



The experience of living with very high empathy: A critical realist, pragmatic approach to exploring objective and subjective layers of the phenomenon

Sally Rachel Kate Leonard¹ | Carla Willig²

¹City University of London, London, UK

²Psychology, City University of London, London, UK

Correspondence

Sally Rachel Kate Leonard, 3 Elm Park Road, SW36BD

Email: sallyrachelkate@gmail.com

Abstract

Aims/objectives: Combining mixed methods in a pragmatic way, this research attempts to address the research question without being limited by methods' philosophical and methodological constraints, which have traditionally separated quantitative and qualitative research. High empathy (HE) has been largely unexamined, considered an adaptive female skill facilitating interpersonal relationships. This research aims to contribute to the gap in research regarding the lived experience of HE.

Methodology/method: Within the critical realist paradigm, the Empathy Quotient (EQ) was used online to select the first eight participants who scored over 70/80 (average male score = 41/80, average female = 47/80). They were invited to a 90-min interview, transcribed verbatim and analysed using interpretative phenomenological analysis (Smith, Flowers, & Larkin, 2009). Participants were women aged 25 to 68 years.

Results/findings: Using the EQ followed by IPA, we were able to significantly contribute to the existing research and theory, for example empathising-systemising theory, mirror-sensory synaesthesia, emotional intelligence, social intelligence, compassion fatigue, burnout, pathological altruism and compulsive caregiving syndrome.

Discussion/conclusions: HE is not simply an adaptive and socially beneficial skill as previously thought, nor is it pathological in itself. HE presented as significantly impacting intrapersonal and interpersonal processes sometimes for benefit within both the professional and personal realms but often with negative impact. Healthy management consists of clear boundaries between self/other and mature skills of emotional regulation lessening empathic distress (Pathological Altruism, 2012) allowing for empathic concern and feelings of emotional self-esteem, in what participants termed 'empathic wisdom'.

KEYWORDS

mixed methods, hyper-empathy, pragmatism, IPA, critical realism

1 | INTRODUCTION

Creswell and Plano Clark (2017) have called it the 'forced choice dichotomy' (p. 207), highlighting how only data can truly be called quantitative or qualitative and that the boundaries between methods are far more blurred than originally conceptualised; for example, there is no reason why large-scale surveys cannot contain or access qualitative data, or interviews could not be used to gain quantitative data such as with content analysis: that so-called quantitative and qualitative methods can contain the same values about *what* can be known and *how* it can be known. This piece of research sits within the critical realist paradigm and attempts to bring together the objective layers of hyper-empathy with its subjective lived experience. This is done in an attempt to deepen understanding of the phenomenon in an integrated way. Rather than beginning with the traditional literature review, I have chosen to focus on the design of this research, which is felt to have been so central to deepening the understanding of HE as a phenomenon. The structure of this article therefore firstly focuses on a lengthy explication of pragmatism and the philosophies of why and how a mixed-methods design can be justified.

It feels important to attempt to contribute to existing research by acknowledging different yet interconnected layers of experience: the subjective human experiencing (idiosyncratic perception and individual context) *and* elements within the material world such as biology, neurology, genetics and personality traits, which are believed to be stable and consistent over time. This examination of different elements of experiencing pushes forward to new fields of neuro-phenomenology; scientific research aimed at addressing the issues of consciousness in a pragmatic way, combining neuroscience with phenomenology so as to study experience, mind and consciousness without losing the importance of the embodied condition.

We used the Empathy Quotient questionnaire (EQ; Baron-Cohen & Wheelwright, 2004) to recruit a sample of eight people with an empathy score of over 70/80, for which the average is 41 for a man and 47 for a woman. Semi-structured interviews followed the EQ, lasting between 60 and 90 min, which were transcribed verbatim and analysed using the method of interpretative phenomenological analysis (IPA). This design hopes to access the trait-based, early environmental, biological manifestation of high empathy by using the EQ, a valid and reliable test frequently used to measure empathy. The recruitment process consisted of participants self-selecting for HE, using recruitment posters in public places, followed by their independently taking the EQ online. The first eight participants who scored over 70/80 were invited to interview, and the subsequent IPA analysis of these interviews undertook an exploration of the subjective, idiosyncratic layers of their lived experience (see below for the IPA method).

Much research has been carried out on the other end of the empathic scale (a score on the EQ under 30/80 would denote Autism/Asperger's, ASC), and the literature details the clinical presentation of these phenomena, but little research has been carried out on 'hyper-empathy', and there is no previous research on the subjective experience of living with high empathy. Thus, this design hopes to

contribute to the existing traditionally named 'positivist' research, which has measured, defined and diagnosed empathy using generalised nomenclature methods, in the hopes of opening a dialogue of integrating methods and potentiality to encourage interdisciplinary communication. In this way, it hopes to strengthen its validity by triangulating methods.

While large amounts of positivist data were not run for statistical significance, that is we did not collect large numbers of participants with HE and run correlative tests, we simply measured HE to gain an homogenous sample based on valid findings of HE to date, so as to be able to contribute to the existing theory in the field around empathy, for example empathising-systemising theory (Baron-Cohen & Wheelwright, 2004), mirror-sensory synaesthesia, emotional intelligence, social intelligence, compassion fatigue, burn-out, pathological altruism and compulsive care syndrome, amongst others. This contribution to existing theory was certainly a gain from the mixed-methods approach, as was the validation that an objective phenomenon exists for those experiencing empathy at this level, which many participants reported. They also reported finding the EQ useful in accessing their unconscious experience with HE by naming aspects of the experience. They also questioned the items in the questionnaire, which were filler questions included by Cohen and Wheelwright to prevent testing bias, for example 'I dream most nights'. We did not explicitly explore the impact on participants of taking the EQ before interview, and we cannot know how this may have influenced the interviews. However, this was not thought to be a constraint: the interviews provided space for the participants to comment and qualify any experiences of HE which the EQ raised or failed to raise, or express themselves freely in any terms which felt like a necessary explication of the phenomenon.

If we do consider what may have been lost, we might consider a potential loss to be a subjective definition of HE and how HE is constructed within society by society and those who feel they experience the phenomenon. Certainly, space remains for this research to be carried out.

