. The tense of these letters and content of these letters, including the language used, were written according to the participant’s own voice, thoughts and feelings. To have edited these letters, would have detracted from the research and thus biased the research. These were not written from a researcher’s perspective.

### *Data collection*

The first letter, was written to my past self. This was where two themes emerged; mental health and Thanatophobia. This letter was probably the hardest. It was written from

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the darkest and deepest parts of my soul. There were things written that I had never spoken about before, let alone documented for others to read. I felt the most vulnerable in this letter, however, it was also very cathartic. The participant within me wanted to withhold parts of information, in fear of repercussions or questions. This was juxtaposed with the researcher's element, who knew that the research could not be solely subjective or misleading. In particular, not allowing the participant to completely direct the narrative.

The second letter, was written to my present self. Two further themes were established here; the influence of dreams and attachment. Whilst this letter was not as challenging as the first, it was still difficult. It appeared that there was unfinished business that needed to be explored, both from my past and present. I found writing to my present self very powerful. It was almost as if I was giving myself the permission to speak my truth, without any judgement. It was also a distinct opportunity to highlight to myself what needed to change and what needed to be accepted. The third and final letter, was written in the present tense, to my future self. This was the easiest of the three, as I was reminding myself of everything that I have experienced and what I don't want myself repeating.

In some ways, these processes could be considered as representative of a counselling session. In order to achieve new ways of coping and new knowledge, the client must fully engage with therapy and explore their issues with the therapist. In relation to the research, this can be viewed through letter one and two- what has happened and what was currently happening. Or rather, viewing your life through a looking-glass. The third letter can be represented in the process of setting goals with your therapist. Documenting what you want out of your future, who you want to be and what traits you do not want to carry through into your future. This also included an element of what needed to change or what the client is not

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happy with their life and as a result, what change is required. In summary, all three letters were powerful tools for the participant to fully understand what they were experiencing and how they were experiencing it.

CHAPTER 4

*Analysis*

***Thematic analysis***

To decipher the core data produced in this research, thematic analysis was employed specifically for qualitative data collection. Thematic analysis is used to establish overall patterns and links to form new understanding and meaning (Clarke, Braun and Hayfield, 2015). The process includes identifying codes through familiarisation with the data set, these codes become the foundation for discovering ‘themes’ (Clarke et al., 2015). These themes provide the researcher the groundwork to organise and present their findings, through a shaped piece of analysed research (Clarke et al., 2015). This form of qualitative research is useful as it allows the researcher flexibility (Braun and Clarke, 2006). The researcher produced four main themes, with various smaller themes. Each main theme was selected through their natural gravitation towards one another. Sub-themes squeezed themselves into one overall theme, that was coined with a metaphoric title.

***Superordinate themes- (see Table 1)***

The most consistent experience within this research was how real-life stimuli affects my internal landscape. Overall, this was strongly linked to one emotion- fear. Magical consistencies were presented in line with fear, with the majority through “dreams”. Panic, terror and trauma presented in both my unconscious and conscious being, for example:

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“reoccurring dreams”, “dark figure standing over me”, “teeth”, “smile”, “broad shoulders”, “dark eyes”, “hammer”, “doors”, “spiders” and “falling”. This material was dubbed “screaming but no one ever hears me”. Dreams accounted for the majority of the material discovered in the research. Some dreams had direct links with the topic. Others had no bearing on the study and were subsequently disregarded. Interestingly, thematic analysis exposed this theme as magical in nature and a strong connection to fear. It was also revealed that magic was a comfort and the gateway for the participant to express, what could not be expressed. An example was “using magic constructed by society as a comfort blanket”. Exploring fear was both traumatising and phlegmatic. The research platform allowed the participant to explore their fear in a safe environment. The researcher had to remain cautious however, a natural and powerful emotion like fear, can become consuming. This proved difficult with this theme as the researcher needed to approach this with a degree of impartiality. However, given the intensity, this was in fact the researcher’s reality and was living this theme throughout the construction of the data collection and results discussion.

The second theme prevalent in the research was mental health. This collection was given the umbrella of “my lips are sealed”. This topic had never been spoken about by the researcher, especially in this depth. This theme could not be shaken off, neither did the researcher wish to discuss it. This category also held many sub-themes such as: “body holds the score”, “pain”, “anger”, “grief”, “disappointment”, “failure”, “longing” and “loneliness”. Mental health has plagued the researcher over many years, so it was not surprising that it surfaced. This theme was difficult in itself as it consisted of both reflecting on the past and reliving it. This theme revealed deep-rooted emotional trauma. However, it allowed the researcher to explore mental health and the effect it had on the participant for the first time.

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The researched faced a large amount of self-stigma and worry about the repercussions of allowing this theme to surface. In addition, being a therapist and having experienced a recent mental health episode, produced fear around incompetency and/or dangerousness as a participant. However, as a researcher, it was evident that this topic was apparent in the initial engagement with the research. As a result, the professional stigma was ignored. This theme appeared during adulthood; however, the research did not explore whether this was there during childhood.

