

Essay

Dialogic Moments and Empathic Communication

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I have a story to tell.

Introduction

The beginning of the story is that, as a psychotherapist for people in crisis, I discovered that in addition to the many clients (patients) who have experienced painful and traumatic events - several also have “sunny stories” to tell from both treatment situations and their personal lives. Eventually, part of the treatment was also to bring to light those individual golden moments and positive experiences. In my practice, I learned that most of these good memories were primarily related to relationships and experiences in relation to other people. There could be encounters in health care, in private life, at work or in more coincidental situations. Secondly, “sunny stories” were often described as unforgettable, such as moments of change and “moments of meeting”. For some, the experience of such moments appears as a watershed and as a memory for life.

The continuation of the story is that I understood that in order to help each other, we should all also train ourselves to share the good experiences in addition to sharing the pain. And I asked myself what was needed for those of us in professional life to learn to communicate in new ways where there is also space for golden moments and interaction. I thought it would be possible to create situations where we, as helpers, could make a difference.

Against this background, I decided to develop an educational programme designed for health professionals, educators and others working with people. The aim of the education was to train such helpers’ innate abilities to empathize using the tool: *Empathic Communication: The Missing Link*. I developed this tool in 2004. In training to use this communication tool, the focus is on the relationship between the client and helper. The relational skills of the helper are crucial for the outcome of the empathic dialogue. In 2016, the Institutt for Empatisk Kommunikasjon (IEK) was established.

The design and content of the course activities, the guidance and information work at the Institutt for Empatisk Kommunikasjon (IEK) build on the positive experiences of moments of change that clients have told me over the years and that they may have experienced in different healthcare situations or in school contexts. Characteristic for these golden moments is that the clients have been met with respect and treated with equal care in the system. They have also experienced the importance of being listened to and being consulted. In such moments of meeting, clients have experienced that they were seen as whole people with an empathetic understanding of their situation while having the opportunity to interact with the helper about their own experiences as clients.

Empathic Communication: The Missing Link

The tool is intended to accommodate clients’ needs to be listened to and be seen, and wanted in an empathic dialogue with the helper as described above.

The method is built on a four-step conversation

1. The dialogue starts with the helper inviting the client to tell their *story* as experienced here and now.
2. Then the helper asks the client to put into words the *feelings* that arise when the story is told.
3. In the third step, the client is invited to offer his or her own *thoughts, considerations and opinions* about what he or she has narrated.
4. As an end to the dialogue, the helper asks the client whether he or she wants to hear the helper's views on what has emerged from the client's story and account of his or her own feelings and assessments. The helper acts as a *co-creator* in the situation here and now.

(There are examples of Empathic Communication below.)

Here, it should first be emphasized what is the actual premise for the dialogue to be an interaction. In Empathic Communication, the focus is on the type of relational skill the helper has acquired through courses in Empathic Communication. This relation is described as follows:

An equal dialogue and co-creation of new realities through the free exchange of thoughts and ideas.

As shown, the helper considers the client as equal. The client is a crucial part of the dialogue. One who is worth listening to. The client is advised through co-creation. By offering to be co-creator, the helper shows an empathic attitude and chooses to see the client's entire situation based on what the client has chosen to reveal in the first three steps. Together, this is what constitutes the helper's relational skills.

The second important prerequisite for Empathic Communication to be a meaningful dialogue is that the helper learns not to interrupt, does not correct or comment on what the client says in the first three steps at the start of the dialogue. The helper listens to the client's story, to the story of the client's own feelings, and notices the content of the client's own thoughts and reflections about his or her situation. Only at step four, does the helper come forward with views as a co-creator of the client's life story.

(I will return to the importance of the client's experience of being the protagonist in the initial part of the dialogue - without the helper interrupting.)

The story continues

We have now come to the conclusion of my story.

For a number of years, courses have been held, guidance and information given on the Empathic Communication tool in both Norway and the UK, and other countries in Europe.

As a result, at the Institutt for Empatisk Kommunikasjon (IEK), we now have extensive and interesting evaluation material from a large number of courses, guidelines and information work. The material contains both quantitative and qualitative data. It is the qualitative material that is presented here. Some of the content of feedback from the instructors and course leaders who currently use Empathic

Communication may indicate that by using Empathic Communication, the client and helper together can develop valuable and watershed dialogues.

The story briefly states that Empathic Communication as a communication tool represents a dialogue that facilitates for creating what I have referred to above as "sunny stories", interaction and golden moments.

These dialogues may be characterized by special moments of experience such as the client unexpectedly catching a glimpse of their own situation and unexpectedly gaining a new insight and experience of change as a result of the dialogue there and then. Or it may be that the helper, as co-creator, spontaneously and surprisingly comes with the "right words at the right time" and things suddenly "fall into place" between them. Such special moments of experience using Empathic Communication are examples of what is referred to in the literature as "Dialogic Moments" (Cissna and Anderson, *Moments of Meeting*, 2002).