Lather (2012) states demand for feminist research has been to focus on 'empathy', 'voice' and 'authenticity' as central to its being in order to move away from 'scientific thought'. Within critical realism, we hoped to have combined both scientific thought with 'voice' and while we still need doors opened for research focused on these premises to stand alone, we argue strength of research be based on effectively addressing research questions and contributing to the field, rather than thoughts of paradigm construction. The rest of this article goes on to explicate further the epistemology of this research: the underpinning philosophies and their potential for integration. It presents a summary of the IPA findings and also goes on to summarise the contributions to theory in the so-called 'positivist' field, which we felt would not have been possible without the use of the EQ.

With the reflexivity required for IPA, it might facilitate a full reading of this research to understand that this article was written by Dr. Sally Leonard based on her doctoral thesis, supervised by Professor Willig on the professional doctoral programme at City University

London for Counselling Psychology (CP). This should make clear the undulation between the first person 'I' and the use of 'we' at different times within the article.

The professional motivation for this paper and the research was many-fold. The hope is that it might be used and applied in relation to those with HE or those in a relationship with someone with HE: that psychologists and therapists, as those likely to be living with high levels of empathy, might gain understanding of not only how to manage HE clients but also how to protect themselves and harness HE for the benefit of the clinical work (or indeed where HE needs to be shut down for the benefit of client containment and analytical interpretation, and how this might be achieved). Both Professor Willig and myself have hyper-empathy and thus became 'insider researchers' seeking 'insider knowledge' (further discussed below), and this was undoubtedly a personal motivation for increased knowledge and understanding of the phenomenon.

2 | EPISTEMOLOGY

I shall endeavour to answer three main questions concerning epistemology, put forth by Willig (2012): What kind of knowledge is being produced? What are the assumptions being made about the world that is being studied? And what is the role of the researcher in the research process? These answers should help identify and make explicit the epistemological foundations upon which the most useful evaluative questions can be asked of this research (Willig, 2012, p. 13; 2008; 2007). We cannot evaluate whether this particular piece of mixed-methods research has made a valuable contribution to research, theory and practice unless we can agree on how to evaluate it. We cannot agree on how to evaluate unless we agree on what assumptions are being made about the knowledge expectedly produced and the world being studied. Therefore, this is what follows.

I shall outline answers to these questions in brief to orientate the reader before going on to explicate specific terminology. In answer to the first question 'the kind of knowledge produced in this research', it could be described as 'everyday' pragmatic (Biesta, 2010), critical realist (Bhaskar, 1978), phenomenological, interpretative, ideographic and 'lightly constructivist' (Eatough & Smith, 2006). To answer Willig's second question, 'the assumptions being made about the world being studied' are that it is made up of both objective and subjective layers of reality, which are ultimately subjectively interpreted. So while we might use a number of multiple methods from different perspectives to access these layers, it is accepted that reality can never truly be accessed, not least because the main tool of this research is language, which itself partly constructs the reality it describes and interprets. As previously stated, the role of the researchers is insider interpreter of participants' subjective and contextual reality: socially and culturally embodied and within a specific time in history. Our own status of HE makes us 'insider' researchers (our experiences must be 'bracketed'), seeking 'insider knowledge' (Willig, 2012, p. 10), that is the examination of how phenomena present themselves to the experienter, in and through experience. I have

used many terms in this brief orientation, which I will now endeavour to explicate.

Firstly, let us address 'everyday pragmatism' (Biesta, 2010). As our use of quantitative methods is limited to a recruitment tool, that is no quantitative data are collected and analysed, the justification for our claim of pragmatism 'is fairly unproblematic' relying on 'utility of research means for research ends' (Biesta, 2010, p. 96). According to Biesta (2010), pragmatism only becomes complex when 'everyday pragmatism' is taken as an argument for 'philosophical pragmatism', naming it as a philosophical 'paradigm' for mixed-methods research (p. 96). Our pragmatic use of the EQ is justifiable and not incongruous within IPA philosophy, as I shall explain shortly, and it was felt necessary to find a small homogenous sample, described as crucial for best implementation of the IPA method (Smith et al., 2009, p. 50). The EQ (Baron-Cohen & Wheelwright, 2004) is utilised to select participants as a starting point to explore the subjective experiencing of HE in what pragmatism might define as 'layering technique'—building on valid knowledge within a different method/approach to access different layers of experience.

The emphasis for 'everyday pragmatism' is on the primary significance of the research question instead of the methods and uses of multiple methods of data collection to elucidate the area of research under examination, which Johnson and Onwuegbuzie (2004) believe can frequently result in 'superior' research than the 'mono-method'. Reality for the pragmatist is both singular and multiple, that is there may be a theory that operates within the phenomenon but this will also be *experienced* by the individual, so the subjective input is equally important.

However, it is possible to argue 'pragmatism' as a philosophical paradigm, and despite the critique put forward by Biesta (2010), pragmatism is typically associated with mixed-methods as an 'over-arching philosophy' (Creswell & Plano Clark, 2017, p. 37) used by a significant number of mixed-methods researchers (Tashakkori & Teddlie, 2003).

Creswell and Plano Clark (2017) offer Pragmatism as a potential philosophical Paradigm (capital 'P'), but do not go into the philosophy upon which this argument may be justified. I therefore now turn to Johnson and Gray (2010), who respond to Biesta by arguing for Pragmatism as a philosophical paradigm, constructed by Johnson and Onwuegbuzie (2004), not based solely on Dewey's 1920's *transactional definition of experience*, as is Biesta's (2010) pragmatism where she finds incongruence.