The third topic was more deep-rooted in the participant's childhood than any other. Material presented itself through relationships: "the need for relationship and closeness", "my imaginary life", "dreams", that were encompassed with intimacy, juxtaposed with "complete loneliness". This stage unraveled a variety of links with development and shaping as a child and even through into adulthood. However, it had never been explored before. It was evident in this theme that the participant had been emotionally neglecting their environment and experience with interpersonal relationships. Furthermore, there was an inability to regulate affect due to mental health issues and other life experiences, taking over this part of the participant. As a result, this theme revealed an inability to understand other people's emotions, and created a pattern or a cycle for the participant. This proved difficult for the participant, as a practicing therapist. It was clear that this 'pure emotion' was something that was lacking for the participant and this became something that was craved. This theme was titled "love is a perfume".

The final theme discovered was an unhealthy relationship with death and how this affected every aspect of the researcher's life. The substance derived from "obsession", "anxiety", "death of myself", "death of loved ones, including other peoples' ", "there for

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everyone”, “pets”, “day-dreaming”, “conversations with myself” and “playing out scenarios”. This was the least shocking theme as from previous thematic analysis; the affiliation with death, no longer comes at a surprise (Baker, 2020). The researcher had been made aware of their comfort with death, including how grief is sort out in their general life, such as: work and volunteering. However, this research revealed for the first time, that the participant’s inner landscape was communicating ‘death anxiety’ and a fear of death. It was evident from this theme that the participant’s relationship with death was not as comforting and innocent as first thought. This highlighted some participant bias and could have impacted the researcher’s bias, as the topic could have been overlooked and left out. This would have been detrimental to the research validity. This theme was the most existential, laced with outer- body experiences. This was the lived experience theme. This group was named “I am living defeated, therefore I am dying daily”.



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*Table 1*

<b><u>SUPERORDINATE THEME</u></b>	<b><u>SUB THEMES</u></b>	<b><u>METAPHORICAL TITLE</u></b>	<b><u>SUMMARY</u></b>
Dreams	<p>Fear- grouped with: panic, terror, trauma.</p> <p>Unconscious mind- grouped with: physic abilities, conversations with my soul.</p> <p>Magic as a comfort blanket- grouped with: television and problem solving.</p>	“Screaming but no one ever hears me”.	The effect of real-life events, experiences being ignored in the conscious mind which is subsequently played out in the unconscious mind.
Mental Health	<p>Emotional turmoil- grouped with: anxiety, depression, suicidal thoughts/ experiences, pain, fear, loneliness.</p> <p>Actions speak louder than words- the inability to cope or communicate verbally.</p> <p>Lack of relationships and need for support.</p>	“My lips are sealed”.	The evident battle with mental health as a whole and the inability to reach out, speak, ask for help or admit there was anything wrong.
Attachment	<p>Imagination- grouped with: daydreaming, imaging scenarios with relationships, dreaming of love, longing for a secure attachment and closeness.</p> <p>Loneliness- grouped with- fear of disappointment, not being good enough,</p>	“Love is a perfume”.	The childhood attachment issues have been carried through into adulthood, where the participant tries to keep everyone happy, keep everyone in their lives so they are not alone. However, in this theme, the

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	abandonment and rejection.		researcher has never felt more alone.
Death	<p>Outer bodily experiences- grouped with: role play, the imagination, lucid dreaming and having 'real' conversations with the self.</p> <p>Obsession with death.</p> <p>Fear juxtaposed with longing for death.</p>	"I am living defeated, therefore I am dying daily".	This theme refers to the researchers natural gravitation towards death. However, this link has demonstrated this to be unhealthy.

CHAPTER 5

*Creative Synthesis*

**Letter one**

*Dear past me,*

*Firstly, I know you are probably hating every second of this. Writing it was hard enough but for you reading it, I can only imagine you are doing everything you can not to. It's frightening, I know. It does get worse, just to warn you, you can't always hide, run away or put those walls up. You avoided lots of things back then and I think it's best if we address them now. P.s. you will be fine, you must be, otherwise how else are you receiving this letter.*

*Your lips are sealed. For many years you have suffered, alone- unable to reach out. Are you ready for this?*

*I know you have never truly understood these dark feelings; you imagine driving your motorbike into the oncoming lorry or in dreams of what life would look like without you around. I know it has been difficult. I know that night you felt out of control and the only way you could regain any sort of control was to stop it. To put a stop to the pain, hurt, loneliness and complete sadness- that you could not explain. I don't think you really wanted out, wanted to die. I think that you just did not know any other way. There are things that I wished you had known that night, how valued you are, how loved and needed you are. I*

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*know you felt so alone, so let down and you could not ask for help but just look at everyone you worried. How many looked for you, cried for you and their anger afterwards that you could even try to do that to them. That depression that you felt, was instantaneous for everyone else too- that's how they felt. I guess you felt that it was selfless to remove yourself, but they needed you- I needed you!*

*I believe that your body held the score that night, held the intensity of every negative feeling you had ever experienced, all the pain you had caused. All the emotion was trapped within every inch of your body, every part of you hurt- unable to see the wood from the trees. You remembered everything, but felt absolutely nothing, you were detached from it. What should have caused excruciating and traumatic emotions and fear- in your head/mind- there was nothing. Your mind was clear, cleaner than I have ever seen it. You were determined, I will give you that. I imagine that you are reliving everything from that night, right now. You have shut it off for the last few years, not really talked about it, just explaining it as something that happened during your "break-down". I bet you can't remember how cold it was, what you were wearing, what music you played, the taste of the alcohol going down. Oh, how that Dutch courage tasted disgusting.*