Changed state of consciousness

Dialogic moments are described below as an example of a form of changed state of consciousness. Charles Tart, professor of psychology, claims that a key feature of changing state of consciousness is a change in the person's experience of time, such as a subjective sense of timelessness or that time stands still (Tart, *Altered States of Consciousness*, 1969). The following is based on four examples of Empathic Communication, where the time aspect of the dialogic moment is particularly emphasized.

In the analysis of the changed state of consciousness, I refer to Daniel Stern's theories described in his book: *The Present Moment in Psychotherapy and Everyday Life*, 2010.

With point of departure in the actual structure of the Empathic Communication tool based on the four steps, the change in consciousness that gradually takes place as the dialogue unfolds is analyzed below. In the evaluation of the courses, some of our instructors and course leaders describe this change as "magical", unexpected and as a special form of moment of meeting.

In this context, Empathic Communication is defined as a "clarifying conversation" where the goal of the dialogue - as mentioned earlier - is change and the "creation of new realities".

When we consider the overall evaluation results, there are several things that become clear in terms of characteristics of the helper's experience in using Empathic Communication.

Firstly, variants of the following particular comments are repeated in the feedback from the courses in Norway and the UK:

"With this method, I think I get more "behind" the client's thoughts and get to know how the client "really" feels."

"You get what is "reality" for the client."

"Now I have a deeper understanding of the power of empathy."

“This is “The Missing Link”. An awareness of the potentialities of a relationship.”

Through the four examples below, I clarify what lies in this feedback about “reality” and “the power of empathy”.

Dialogic moment and consciousness

In 1982, the renowned physicist and experimental psychologist Peter Russell published *The Awakening Earth. Our Next Evolutionary Leap*. In the book, he defines consciousness as the ‘area’ where all experience takes place. Against this background, consciousness is a prerequisite for all experience, whether we are awake, in trance, dreaming, in a coma, or in any state of consciousness.

Twenty years later, professor and brain researcher, Antonio Damasio mentions awareness as ‘an inner sense’ in *The Feeling of What Happens. Body and Emotion in the Making of Consciousness*. (Norwegian edition: *The feeling of what is happening*, 2002). Damasio’s perception of consciousness can be seen in the context of William James’ two concepts of ‘stream of consciousness’ and ‘transitive moments’ (transient moments).

Over the last ten years, there has been an increasing interest in consciousness as a central theme in understanding humans among researchers and clinicians in various disciplines.

A prominent researcher and child psychiatrist who particularly expounds this new interest in human consciousness is Daniel Stern. In his exploration of consciousness, he begins with phenomenology. He claims that every human being lives in a psychological field or a *phenomenon field*.

Phenomenology as a scientific approach is learning or theory about the world as it appears to one who experiences and perceives it. In phenomenological psychology, great emphasis is placed on describing people’s first-hand experiences of themselves and their surroundings. This description also includes human experience of time.

Through this new phenomenological perspective, Stern expands Russell’s definition of consciousness as an ‘area’ and Damasio’s view of consciousness as ‘an inner sense’.

Chronos and Kairos

In *The Present Moment in Psychotherapy and Everyday Life* as mentioned above, Stern takes point of departure in human experience of time based on a phenomenological description of consciousness.

We can say that in traditional clinical work, we are usually primarily interested in the client’s life story. We ask the client to recall from memory things that have happened before. In this way, we relate to the other’s past, present and future. The method represents a linear time setting and is referred to as objective time (‘Chronos’ (Greek) = time).

But, asks Stern, why has clinical psychology not also been based on “the immediate experience in the present”? About this, he says:

“Life-as-lived is not experienced as an inexorably continuous flow. Rather, it is felt to be discontinuous, made up of incidents and events separated in time, but also somehow connected (Stern, *The Present Moment in Psychotherapy and Everyday Life*, 2010 p.6).

Stern calls for an interest among researchers and clinicians for the subjective time experience ('Kairos' (Greek = a favourable moment, the moment when something happens). When we live in this subjective time, we experience that something happens as the time unfolds.

This is as if there is a “coming into being of a new state of things” that happens in a moment of awareness. These moments have their own limits and escape or exceed Chronos - the linear time flow. It is the moment of opportunity - a present moment - a Kairos experience, Stern claims. Such a present moment constitutes a short-lived emotional “lived story”.

Present moment – dialogic moment and Empathic Communication

According to Stern, a present moment is “a subjective psychological process that one is conscious of”. From a phenomenological perspective, conscious moments can now be divided into three different groups (Stern, 2010, p.171):

The regular present moment. This is experience in everyday life, for example, in the form of an art experience, or in love life.