Dewey's definition is considered a form of realism, named transactional realism (reality is created by subjective interaction between person and context) but placed at the causal end of the spectrum (interaction may be subjective but it cannot change in essence what it is interacting with) and therefore cannot provide the philosophical underpinnings necessary for an interpretative phenomenological analysis. Johnson and Onwuegbuzie (2004) construct a 'composite pragmatism' selected from the ideas of Charles Sanders Peirce (1839–1914)—who coined the term 'pragmatism'—and used the perspective of William James (1842–1910) who detailed a pluralist, individually oriented pragmatism, as

well as some aspects of Dewey (1859–1952), that is the socially conscious and experimental aspects. Johnson and Gray (2010, p. 87) suggest that ‘taken together, the principles selected from the three classical pragmatists produce a complementary whole’, which can work well for the philosophical justification of ‘multiple measures’. They assert pragmatism (a) rejects dichotomous either–or thinking; (b) agrees with Dewey that knowledge comes from person–environment interaction (dissolving subject–object dualism) (Biesta & Burbules, 2003); (c) views knowledge as both constructed and resulting from empirical discovery; (d) takes the ontological position of pluralism (i.e. reality is complex and multiple); (e) takes the epistemological position that there are multiple routes to knowledge and that researchers should make ‘warranted assertions’ in context rather than claims of unvarying truth; (f) views theories instrumentally (i.e., theories are not viewed as fully true or false, but as *more or less useful* for predicting, explaining and influencing desired change; and (g) incorporates values directly into enquiry and endorses equality, freedom and democracy (p. 88). Despite our not laying claim to philosophical pragmatism, the important point is that philosophical pragmatism is argued as being fully justifiable.

The philosophical underpinnings of this design are perhaps best described using a critical realist ontology (Bhaskar, 1978), to which I now turn. Creswell and Plano Clark (2017) state critical realism is:

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

(p. 40).

Maxwell & Mittapalli (2010) (from *Sage Handbook of Mixed Methods in Social and Behavioural Research*, Tashakkori & Teddlie, 2003) discuss critical realism as an ontological position with much to contribute to mixed-methods research.

Maxwell & Mittapalli (2010) assert there are many different versions of realism but they define and discuss one common feature: integration of realist ontology (there is a real world out there) with constructivist epistemology (reality is interpreted and constructed) and, in addition, the acknowledgement of ‘mental phenomena and the value of an interpretive perspective for studying them’ (p. 146). This last point appears particularly important for IPA and the study of HE as it is concerned with intra-psycho processes. Critical realists ‘accept the reality of mental states and attributes the importance of these for causal explanation in the social sciences, positions rejected by both traditional positivism and constructivism’ (Maxwell and Mittapalli, 2010, p. 153). With this rationale, it may be possible for this research to offer some causal possibilities for HE although this is not a primary aim.

Critical realism attempts to resolve the ‘philosophical oxymoron or at least problematic union’ (p. 146) in the pluralist approach of

using post-positivism and constructivism which converge on important issues concerning the nature of objects and our knowledge of these, providing ground for ‘paradigm wars’ (p. 146). While pragmatism holds that philosophical contentions are not a reason to reject effective methods and that research methods are not intrinsically linked to specific philosophical dimensions (with which Maxwell and Mittapalli agree), they highlight that researcher philosophies assert values and actions upon the research, which are ‘often implicit and not easily abandoned or changed’ (p. 147), highlighting the importance of this detailed clarification of our underlying philosophy, in what Willig (2012) calls epistemological reflexivity. With this clarification, we attempt to operate an awareness of how it might influence the construction of research, the kind of data generated, its interpretation and the criteria with which it might be evaluated, as stated above.

However, we agree with Maxwell and Mittapalli (2010) that ‘entire paradigms’ and the divisions between qualitative and quantitative measures are dichotomous and need a more complex and contextualised understanding (p. 146), as is generally the current view (Bergman, 2008; Biesta, 2010; Willig, 2012, to name a few). Bergman states that ‘strengths’ based on paradigm differences are misleading; that the divide between qualitative and quantitative methods is ‘delineating and preserving identities and ideologies rather than to describe possibilities and limits of a rather heterogeneous group of data collection and analysis techniques’ (from Maxwell and Mittapalli, 2010, p. 148).

In the paper entitled *Mixed Methods Research: A Research Paradigm Whose Time Has Come* (Johnson & Onwuegbuzie, 2004), Feilzer (2009) is quoted as saying: ‘pragmatism offers an alternative worldview to positivism, post-positivism and constructivism and focuses on the problem to be researched and the consequences of the research’. In this paper, she quotes Kuhn (1969) and Mills (1959), saying that all paradigms ‘can constrain intellectual curiosity and creativity, blind researchers to aspects of social phenomena, or even new phenomena and theories (Kuhn, 1969, p. 24), and limit the “sociological imagination” (Mills, 1959)’.

Creswell and Plano Clark (2017) call the pressure to fit into positivist, post-positivist or constructivist paradigms the ‘forced choice dichotomy’ (p. 207), stating that instead we should feel free to select the methods best placed to answer the research question. Biesta (2010) supports this point by arguing that the differences between methods have been created artificially and rigidly, when in reality only data can be divided such: ‘the simple problem here is that research in itself can be neither qualitative nor quantitative; only data can properly be said to be qualitative or quantitative. Data can either be quantities (expressed in numbers) or qualities (usually expressed in text, although numbers can be used to stand for qualities as well)’ (p. 98). Both so-called quantitative and qualitative methods can hold the same values about ‘what’ can be known and offer multiple ways of ‘how’ it can be known in terms of layers of objective and subjective reality within critical realist ontology. As stated above, quantitative data can be taken from a qualitative interview, that is in the form of content analysis, and qualitative data gathered from large-scale

surveys. Feilzer quotes Greene et al. (2001, p. 41), supporting this point:

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

(Feilzer, 2009, p. 8).

While our use of the EQ (Baron-Cohen & Wheelwright, 2004) as a recruitment tool for sampling provokes some contention for qualitative research methodology, if we hear Green et al., there is no reason why the EQ does not capture qualitative data, making the need to label methods so distinctly potentially an experience of the 'forced choice dichotomy', which Creswell and Plano Clark describe. Certainly, participants did not report the undertaking of the EQ as a frustrating or constricting experience, but rather one which honoured and gave validation to their experience and the existence of HE as an objective phenomenon. So, methods could simply be chosen for their validity in answering the research question and carried out sensitively and rigorously so as to produce the knowledge needed to answer that question. As the boundaries between methods are seemingly more blurred than has been traditionally conceptualised, we perhaps need not find ourselves trapped within this 'forced choice dichotomy' any more.