*Can you remember the darkness?*

*The dirt and the dust?*

*I remember how you wrote that final letter to your sister, telling her how sorry you were. Telling her how you had failed. I know you meant it; it was from the heart. It was the first time that seal across your lips was removed. I am proud of you for speaking, although, I am disappointed at how angry you were when they found you, carried you to hospital, when all*

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*you wanted to do was to stay there. That wasn't you. I never want to see that in you again. I know you still grieve for you. All these things are easy to say now, easy to look back on and pass judgement. I want you to remember that should you feel like this again, you need to ask for help. Read this letter, feel it again and then decided that it is not a good idea, neither an easy way out. never forget that you have the power and strength to ask and remain in control.*

*Everything in your life was falling apart, your family unit, your life, who you were- all wrapped-up in that one relationship. You were angry, in pain and disappointed that you saw no other way out. There is no one to blame here. It just happened, you survived but actually, you lived. Everyone believed that this was just a reaction to you choosing to 'move-on' but I think it was something different and I know you feel the same. You were longing for so much more. I want you to know that you did the right thing for you. I beg you to stop feeling guilty and to stop feeling ashamed. You had considered all of the options, and this was your decision, your choice and you are allowed to talk about it now. I want you to know that it is not your fault, I am here for you, you are not alone, and it is ok.*

*You spent so much time getting lost in fantasy. The binge watching of TV, the constant need to be creative and make something special. You just avoided it all. Everything was ending, even in your dreams, you were lost. Now, I expect that you are probably feeling very disturbed and judged by your dreams. This is why am going to remind you of them. They are important for who you arey, to remind you of why you carried on. You were thinking of death even in your dreams. I cannot call this a nightmare because you never awoke scared. It was always the same program, with you dying at the beginning and attending your funeral at the end. You watched as if you were separated from yourself, looking down from a 'bird's*

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*eye' view of the unfolding drama. You managed to watch yourself dream sometimes, you knew you weren't there, it was better that way. It was, however, the middle that was interesting; who would be there, who had died with you and who would be there mourning you. Dreaming of the death of others had always made you feel sick, especially the dogs. Ceiro had been with you since the age of fifteen, when all this began, when depression really hit.*

*Why was it that you thought of this?*

*Was it your very of wishing or making it happen?*

*You would find yourself daydreaming after these dreams, playing out the scenarios in your head, imagining the situation over and over again. Before you knew it, you would be sobbing. This appeared the only way that you could cry. Particularly interesting was the death of your grandfather, unlike the other dreams, this did happen. This was traumatic for you, the funeral was excruciatingly painful and something you will never forget, I have never seen you cry so much in a funeral. Where there is death, you only ever cry at the end of the funeral.*

*Did you feel responsible?*

*Strangely, I am not here to provide answers to these questions and conversations. I am simply here to remind you of what you have come through, so that you don't forget how strong you were then. Something that I have come to know, you were living defeated and dying daily.*

*With love, me.*

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### **Letter two**

*Dear Present Me,*

*I look at you now and I can see that you're struggling. I can tell you, that you got through it.*

*I can see you screaming, screaming but no one is hearing you. I can hear you at night,  
trying to find your voice, it's speaking to you. I hear you.*

*I see him standing over you in your dreams. Those dark, abyss eyes. Those gleaming white  
teeth. Those shoulders covering the room. I feel your panic and terror. I can see the fear in  
your eyes as you awake, try to move but can't. You're paralysed, unable to move and unable  
to speak. He is still controlling you, even now. In the day, you are looking over your  
shoulder and, in the night, he's there, suffocating you.*

*I recognise you. I respect what you're going through. I realise that you're terrified.*

*You don't need to be strong all of the time. This is a roller coaster; you get on and off it- it  
happens. You are not trapped, just buckled in for the time being. Don't panic. Try to remind  
yourself, that this is just a dream. We both know that stressing over it is pointless. Fear is  
impossible to avoid, and, in your life, you have plenty of it and have known plenty of it. You  
are torturing your mind and this fear is trapped in your head. I can feel the hope you hold  
slipping away. I feel your distressed soul. I know you are scared. You are avoiding being  
vulnerable, fighting against yourself. You have to remember; what you are fighting no*

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*longer exists. This is no longer your reality; you have backed yourself into a corner and you're lashing out. Get out of it. I know you can do it. I am not angry with you, I love you. I love you. I love you and I am going to keep saying it, until it sinks in. It is time for you to change and the past cannot stop you. This is the present, your present, live your truth.*

*The hammer that you are keeping next to you while you sleep? The one you have just in case?*

*You don't need it.*

*What are you really going to do with it?*

*You're not going to use it. You don't have it in you. You wouldn't know where to start. It's time to stop letting your past haunt you. It's time you let go. Open that door when you're sleeping, be brave. Even if you don't feel like talking right now, start small. Keep watching Shrek to get you through the changes, I think this will always be with you, even into our future- to comfort you. Every time you shut that door, you're locking yourself in and he's in there with you. You are seeing this from a distance, you can see how it is playing out, but still carrying on. I am struggling to understand why.*

*Is it because it's comfortable?*

*Is this the same protection as before?*

*Old habits, die hard.*

*I am proud of you because you haven't given up this time. You are still trying and that's all I can ask. That's all anyone can ask. They say before something great happens, you have to fall apart. You've done that now. I understand that you think you are failing. When you are*



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*falling in those dreams, I know you feel like you are falling from your world. Falling from the new path you have created. Even now your heart is pounding, head spinning. All of this feels unbearable right now, but let's spin these dreams around... let's take the flying dreams, how free do you feel?*

*You are in control of where you fly to. Try imagining the control before you go to sleep tonight, see where it takes you. You are the best you have ever been; you are everything you need to be right now, you are enough.*

*You always seem to dream about everything that's going on in your life. You need to trust your dreams. The warning dreams about the affair, the sex dreams at the same time as the affair and all the day-dreaming- these are relevant to who you are! These are all valid conversations that you are failing to have with yourself. They are a reflection of what you're experiencing.*

*The delusions hurt. They hurt me. They are hurting the ones that love you. The spiders are now crawling away. That was yesterday. You would not have today without it. This future you envision for yourself, will not be possible if you continue to sabotage yourself.*

*You are ready to get to know yourself and build a solid idea of who you are. I know that you feel lonely, feel like you only have yourself, but you are not alone. Now that the pain is over, you only trust yourself. I get that.*

*Although, solitude also comes from love and healing. This is your way of coping, the company you provide yourself is getting you through. You are now at one with yourself, as a master of the trade- your one loyal and dependable friend. Alone, in the glass house. Oh,*

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*how that music gets you through life. Keep using it to cry. You need it and if it helps, use it.  
The lyrics are still bouncing around your insides, taking you back to the vulnerable places.*

*I can sense that you are longing for relationships and closeness. I don't disregard that you  
need to avoid, to protect yourself but I also see how you want to be looked after, to be loved.*

*I give you permission to make yourself a priority and to love yourself.*

*You have these set of unrealistic standards, something that you should be doing or ought to  
be achieving. What you don't realise is that you are now holding others accountable to these  
standards, something that they are probably never going to meet. Stop comparing the  
relationship of others. These are not real; TV is not real. A relationship will never be  
perfect, it will be what you make of it. You will do it differently this time, you won't stand for  
what he did to you again, I promise. You put an enormous amount of pressure on yourself,  
you are squashing you behind those walls. You do not need to be afraid, afraid of love or the  
future- the past is not coming back.*

*I can show you love and what loving wholeheartedly can bring. This can protect you, being  
loved by another. I know you do not want to be alone.*

*Love is a perfume, wear it.*

*With love, me.*

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### *Letter three*

*Dear Future Me,*

*If you are reading this then I know you have done a good job at staying alive. I appraise you for not giving up. I am writing to you from the past, your past. You really have come along way to get to here.*

*Right now, I write to you overwhelmed. Overwhelmed with looking after our mother, as she has just tried to take her own life. Overwhelmed with work, studying, running a house, looking after dogs, and looking after myself. It is all very stressful. I am sorry that I wasn't always able to support you through the difficult times, I was really struggling. I am not making excuses for my failings. Please can you forgive me?*

*It is difficult for me to be positive for you right now, but I know you will be reading this and thus, got through it. Something that I have learnt, and I hope you know it is that everything you say about yourself, becomes what you think and feel about yourself. Speak your words carefully. I want you to remember that you are more than what you give yourself credit for. I have seen you stay strong in the most horrendous situations. These experiences made you more strong, more independent and more beautiful inside and out. You are still too hard on yourself, despite how hard you work on yourself. You are your own worst enemy, a hard critic to please. You are perfect in my eyes, even with those scars.*

*You will probably hit those lows again. You will have dark days, sad and lonely days. I am sorry that I didn't tell you how strong you are at the time. I think I was lost and even though I witnessed you crumble; I was going through too much to stop it. Remember your*

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*depression and anxiety cannot win, you have overcome that marathon before and if this is still bothering you while you read this, you will overcome it again. I promise. Remember every time those waves of negative thoughts hit you, you can wade through them.*

*You will find yourself searching for the terms and conditions before you sign up to the next chapters in your life. You will question whether it is easier to be on your own, to be forgotten. You will shut people out, as a protection and because it is just easier. I want you to remember how this worked before.*

*It does work for a while; it gets you through the tough times, but you must remind yourself to step out every once in a while. Don't forget. Life will always test you, throw curve balls at you and knock you off your path. This will feel relentless at times, keep calm. This has been your responsibility for too long, leave it to me to deal with- in the past. You are a different person now, remain understanding, open and patient with yourself. The struggle lasted for far too long, it's your time now. Keep being yourself. Rest when you need to, put yourself first when you can feel it is getting too much. Keep that door open. I hope that things have worked out how they should, I pray that you are where you supposed to be.*

*Life is never straight forward, there will always be ups and downs. Some things that you will face in the future will break you down. Please don't go backwards, only forward. You deserve a beautiful, fulfilled life.*

*Remember, you will often feel scared, it's natural. I am here, standing with you, beside you. You will not be leaving me behind. I will always be a part of you, a part that you do not need to be ashamed of. The past will not abandon you, like you have been abandoned in the past.*

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*I can imagine that you are still afraid of loving, being loved and accepting it. Scared of having that love betrayed. It is not going to happen again; you won't let it. Trust your gut instincts, your dreams and daydreaming. It's okay for you to decide later that 'this is not for you'. You have the strength to call it. Don't stop yourself achieving the life you deserve and don't settle for the life you don't deserve.*