Furthermore, Feilzer (2009) acknowledges that implicit in all research designs (even within the positivist paradigm) is the idea that 'all knowledge is knowledge from some point of view' and therefore not value free, further closing the positivist and constructivist divide. Maxwell and Mitapetti's (2010) and Bergman's (2008) mistrust of creating 'entire paradigms' is supported by Greene et al. (2001, p. 28), Greene & Caracelli (2002, p. 94) and Teddlie & Tashakkori (2009, p. 97), who all assert that pragmatism is in this way 'non-paradigmatic' (Feilzer, 2009, p. 8): that creating a paradigm for this common sense thinking is not necessary. Rather, what is needed is research sensitivity whatever the design, as to how methods might influence the data, that is reflexivity.

Potential choice of paradigm might also depend on the 'scholarly community' (Creswell & Plano Clark, 2017, p. 42), taken from Kuhn's (1970) idea of a community of practitioners. Creswell and Plano Clark quote Morgan (2007), who asserts that paradigms can represent shared beliefs of a research field: researchers share a consensus in specialty areas about what questions are meaningful and which procedures are most appropriate for answering the questions. The existing research into empathy uses measures, correlations and examines causality: it is accepted within the field that empathy can be measured and that the way to access people with either high or low empathy is to use a valid scale of measurement. Adopting an ontology, which allows this research to embrace the research gone before and the use of the EQ to identify those experiencing the phenomenon, is to acknowledge the community of scholars who already exist and attempt to contribute to the body of already existing literature and theory, hopefully enhancing utility and transferability.

Philosophical orientation will ultimately be shaped by subject matter interest (Denscombe, 2009), in this case, empathy.

I hope it is clear why the use of the EQ was felt to enhance this research and how if we had solely allowed participants to self-select for HE this would have been a very different piece of research—despite this being less contentious for traditional 'qualitative research'. A purposive, homogeneous sample was decided to be invaluable for the study and recommended by Smith et al. (2009). In other phenomenological research, participants experiencing the phenomenon under investigation can be easily identified enabling self-selection, for example Flowers et al.'s investigations into the experiences of being HIV-positive (2000, 2003, 2006), or Smith's investigation into the decision-making processes in candidates for the genetic test for Huntington's disease. It would be more difficult for participants to select themselves for HE, not least because of a lack of an accepted common definition for the phenomenon. Most of the participants (50 who responded to the recruitment posters) spanned between scores of 55/80 and 65/80 on the EQ, which is considered high by Baron-Cohen's E-S theory, but not part of the extreme E type brain, which is the focus for this study. One participant for example, who self-selected for the EQ, scored 29/80, which according to Baron-Cohen et al. would be considered low enough empathy to be autistic.

Furthermore, as Smith et al. (2009) support, adding a quantitative element to the study can offer leverage to findings in terms of bringing about 'change in practices and policies' (p. 193) because of the hierarchy which is felt to still exist in terms of quantitative and qualitative measures, even when basic standards in positivist methods have not been met!

3 | IPA METHOD

The data were analysed using interpretative phenomenological analysis (IPA), as stated above, the four-stage process (Smith et al., 2009), specifically an ideographic (Smith & Osborn 2003) interpretive analysis. Interviews were transcribed verbatim, after which transcripts were analysed for emergent themes, linguistic analysis and more abstract interpretative concepts. For each interview, a table was drawn up for themes with quotations and page numbers. Themes were then clustered and patterns identified across cases. Superordinate themes emerged as quotations, which were both similar and contradicted the experience of HE under each theme, were grouped together. A master table was drawn up with the superordinate themes, themes and subthemes including page numbers and quotations. This was then written up into an account of HE with supporting quotations for each theme and subtheme.

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

3.1 | IPA findings

The data were divided into four superordinate themes and sub-themes. The superordinate themes focus on the process of meaning making for each participant with HE and have taken on a thematic and sequential structure. At the thematic level, analysis follows participants' exploration of making sense of HE (definition, embodiment and manifest experience); impact (on sense of self, life and relationship processes); and attempts at management. At the sequential level, the research follows participants' processes of looking back on early unconscious experiences of HE, an examination and search for meaning and understanding from childhood to the present, followed by an ongoing struggle with HE's analysis and management (both functional and dysfunctional), concluding with participants' aims for mastery over the experience and for an 'empathic maturity' culminating in a sense of attuned empathic wisdom. What follows is a condensed summary of these themes, interjected with participant quotations in order to bring the data to life for the reader. It has been edited from a more in-depth and linguistically detailed analysis, which for this article has been cut short. The words in italics and quotation marks are participants' words.

What was HE for participants?

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

(Rose, 15).

Participants defined HE as embodied, emotional, analytical and conscious:

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

(Rose, 570).

...difficult to explain, I'll experience their pain, if it's pain, or whatever they were feeling, almost in a stream of something I'd be writing, so it would come as a written message, [...] So translating, [...] it would be language, so I would be reading them

(Esther, 331).

Empathic information was described as coming...:

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

(Verity, 671).

There is also a sense of being able to predict what another person will say or do:

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

(Anna, 57).

Participants reported experiencing HE from a young age without conscious awareness of the phenomenon, so much an accepted part of the self: feeling *different* from others; sometimes isolated within their capacity to attune to *parents, teachers and nursery playmates* alike; confused by others' lack of response to unspoken dynamics. Esther encapsulated this:

I would hear someone's subliminal stuff more.... clearly than, or I'd attend to it more than their verbal output. So I could always tune somebody's intention or what they meant to say. And I think for a little girl it's confusing...[...] 'why are people saying the opposite of what they mean?' (Esther, 74).

Later on I learned that most people don't hear it [have HE] that way, so then it was okay

(Esther, 145).

Participants discussed having always experienced this phenomenon, implicating HE as permanent and pervasive, driving behaviour and impacting relationships: so much a part of their 'selves' that HE is felt by all participants as indivisible from 'self'.

For example, when I asked Anna directly about this idea, if HE is at the core of who she is, she responded:

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

(Anna, 527).

And Mary stated:

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

(Mary, 452).

The primary negative impacts upon the self from a young age were named as guilt, anger, confusion, isolation, displacement,

frustration and a development of being *over-responsible* for others. Esther described:

lots of inappropriate guilt, lots of inappropriate you know, making others a priority, and not prioritizing yourself. Yea. Early days, absolutely

(Esther, 950).