*Things still get lonely sometimes. I pray you have opened yourself up to someone, opened up to love. Know that they probably care about you a great deal. Trust them, listen to them and allow them in. You may think that you're right but their judgement at times, may be better than your own. You will only think this way because you were on your own for so long and that's okay. Remember not to be stubborn, don't refuse their help or kindness. It is not a bad thing to accept every now and again.*

*I trust that you remember that the point of this letter is to remind you of what you have overcome, how you used to face things and what you have learnt about yourself and others.*

*I wonder, are you still watching Shrek?*

*I hope you have still kept it real.*

*I read something the other day that said we only write letters to chase our goals but I don't want you to do that. I don't want you to achieve anything else, you always achieve the best you can. Just be you.*

*I cannot claim to know what experiences you have gone through since I wrote this letter. I wonder what does life look like for you now?*

*How has it changed?*

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*I pray that it is filled with happiness and not turmoil. I hope you have had an easier ride than what you have previously had. I cannot predict what it has been like for you, but I really hope that it has been good. I hope you have the confidence to get through the challenges. I am always here for you. Be gentle with yourself, remember everything happens for a reason and it is what it is. I hope you are now grateful for this life and all you have achieved. You did it. No one did it for you.*

*With love, me.*

## CHAPTER 6

### *Results Discussion*

#### *Results interpretation*

When I reflect and attempt to draw conclusions from the raw data, it is evident that I use magic as a way of coping and actively controlling mental health (Mayer and Maree, 2018; Subbotsky, 2004; Hendrix, 2011). Particularly, using magical thinking and synchronicity, when I am depressed or in a crisis situation (Hendrix, 2011; Sierra et al., 2015), such as severe depression or suicide. I do believe that these psychic abilities are portrayed through my imagination, specifically, imagining situations which allows me to change the narrative. Furthermore, actively influencing the direction of my life (Markle, 2010). I feel that I rely on magic in my dreams and my imagination such as; day-dreaming or imagining situations in order to obtain closure on any distress or turmoil that I was facing (Eddy and Hansen, 2021).

I believe that magic is a positive coping strategy when it comes to my mental health. I naturally struggle to express how I am feeling or what I am going through. My internal landscape is explored through magic without having to say it out loud or to anyone else. I have tried to talk about what I am going through, at the time it happens, to truly look deep within and articulate my turmoil to someone else. However, it doesn't appear to be

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something that comes natural to me, even as a therapist. I feel that magic forced me to explore vulnerable times in my life, which allowed for closure, improvements of myself as an individual and therapist (Eddy and Hansen, 2021; Mayer and Maree, 2018).

Magical instances do in fact allow me the independence and power over a traumatic situation, to explore and control the situation, in a safe and private manner (Subbotsky, 2004; Fite et al., 2020). I have found this beneficial even in circumstances like a depressive episode. This drastically disagrees with many researchers who state that magical thinking is not effective in depression and is linked to an irrational way of thinking or coping and is not real (Hutson, 2008; Adorno and Horkheimer, 1969; Gregory and Mustata, 2012). On the other hand, I am unable to determine whether or not this way of coping increases mental health conditions over time (Eddy and Hansen, 2021). In order to explore this area of the research, further investigation would benefit from longitudinal studies or case studies into the use of magic/magical thinking as a coping strategy for individuals with mental health conditions, as this was not the scope of the research.

The metaphoric title of “screaming but no one ever hears me”, has been slightly contradicted as I have found that I never scream to anyone else and that’s why no one ever hears me. Also, I only seem to scream to myself and despite this, I did not even hear me- I did not want to. This is perhaps the impounding factor of why my mental health deteriorated so badly. I did not listen to what I was saying internally. I most certainly did not listen to what my body and actions were communicating. This enables me to conclude on why there were so many dreams within this data collection. These findings would offer support to the work surrounding the links between dreams and suicidal intentions and mental health (Glucksman and Kramer, 2017; Agargun et al., 2007).



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I believe that my dreams are unfilled wishes or desires, in line with the historical work of Freud (1900). The symbolism in a dream, for me, was very personal to what I was going through (Freud, 1900) and unless I have dreamt it or role-played a scenario in my mind, I feel like I have nothing to express. It is almost as if someone has glued my mouth shut. I am comfortable with expressing myself through magical experiences such as; taking a dream to therapy. I find it easier to talk about what is happening to me. I have found that I have no emotional connection to my experiences when I just talk about them. I have to feel it. I believe that the dreams within the data collection fit into the categories of dreaming proposed by Rani (2013) as all five categories were experienced within my dreams. One notable dream category (predictive dreaming), that I have carried with me, is dreaming about infidelity- which inevitably became true.

This coincides with my data collection around my “body holding the score”. It is almost as if somatic practices are the way I communicate with others, about myself and I am restricted through my words alone. Without this, I may not have been able to seek help. Dreams played a significant role within this research. Dreams have influenced all themes and manifested through into almost all of the topics. It is easy for me to conclude that my dreams are influenced by magic and can cause magic. At the start of this research and data collection, I believe that dreams were my way of having deep-rooted conversations with my soul. These conversations with my unconscious mind were the stories and clues of what I did not or could not see during the day processing. A way of illuminating and processing often difficult situations at night. It is evident that this enabled me to find my voice, especially through unconscious paradigms.