Anna described the sense of feeling sad, lonely or 'other':

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

(Anna, 296).

Social anxiety and a *flooding* experience within social and group settings were discussed by all participants:

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

(Alice, 428).

One participant compared this experience to the 'autistic brain experience':

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

(Rose, 692).

Some participants discussed avoidance of group situations and a few of *relationship burnout*, that is abstaining from intimate relationships altogether; withdrawing and sometimes abandoning relationships as potential coping strategies were also discussed:

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

(Anna, 680).

From early childhood memories, participants described taking on the helper, protector or parental role for those around them, to varying degrees (motivated by different factors), which for most, became a major part of their identity. Mary described taking on the motherly role:

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

(Mary, 218).

Where clients report experiencing personal physical, emotional or psychological trauma or issues in childhood, empathic care or management for their parent might be seen as having taken priority for the participants above the development of their own sense of self. Generally, participants described attempting to manage the well-being of parents particularly in those situations where parents were experienced as unaware, depressed, abusive and/or narcissistic. In one case, however, this manifested not in increased servicing of familial emotional needs, but angry, rebellious defiance of complying with these subliminal requests, and anger at feeling the 'guilt' of not complying with their subliminal emotional needs.

Coping strategies were put in place to manage the as-yet unnamed experience, some providing relief in the short term and manifesting in negative impact upon self, self-esteem and relationships in the longer term, and some functional which were also carried into adulthood. The negative coping strategies seemed to become increasingly clear to participants over time, impacting their experience of the everyday world and relationships, for example avoidance and distraction from the self, and of relationships (excessive intellectualising as a defence against confusing and/or distressing emotion; excessive use of alcohol; excessive 'doing'

or socialising; excessive focus on helping others): emotional suppression (during which a person is aware of the emotion they are suppressing) or repression (where there is lack of awareness of the emotion or thought repressed), particularly anger and avoidance of conflict:

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

Control, in the form of excessive organising and/or control of environment, resulting in increased anxiety and sometimes OCD manifestations, was also a negative coping strategy.

On an interpersonal level, the result of taking on the helping role had appeared to manifest for many participants in 'co-dependent' relationships, based on a form of need and control of the other, for example necessitating the 'other' to be in the position of 'helped', 'victim' or 'child' (or other dependent dynamic), leaving the other feeling powerless and/or invaded or controlled, leading to potential conflict within the interpersonal realm:

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

Alternatively, participants describe finding themselves in the naïve, dependent position with an abusive, manipulative other, validating the other's dysfunction by extending endless understanding, negatively impacting participants' sense of self and self-esteem:

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

Esther described how the type of person she is attracts narcissists:

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

She sees HE as a phenomenon, which without correct boundaries can impact interpersonal relationships by becoming 'a ridiculous

vulnerability that makes you extremely over available and abused' (1026).

Participants reported that the threat of HE in relationships is the loss of contact with the self:

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

High empathy also seemed to manifest as *naivety* or *gullibility* concerning the inability to comprehend unjust behaviour or lack of empathy in others: potentially serving as a *shield* from processing difficult emotions around an acceptance of perceived harsh life experience, in which others' actions are not always motivated by empathic concern; breaking down a fantasy or hope that if others are offered understanding and kindness, participants will be offered the same in return - a coping strategy that leaves them vulnerable to abusive dynamics.

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

High empathy seems to impact participants with varying degrees of severity, for example participants reported experiencing anxiety, exhaustion and feelings of low mood and/or depression, and recounting manifestations of levels of CF or burnout (see the section on this below).

High empathy can become a negative feedback loop impacting the self and interpersonal relations: low self-esteem from childhood (feeling isolated or other), doubting intuition and empathic tuning (exacerbated by traumatic childhood experiences, critical primary caregivers, perfectionism or a lack of presence of someone who might tune into them to the depth which they perceive necessary), followed by attempts to help others as a patterned response to avoiding difficult feelings in the self or described as a learned pattern from childhood (amongst other motivations), perpetuating a continued loss of self, more experience of co-dependent relationships (or withdrawing from relationships), leading to further experiencing of loss of self-esteem.

Patterns developed in childhood, concerning relationships and management of HE, were reported as following participants into young adulthood, which for some precipitated a gradual process of internal analysis of the phenomenon; how HE manifested from an early age, going through a process of needing to define and evaluate the experience and reach mastery and clarity over it.

Participants' ambivalence in relation to the phenomenon is clear: a mixture of experiences were described from deep, intense feelings of struggle and pain; of HE as anxiety provoking, a *disabling burden*; to feelings of pride and gratitude for the heights of *spiritual*,

poignancy of love and caring; and the capacity to build deep relationships and connect to others.

I think it's a mixture of fantastically useful and pleasant and really quite difficult

(Sarah, 7).

There is the overwhelming depth of feeling that can feel almost spiritual and poignant:

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

(Verity, 65).

And the negative:

a ridiculous vulnerability that makes you extremely over available and abused

(Esther, 1020).

Participants were at different points of awareness depending on age and experience at the time of interview. Those that had addressed negative coping strategies had learnt, and were in the process of learning, how to harness HE for its benefit and limit negative impact.

Participants described physical, psychological, intra-psychic and interpersonal impacts. The main struggle revolved around feeling *drained* by the phenomenon and *living in empathy* to the detriment, suppression and devaluing of self:

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

(Anna, 548).

Most participants talked of experiencing panic attacks/anxiety in situations where their HE was overwhelmingly activated.

The main successful management strategies discussed were a re-setting of psychological and physical boundaries:

be mindful of it because it will become a total crippling disadvantage so, if you don't use it appropriately then it is not a plus and then that's a shame, because it is such a plus. So if anyone has it, make sure you figure out how to make it not a rescue but an empowering force and not a disadvantage but an advantage and have correct boundaries....

(Esther, 1031).