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This could be considered as being closely linked to Mayer and Maree's (2018) findings around the influence of magical thinking and improving the self. As a result, magical thinking has allowed me to start the process to self-actualisation and develop a good relationship with myself. Exploring dreams can benefit self-identity (Kramer and Glucksman, 2017) and reveal a vast amount of information about the self (Eudell-Simmons and Hilsenroth, 2005). I utilised dreams to understand what was happening to me in my life, in reference to infidelity, to grasp the reins, foresee the direction and obtain control on an otherwise uncontrollable situation (Mayer and Maree, 2018; Jung et al., 2010; Giovanardi et al., 2022).

On the other hand, it is difficult to determine whether magical thinking has taken over my life, particularly through dreams. Specifically, if I was to flip my conclusions around magic giving me the ability to communicate, could it be that this is really an irrational way of thinking and stops me from communicating?

Negative dreams as we know from previous research, have been linked to PTSD/ suicides (Germain, 2013; Agargun et al., 2007). This poses contradictions and can be explained through my communication, using magic and magical thinking. It is possible that this increased my distress, resulting in an inability to speak-out and ask for help, thus leading to my suicide attempt (Eddy and Hansen, 2021). Furthermore, is it possible that this became an unfulfilled need and lead to a cry for help, similar to a baby's conditioning to cry for sustenance (Maslow, 1943). However, giving this was not a study carried out over a long period of time, it would be difficult to draw these conclusions in a valid and reliable manner. Although, it is important for the reader to bare this in mind when drawing their conclusions from this research and carrying the research forward.

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It is difficult to determine whether I am carrying the emotional turmoil in my imaginary world, through into the real- world (Adorno and Horkheimer, 1969; Gregory and Mustata, 2012). I feel unable to fully support either argument as I recognise the subjectivity of me wanting magical thinking to be a positive coping mechanism for my mental health. I do feel that it has helped me, however, I cannot be certain that it did not cause an adverse reaction. This is highlighted within the work of Margherita et al. (2020) where traumatic events presented in a dream (i.e. domestic violence) are unable to be interpreted by the dreamer. Even though I am both the researcher and participant, it could be possible that I am interpreting the traumatic dream subjectively and thus incorrectly. Further research may benefit from having a second researcher as proposed by Moustakas (1990) to increase the validity of the research, provide an additional view of the dreams and thus, an objective one.

Based on the research, as a therapist, I can conclude that there is little investigation into the impact of dreams on the therapist's personal development (Hackett, 2020). For myself as a participant, I heavily utilised dreams to address issues in my personal life and believe that the content of these emotionally charged experiences would have elicited therapeutic changes, including the increase of inner strength (Fischmann et al., 2013; Murray-Young, 2019). In direct contradiction, if we explore the idea proposed by Murray-Young (2019), that a therapist uses dreams to 'work at night', then I would question my competency as a therapist (Fox, 2002) and why I have not yet gathered the skills to work solely in the day. While I received some training during my education to become a therapist, this was not hugely extensive (Leonard and Dawson, 2018). Further research may benefit from the exploration of therapists' training with dreams and the impact of the magical notion

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of ‘counter-transference’ in the dreaming process with clients (Heenen-Wolff, 2005; Brown, 2007; Blechner, 1995 and Pollack-Gomolin, 2002).

The magic in my dreams allowed me to explore very real situations and even my relationships with others. I experienced ‘warning dreams’ (Rani, 2013), that eventually became true and I believe this dream was as a result of avoiding what was going on in my relationship. The symbolism within my dreams such as; ‘sex dreams’ with other people, was my body telling me that my relationship had concluded and I needed/wished to move on (Giovanardi et al., 2022; Freud, 1990). Whereas, in situations where I experienced lucid dreams, I think that my mind was separated from my body and I was communicating ‘not to give up, to keep trying to make it work’. I was controlling the narrative of the dream to suit what my mind wanted (Kuku, 2014). This way of communicating with myself, could have been detrimental to my voice as even though I was attempting to encouraging myself to communicate, it resulted in a lack of positive coping strategies for dealing with relationship issues (Walker et al., 2022; Brandão et al., 2023).

Despite knowing that I was very attached to this relationship, I feel that this resulted in insecure attachments and yielded consequences. Following the separation, I don’t feel that I was able to regulate my emotions (Overall and Lemay, 2015). One minute I was severely depressed and sobbing and the next, I was happy and laughing. This roller coaster of emotion can only be explained through the insecure attachment theories (Overall and Lemay, 2015). These theories have been linked to depression (Dagan et al., 2018) and could be used to explain the adverse effect I had to dealing with depression. I think that I was unable to communicate how I was feeling, unable to ask for help and avoided every individual in my life, in fear that they would hurt me too (Walker et al., 2022; Dagan et al.,

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2018). Looking back, this was a very worrying position to be in and I would not have deemed it an attachment separation. It was my choice to end the relationship, I walked away from my entire life. Surprisingly, the element of feeling in control over your choices and thus your attachments, provide you with a false sense of security (ironically).