Certainly, a giving up of *inappropriate guilt* was reported; a handing back of responsibility to others for their own emotions and relationships; fostering healthy emotional processing, regulation and clarity, for example talking or talking therapy, releasing emotion through crying and confronting others or situational dynamics with healthy conflict resolution and assertiveness. Other management strategies included taking time and space to process emotion and cognitions and taking time and space away from analytical engagement and active use of HE. This was done through 'blinking the mind' with meditation, exercise or engaging with music, for example going to concerts or playing in orchestras, during which empathy is not activated, yet one is part of a communal experience, seemingly offering particular relief. Management also consisted of self-care including rest and alone time and meeting own needs without fear of the impact on others.

A redefining of HE and a reframing of the experience to maximise positive impact and guard against a narrative of HE as negative and *disabling* was central to participants' management of HE, fostering agency. An acceptance of management of the phenomenon being an ongoing experience was also important:

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

(Rose, 199).

Also important was being validated by social context and accepted as 'normal' by participants themselves and others.

This balancing of tensions between the empathic identity and an identity entitled to deny the requests of others promoted a harnessing of HE for its positive impact, promoting a new sense of agency and power and an awareness of the potential dichotomy for HE experience: either vulnerability and abuse, or potential for professional success, and deeply connected and mutually reciprocal interpersonal relationships.

The use of protective relationships with others with HE (experienced as offering complicit understanding and care) and those with lower HE (offering stability and containment) was another positive strategy for navigating HE.

As new boundaries are put in place to protect and value the self, and the harnessing of HE as a skill is manifested, self-esteem is raised and participants described experiencing feelings of worth, pride and satisfaction, touching a capacity for *empathic wisdom* and emotional intelligence valued by others in personal relationships, professional capacities and wider society. Participants discussed wisdom, *empathic wisdom* being a term we have adopted to encapsulate this growing awareness and emotional intelligence around HE.

For some, the experience was not examined fully or even partially named until joining the research, and began or continued while taking part in the interview, revealing itself in a deep searching and emotional opening; the EQ and interview validating and offering a form through which to contain and give permission to an otherwise much-ignored experience of the phenomenon:

it's been [the interview] really good to be able to talk and it feels really good, like I've been through a bit of a catharsis, the talking has helped me process things a bit, like maybe I'm not mad

(Verity, 652).

4 | SIGNIFICANCE OF RESEARCH

How significant is this research then in terms of contributions to research, clinical practice and theory?

It is significant in identifying the phenomenon of HE and putting forward the lived experiences of those with HE as it is encountered idiosyncratically by the individual; such research has not previously been part of the body of literature. It might also make claim to contributing to the major theories concerning empathy and aspects of areas of mixed-methods research and practice. As previously mentioned, without the mixed-methods design, contribution to existing theories in the field may not have been so impactful, for example mirror-sensory synaesthesia; resonance and simulation theory and theory of mind; trait based HE and normal sex differences and E-S theory (Baron-Cohen, 2002); pathological altruism and compulsive caring; management of compassion fatigue, burnout, vicarious trauma, STS; and emotional intelligence and social intelligence. Let us take each in turn, providing some discussion of the findings of this research and some means whereby we might evaluate whether the mixed-methods design has indeed lead to a gain.

4.1 | Contribution to theory: Mirror-sensory synaesthesia, resonance and simulation theory, and theory of mind

Findings support the idea that empathy is an inter-relation of experiencing and processing, from the physically embodied, emotional experience, to cognitively experienced perspective taking and processing of others' experiences. These findings are supported by the research into mirror neurons (Gazzola et al., 2006) and resonance and simulations theories that suggest emotional experience of others is recreated within the body to produce a vicarious experiencing. Reflected in our findings were examples of potential experiences of 'mirror-sensory synaesthesia' including the vicarious experiencing of pain, touch and emotion through resonance and simulation, potentially including others' experience of physical illness. So while Baron-Cohen et al. (2016) found that mirror-touch synaesthetes do not have superior empathy, it is possible that some people with HE

feel they experience both mirror-touch and mirror-sensory synaesthesia, including this vicarious experiencing of others' pain, illness and emotion. The relationship to mirror-touch and distinguishing it from mirror-sensory synaesthesia needs further research in its potential relationship to HE. Participants also discussed paying attention to body language and 'reading' people in a way that fits with Baron-Cohen's theory of mind and its postulation of an unconscious awareness and ability to pay attention to emotional and social cues.

4.2 | Trait-based HE and normal sex differences and e-s theory

Participants discussed HE as a part of their everyday experiencing from a young age, and the assertions of HE as trait-based and central to their core selves are supportive of Baron-Cohen's empathising-systemising theory (2002), asserting that the higher the empathy, the lower the systemising skills in terms of logistics and paying attention to factual detail; for example, participants discussed remembering directions or names as difficult (Baron-Cohen, 2002). The idea behind this, put forward by participants, is the priority of connecting and tuning into the subliminal and emotional dynamics of the situation above concern for factual data, which can contribute to others' perception of them as being 'not present' or potentially 'silly' or 'scattered', to use participants' words. If HE is indeed a feature of Baron-Cohen's idea of normal sex differences, that is HE being predominantly a female experience, being perceived thus may feed into gender-stereotyped ideas of women being over-sensitive or emotionally ungrounded, and, of course, men as the opposite. This might be exacerbated by the reported assuming of these 'light' personas (e.g., silliness), described by participants as being used to diffuse the intensity or demands of using their HE in social situations. This persona was also described as a coping mechanism for managing anxiety and 'flooding' when overwhelmed in social and group settings.

4.3 | Potential for emotional flooding: HE manifestation and Autism Spectrum Conditions (ASC)

High systemising for ASC manifests as experiencing a flood of data that causes confusion (Baron-Cohen, 1997), and a focusing on detail that does not make logical sense in social situations (Baron-Cohen, Wheelwright, Lawson, Griffin, & Hill, 2002). These ideas seem connected to ideas of HE *flooding*, where participants described becoming overwhelmed with emotional information in social settings, for example when being faced with attuned behaviour that did not fit with their world view, or sensing unacknowledged or unspoken subliminal emotions, or attuning emotions in others that caused difficult personal response or personal resonance. As anxiety levels rise, engendering a shutting down of empathic processing ability, participants describe experiences tantamount to that of the autistic brain, in which there is limited information on social cues. Where the person with HE loses capacity for 'reading'

the other through flooding of empathic information and/or anxiety through response to this information, they may say things or reveal empathically attuned information, which is socially not desired by the other (i.e., it might be invasive or exposing), causing offence.

This can leave the other person confused by the dichotomy of someone with HE, who can move from highly in tune and sensitive responding to insensitive responding and errors in socially coded interactions. Participants discuss avoiding large social groups because of feeling overwhelmed and experiencing anxiety, and what feels to them like social anxiety, which may well lead to feelings of lack of agency and low mood (similar to that of autistic presentations). I would like to make the differentiation that while people with HE may develop social anxiety (e.g., a negative interpretation of reading the cues of others, with an over-focus on the thoughts of others, including potentially what others think of them, especially in an examination or performance setting where it may be considered important to 'please' the other), it may be that at times of extreme emotional arousal, they simply are unable to interpret cues. This would be supported by the neuro-scientific literature (Decety & Lamm, 2006), which found that intensity of somatic response was not positively correlated with empathic experiencing and that strong physiological responding may decrease the ability to empathise.

This may become particularly overwhelming if the person with HE attempts to systemise the emotional data, if we take Baron-Cohen's theory of low systemising skills to be relevant, not because of a lack of emotional cues but because of the opposite of too much information, for example, an attempt to arrange or organise attuned emotion in accordance with a conscious, definite plan or scheme, which appeared to manifest in participants, not only in flooding in the moment of interaction, but excessive planning for interpersonal encounters, that is list making for potential emotional responses of others, and/or excessive analysing post-encounter.

4.4 | Pathological altruism, compulsive caring and HE

Baron-Cohen (2011) warns against the pathologising of HE, describing it as an expression of normal sex differences and findings suggest that HE is an adaptive skill, which *if harnessed* and managed and protected correctly can be used to enhance intra-psycho processes, interpersonal relationships and professional achievement. Emotional intelligence and social intelligence, of which HE is considered a part of, have been associated with leadership qualities and success (Goleman, 1998). However, findings also indicate potential dangers of HE and what might manifest as a result of mismanagement and maladaptive coping mechanisms.

If HE is coupled with low self-esteem, and a perceived need for management by the child of their primary caregivers, participants discussed a manifest guilt emerging, followed by further low

self-esteem as they were unable to solve parental issues, potentially leading to attributing or projecting personal meaning to others' thoughts, emotions or behaviours, which may not be accurate. This inaccurate reading may potentially lead to anxiety and/or social anxiety, as the cues are misinterpreted, and a pre-occupation with analysis of others' thoughts, feelings and intentions, further leading to low self-esteem and a mistrust in one's own capacity for insight. It is easy to see how HE could lead to co-dependent relationships if HE is used to rescue others and position the self in the role of saviour, protector or helper. These roles demand the other stay in the position of victim/helped, disempowering the other, in a futile attempt to raise one's own self-esteem, as the effects on the other remain negative, which ultimately a person with HE would on some level understand.

It is also easy to see how without a strong sense of self, that is a strong awareness and differentiation between own personal feelings and those of others, and a difference between personal core personality traits and roles one might play, self-actualising may not be achieved and thus reciprocal, adult, sexual intimacy, between equals, may well not manifest, as could become the case with a 'parent/protector-child/victim' dynamic. This was seen with the participant who took a 'motherly' role with her husband, losing her identity as an adult, sexual woman with an equal partner. In a personal realm, therefore, the identity of helper can be seen to damage interpersonal relating, yet in a professional sense—there are a lot of professions which harness this helping role, regardless of the potential dysfunctional drive behind assuming the helping role, and it can be productive and useful in the unilateral helping position of the job, for example doctor and patient. This last point may also relate to the concepts of compulsive caring or 'parentification', in which the person with very high empathy continues the patterns learnt in childhood, in which they emotionally parented their primary caregiver leading to a loss of self and potential defence from experiencing reciprocal adult relationships. Adult relationships are defined as including compassionate empathy (as opposed to concern for the other to alleviate one's own distress), intimacy, emotional risk and emotional investment. Relationships devoid of these elements, which serve to protect a person from the above, have been called 'irrelationships' (Borg, Brenner, & Berry, 2015). This feeling of being 'unseen' was reported by a number of participants in their adult relationships.

4.5 | The use of Compassion Fatigue (CF) management strategies for the management of HE

Potentially, managing HE could benefit from examination of the major findings within the literature of CF, which resonate with the findings of managing HE from this research.

Cocker and Joss (2016) undertook a review of 13 studies of how to manage CF in healthcare professionals in the workplace. They found the protocol to prevent and/or recover from CF put forward by Gentry et al. (2002) provided the best short-term positive outcome

(yet to be evidenced over long-term use). Cocker and Joss developed their own protocol based on this, putting forward a set of five 'Resiliency Skills', associated with a lowering of anxiety and lessening of CF, as follows: (a) self-care and revitalisation; (b) connection and support from others; (c) intentionality, or eradicating stress and shifting from reactive to intentional behaviour, that is choosing emotional response and protecting the self from stress; (d) self-regulation, which involves developing the ability to intentionally control the activity and lessen the energy of the autonomic nervous system, that is through breathing techniques; and (e) perceptual maturation, a cognitive skill involving maturing the perceptions of self towards resiliency and the perceptions of the workplace, to render them less toxic, that is a reframing of the power of the other or the workplace over one's emotional well-being, gaining a perspective of self-empowerment.

Our findings show examples of management using self-care, for example sleep; time for the self; connection and supportive/protective relationships; intentionality and self-regulation, that is learning when to 'deactivate HE' and how to navigate emotional reactions towards a more intentional responding, as well as calming the autonomic nervous system with, for example, meditation, yoga or breathing techniques. Our findings also included reframing the position of the self to one of agency and choice, fostering a sense of resiliency and ability to cope. These coping strategies appear closely linked to the development and mastery of emotional intelligence (EI) and social intelligence (SI), which might be aligned with participants' discussion of empathic wisdom and a mastery of HE.

4.6 | EI and SI

Goleman (1998), as already mentioned, believed EI and SI can be learnt. Similarly, participants described the management of HE as something to be learnt over time, developing HE into an empathic wisdom, that is a mastery over the HE experience, sharing major facets of the process with Goleman's five areas of skill associated with EI, particularly self-awareness, self-regulation and the harnessing of social skills (also closely related to Joss & Cocker's [2016] programme of management discussed above).