Further symbolisation within my dreams coincided with Jung's work (Jung et al., 2010) such as flying or falling and its link to risk-taking (leaving the relationship and starting again), juxtaposed with staying (representations of unrealistic plans). In other symbols, I have drawn my own meaning, such as; "hammer" representing the need to protect myself, which provided a lured sense of safety, where an intruder would be surprised and not suspect such a weapon. I believe that this tool represented a great sense of self-sufficiency, this was my tool, I had grown from needing someone to protect me, living with someone, to fully protecting myself and I was capable of doing it (Trivedi and Menta, 2019). An extension of this safety is with the "doors" within my dreams. This presented a solid, grounded secure base, where the world will be locked outside and my world was locked inside. In comparison to this compartmentalised world, I realised that I literally locked shut my pain, emotions, fear and mental health within these doors. It was only when I started to address the findings in this research, I was able to sleep with the door open. I had ever so slightly opened the metaphoric but real door, on what was going on with myself and my relationships.

It is questionable to whether I utilise dreams to their full potential as I knew that I needed to discuss what I found within the research. It is possible that the reoccurring dreams, particularly nightmares, were constructed by myself to get me to address these issues. The manipulation of these dreams was potentially desirable for the researcher and

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this questions the subjectivity of the research (Jung et al., 2010). Although, I find it hard to accept that I wished for a reoccurring traumatic dream over and over again. Realistically speaking, to experience it once is traumatising, but to experience it over a long period of time, cannot be self-induced. Although, despite a 'wish' itself being magical in nature, I can only disagree with Jung's notion of desirability, for myself; due to the panic, fear and paralysing nature of my dream. This research finding cannot be generalised to others and their experience of reoccurring dreams. I believe that the trauma I faced in relation to a long-term relationship breaking-down, was the cause of this night-terror. Specifically, as I closed myself off from these emotions, thoughts and physical reactions, they 'played-out' in my dreams. I was fearful of my ex-relationship, terrified that I would never be free and this manifested into a hold over my life, a hold this figure had over every aspect of my life, even my unconscious mind.

This secure attachment was my first experience of love. The need for love, I believe stems from my childhood. My parents were never affectionate towards me growing up. Love would be shown in physiological ways i.e. food and clothing. As I didn't expect abandonment, I did not fear it either (Collins and Read, 1990). I consumed myself with this one individual and this would not benefit any other attachments in my life, which differs to Fraley's (2019) idea of security in attachments. I felt that I did not need this relationship, I already had it and it wasn't going anywhere. Looking back, this may have been why I grasped at the relationships with everyone and everything that I had and did not want to let go. I did not know how; I did not know how to open the closed door and show him out. Furthermore, I feel that my imaginary life, particularly the "dreams of connection" and "day-dreaming" are linked to the basic human need of to be 'loved by another' (Epell, 2009;

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Trivedi and Menta, 2019). I needed the “relationship and closeness” and despite being in a relationship, I had never felt so lonely (Moustakas, 1961). I was spraying “love as a perfume” over myself, my life and my relationship. I was masking what was in fact, “loneliness in love”, engrossed with pain, darkness and doubt (Moustakas, 1961, p. 133).

The same can be determined from a parasocial relationship, I did not realise that I was comparing the relationships of others. This form of magic could possibly be something that a person experiences in their lives whilst being completely unaware of it. Before the research, parasocial relationships was something that I had never heard of. For myself, I feel that this was a negative magical experience as this fantasy ‘love’ world may have increased my loneliness and relationship avoidance (Wheeler, 2015). I have been unconsciously avoiding love that has come into my life as no one has met these high standards that have been set (Tukachinsky and Dorros, 2018). I feel that the media may have subconsciously created my ideal relationship for me and I allowed it following a relationship ending (Tukachinsky and Dorros, 2018). Allowing myself to imagine a relationship, has enabled me to safely experience the emotions around a connection with someone and whilst being single (Tukachinsky and Dorros, 2018; Liebers, 2022). However, this subsequently fell into the vicious pattern of not facing my fears directly. This could lead to further negative coping strategies and a lack of communication with a potential significant other.

One other magical way of coping that I have discovered, is linked to television, however, is drastically different. Television was consistent across the data collection and apparent in all three letters. I have found that I depend on magical worlds created by society in order to survive (Mayer and Maree, 2018; Hutson, 2008). An example of this from the research, is how I am drawn to programs that is magical and mystical (Shrek). I often need

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to go to sleep with an animated program playing as a comfort, depending on how low I feel. This is a direct contradiction with Hutson (2008), who went on to state that this constructed magic is 'forced' on the individual, while I actively seek it out. I feel that I have looked for magical instances on television to distract me from any emotional turmoil that I have experienced.

It is clear that I am suffering from death anxiety, especially with the effect it has on mental health and sleep (Türkarslan, et al., 2020). It is not surprising that this has influenced my dreams. In difference to the research, I did not only dream of my own death, I managed to dream of the deaths of others, specifically the family and pets that are close to me. This extended to the family of others, although, this was rare. It did appear that I was able to curb and control my reaction to grief as I had already imagined how it would look and feel (Brennan and Dash, 2008). This can be deemed as a positive coping strategy towards death as it seems to be my body's way of preparing myself. Further research would benefit from exploring the effects of death anxiety and the link to the death of others in a person's life. As a result, I am restricted in my ability to draw conclusions of what this really meant, including the representations of the dreams.

I feel that traumatic experiences may have been causing my death anxiety (Çakar, 2020). I found this theme the most 'outer-bodily experience' and this could be attributed to my conscious mind/ body having conversations with my unconscious mind. However, it is important to note that dreams of death or reoccurring nightmares may not have always represented death anxiety. An example of this is the work by Rani (2013) who states that dreams around your own mortality represents a stage that has ended in your life. This would coincide with my experience around a traumatic relationship breakdown as Buckley (2023)



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states that a person's dream represents the emotional drama experienced by the individual. Should the research topic be further investigated, then it would be recommended that attention be given to symbolism in dreams, which coincidentally, will also explore the meaning of dreams about the deaths of others.

In addition, this ending in a person's life, can be explained through the idea proposed by Çakar (2019), where an individual faces death through their dreams. Validity for Existential arguments around mortality (Çakar, 2019) can be drawn from examples from the data collection that demonstrate outer- bodily experiences, such as 'playing out scenarios' and 'day-dreaming'. As previously mentioned, I struggle to express emotion through words, so I believe that my imagination was used to communicate my internal landscape and subsequently, through mortality. This explanation would be supported by Eppel (2009) who claimed that a mortality awareness is aligned with attachment. This very 'real' encounter of what death would look like and would sometimes elicit strong emotions, particularly tears. I can never cry when I feel that I need to or want to, I think that I needed my imagination to be able to release what was inside. I was grasping at something that was real, magically, to consciously attach myself to something that was happening unconsciously.

When it comes to my music choice, then this is something that I am more consciously aware of, for example; if I am feeling depressed, anxious or unhappy; then I will actively seek music that reflects my mood (Rodrigues and Oliveira, 2011). I disagree with the idea that I make a magical decision to listen to music that is intertwined with death and thus causes death anxiety (Bodner and Gilboa, 2009) because the music I choose tends to uplift my mood and usually makes me feel better or address what I'm feeling. This disagreement further extends to the idea that negative connotation within music, influences

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the individual to want and need to associate with others (Bodner and Gilboa, 2009). I will completely avoid everyone and just consume myself with the music. Although, having previously explored my relationship with death (Baker, 2020), it is possible that I had already gathered a preconceived notion that my existence around death was a comfort to my being. Should this be the case, then my findings could be considered unreliable and not impartial. The idea that music may be better than talking therapies is questionable (Lee and Thyer, 2015), however, I have personally seen the benefits of using music to separate myself from my physical being, experience vulnerability through the symbolic world and address my feelings by living in the moment and experiencing them alongside music (Nettl, 2015; Goldenberg et al., 2006). Further attention may benefit from being given to the benefits of the magic of music on an individual's coping process.

### *Conclusions on personal experience*

I can conclude and in answer to my research question; magic is a powerful gateway to my thoughts, feelings, emotions, understanding, body sensations and the process of picking apart trauma and associated negative emotions. I believe that this is how I communicate with myself, how I obtain my voice, how I communicate effectively with my clients and this type of communication can be used within the therapeutic process. As a result, the theoretical field surrounding an individual's imagination and magical thinking may be deepened, assisting the field to understand its essence from a practicing therapists' perspective, rather than as a 'therapeutic tool' for working with clients. The little research availability surrounding the therapist's experience of the influence of their own dreams and

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dreams when working with clients, demonstrates the impact that this research has on the wider field and the counselling position.

### *Conclusions as a therapist*

Importantly, I feel that even though a counsellor trains as a qualified practitioner, for example like an electrician qualifies in their field, this type of work cannot be simply achieved by passing an exam. The therapist must continue to work on themselves as an individual to better their practicing work with clients. I can support the question that magic is a positive experience overall for the participant and thus aids the practicing work of the individual, as a therapist. Magic could help the therapist work with the client, using every day, accessible and affordable tools which can better aid the therapeutic process. The most magical influence for the internal processing of the participant has been understood through prominent dreams, throughout this research. The euphoric body sensations and magical thinking has impacted and influenced the person I am today. It has given me my voice and my therapeutic voice, developed from the relationship I have with myself. The metaphoric influence, discovered in this research, has allowed me to use my abilities to predict my situation, change and guide it to where I wanted to go. My natural allure to things that are magical in nature has been my predominant coping strategy for mental health, specifically depression and anxiety. However, at the current research stage, it is impossible to categorically determine whether this magical influence has and will have a negative impact on my mental health over time.

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### *Limitations of the Research*

While there are notable limitations which has been found within the research, which have been addressed throughout the discussion, there are other qualitative limitations that have not been discussed. The most significant disadvantage of this research is that it is based on one single imaginative mind. It is very difficult to generalise something that was possibly idealised before the research began, for example; the research title and questions were produced before any research took place. This may have constructed a preconceived expectation of what the researcher wanted the magical influence to produce, including an optimistic bias that magic did in fact have a power over the researcher. As the researcher was so present in the research (given that they were also the participant), this may have affected the response by the participant. Furthermore, the worry about the confidentiality of the findings could have influenced the researcher when data recording. Although, it is important to remember that there were fewer emotional risks within this research as the safe environment of not having to show anyone the researcher's work (other than the University lecturer/ examiner), allowed for expressive scope. On the other hand, the self-reporting nature of this work, may have been susceptible to report bias, where the researcher could have interpreted something that the participant intended it to say. Further research may benefit from exploring the idea of a person's imagination influence through a controlled or empirical study, such as an empirical review of the literature or a scientific experiment, with moderating variables.

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