In a study by Shutte et al. (2001), examining seven studies and the link between EI and interpersonal relations, it was found that participants with high scores on EI had higher scores on empathy; that high scores on EI and SI were correlated; that participants with EI scored higher for cooperative responses towards partners; and that those with high EI had higher scores for close and affective relationships. It seems likely that HE can be problematic in relationships without the developed EI to harness, control and understand the experience. We might wonder if the higher the empathy, the greater the EI needed to manage the experience; if this can be manifested, the greater the opportunity for emotional connection and satisfaction in relationships, personal and professional, especially where the professional occupations require connection to others, for example with clients, patients or audiences.

5 | CONCLUSION

As counselling psychology (CP) opens the way for integrative practice, drawing on different models to suit client needs, this research, by combining mixed methods in a pragmatic way, treads a path of continuing research attempts of addressing the research question without being limited to certain methods by philosophical and methodological constrictions and potentially artificial boundaries between quantitative and qualitative research, as previously stated.

For counselling psychologists, often having HE, we need to harness the skill to attune to our clients while knowing how and when to self differentiate and come away from both audio and mirror neurons, which might raise emotional experiencing to a place where analytical observation and indeed empathy are shut down or impaired. Clients need both empathy and containment, and depending on the model being used, intellectual interpretations and strategy. Therapists need to access their emotional intelligence and understand their empathy (What's the other person feeling? What's a personal response to their feeling? What's a trigger of personal emotion from personal history?), in order to gain empathic wisdom.

I restate that it feels important to attempt to contribute to existing research by acknowledging different yet interconnected layers of experience: the subjective human experiencing (idiosyncratic perception and individual context) *and* elements within the material world such as biology, neurology, genetics and personality traits, which may be stable and consistent over time, thus having potentiality for gaining such knowledge. This examination of different elements of experiencing pushes forward to new fields of neuro-phenomenology, scientific research aimed at addressing the issues of consciousness in a pragmatic way, combining neuroscience with phenomenology so as to study experience, mind and consciousness without losing the importance of the embodied condition.

Lather (2012) raises questions of 'sameness/otherness' research, which this research also is part, suggesting there are 'messy spaces in-between' (Robinson, 1994), where even in 'sameness', experience is bracketed to allow for 'otherness' and that research relationships might be more accurately described as 'constantly changing intersections of interpretation, interruption and mutuality' (Lather, 2012); if the use of empathy and dialogical knowing is employed, the debate about sameness or otherness becomes moot. This research might be added to research attempting to further these ideas; that my sameness is secondary to the empathy and dialectic employed in tuning into participants to give voice to their idiosyncratic experience. In this way, we hope to claim that it is marginally feminist in nature, by which we mean research which aims to give the marginalised a voice, which understands that all knowledge is socially situated, political and comes from and contributes to power structures. Furthermore, HE is potentially predominantly a female experience, which is framed by society in a certain way. There is much room for further research in the area

of the social construction of HE for women, but also for men with HE who might be even more marginalised. Certainly, this piece of research seeks to blend and integrate perspectives and voices, which points to a new political system without limitations or prescription, leaving the door open for real-life research to be carried out without restriction.

The main consideration concerning procedures is the use of the EQ for recruitment and its impact upon sampling. As previously stated, using the EQ at the second stage of recruitment was a pragmatic choice. If criticisms of Likert-scale report questionnaires in general are that they do not give space for stories, thoughts and feelings, contradiction and nuance, then the qualitative interview, which followed, aimed to address this. Did our use of the EQ mean that we missed participants bringing a definition to empathy which was not in accordance with that of the EQ?

Potentially, yes. However, this was made one of the first questions in the interview and this risk did not outweigh the advantages of having a purposeful sample of people with HE. By using the EQ, a specific and purposeful definition of empathy could be measured and a homogenous sample found which could be used to compare and contrast experience, and we attempted to draw on the complexities of participants' personal definitions within the interviews.

Throughout this article, I have attempted to address the significance and usefulness of this research in terms of findings and contribution to theory around HE, as well as methodological processes and particularly the mixed-methods design. I hope to have shown that despite the potential limitations for transferability, the philosophical complexities of using mixed methods and the possible inherent limitations of IPA (e.g., that it relies on high cognitive abilities of participants), this research makes a valuable contribution to counselling psychology research and practice, and HE theory, not least, but because of, the mixed-methods design.

In terms of theory, it adds to the positivist literature, which already exists and begins a much-neglected journey through the gap in the literature for the experience of HE from a personal and idiosyncratic perspective within particular social, cultural and embodied contexts. The true test of validity for Yardley (2000) is that research tells us something important and useful. As Smith et al. (2009) state, bodies are different from one another genetically, biologically, physically, but also expressively and experientially. It is the opportunity afforded by the mixed-methods design of using the Likert-scale survey coupled with IPA to excavate this experience, identifying it as a real-life phenomenon; addressing its potential everyday life impact on a personal and social level and requirements for management. IPA is increasingly connected to the developing field of embodied cognition. While the existing research might tell us interesting information about biological processes, embodied cognition tells us about how it is to experience these processes, believing experience to be an 'embodied, situated and inter-subjective process of meaning-making' (Smith et al., 2009 p. 189). Identifying both aspects here works for us hand in hand. As Smith et al. state, from distinctions between pure neuro-scientific studies and pure investigations of subjective

experience, with the mixed-method, we move research towards the developing experimental work of 'neuro-phenomenology' (Gallagher & Sorensen, 2006). This research design hopes to make a 'positive and complementary' contribution to a new area of non-reductionist cognitive research.

ORCID

Sally Rachel Kate Leonard  <https://orcid.org/0000-0001-7519-6878>

Carla Willig  <https://orcid.org/0000-0001-9804-9141>

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AUTHOR BIOGRAPHY

Dr. Sally Leonard is a practising psychologist in private practice in South West London, graduating from London City University on the doctoral programme for counselling psychology. Her area of research is empathy and she is currently working on a book about living with hyper-empathy.

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