The critical present moment. This is a present moment that suddenly pops up and is highly charged with immediate pending consequences. It is a moment of Kairos, heavy with presentness and the need to act.

The moment of meeting. This is a present moment in which the two parties experience a meeting. At this moment, the two become aware of what each other is experiencing. Moments of meeting usually immediately follow critical present moments that set them up. The moment of meeting then resolves the need for resolution created in the present moment. The dialogic moment is a moment of meeting.

We can say that Empathic Communication as a tool is designed as an invitation to the client to experience present moments and to be in Kairos time. Through the relation we create - focusing on the client's first-hand experience of self and with emphasis on co-creation - we facilitate the dialogic moment. We ask for the client's first-person story so that he or she will describe his or her situation here and now - and we ask what the client feels and thinks at the moment. This is how we create a special present moment, as we challenge the client to be in a state of immediate and subjective experience in the present. For some clients, this is an unfamiliar situation. Suddenly they are challenged to put into words their own experiences in their own lives while, at the same time, being regarded as 'specialists' about themselves. The experience is that a small number of clients choose not to participate in this type of dialogue. However, most clients experience pleasure over the unexpected challenge. They appreciate being listened to and participating in a dialogue without interruptions, corrections or comments.

Stern claims that “The present moment has been relatively but not wholly ignored by psychology.” He points out that these moments are so obvious that they usually go unnoticed. “They are hidden in full view,” he says.

In my opinion, dialogic moments are similarly overlooked. Through the testing and analysis of Empathic Communication as a tool, it has become apparent that dialogic moments can represent subjective, meaningful mental processes and an altered state of consciousness. Dialogic moments can emerge at the moment of meeting, characterized by new insights and awareness of ‘the lived life’ in Kairos time.

Below is a description of processes associated with dialogic moments based on four concrete examples from the clinical work. Here, I build on Stern's phenomenological analysis and his description of characteristics of present moments.

11 characteristics of the present moment (pp.55-63)

In Stern's phenomenological analysis there are a total of 11 different characteristics of present moments that are relevant to the clinical work (pp.55-63). In the analysis below, I start with 7 of the most important characteristics in Stern's summary.

1. Awareness or consciousness is a necessary precondition for a present moment.
2. Present moments are particularly related to the dynamic theme of time. As the present moment unfolds, within a fraction of a second, changes occur in the intensity or quality of our feelings. These constant shifts draw a temporal profile. There are vitality effects as the moment unfolds. These are described as *accelerating, fading, exploding, unstable, tentative, forceful emotional processes*.
3. The content of a present moment is simple – it is what is on the mental scene now.
4. The present moment has a psychological function. It will solve the very fast changing task of constantly dealing with or preparing to deal with what is happening in an almost constantly changing world.
5. The present moment holds an implicit intention to take in, adopt the new or solve the problem. The process has an adaptive function.
6. Present moments are holistic happenings. It is a gestalt. It organizes sequences of smaller units (e.g. different feelings). These are units that pass below focused consciousness level and become higher order level units. The moment is felt as a whole.
7. Present moments are linked to one's own sense of self. During the experienced moment, you are the only one who experiences your own subjective experience. You know it is you who has this experience. Not only does it belong to you, it *is* you.

Four examples of dialogic moments in clinical life

Empathic Communication is a clarifying conversation where the client is the main character.

Here follows the description of two different examples, where Empathic Communication leads to new insights and new understanding of how the client ‘really’ feels. Then I describe two examples of the

power that seems to lie in the experience of empathy between people. The four examples each represent a combination of critical present moments and moments of meeting. With purpose, I have chosen four different examples to show the broad applicability of the tool.

The production is a description of a psychological process between the client and the helper in which the dialogic moment unfolds like a Kairos experience - and suddenly a state of new things is created. A creation that happens in a tenth of a second.

The examples are from a dialogue with a client in hospital, from work with a school pupil, from a couple therapy counselling session and from a home visit by a health care nurse. The examples are described in my book *Empathic Communication: The Missing Link*, 2015. In the book there are also 19 other situations for the use of Empathic Communication such as violations, serious illness, divorce, burnout, close relationships, divorce and bullying.

Example 1

“The Big Sister” and Empathic Communication

A midwife at the maternity ward of a hospital in Norway is watching Anne who is wheeling her two-day-old son in the hallway. The midwife knows that Anne, a single mother, has trouble bonding with the child. As the midwife meets Anne and the child, she sees Anne is in tears. At once, the midwife invites Anne into her office and Anne sits down on a chair facing the midwife with her son in the crib next to her.

In the early stages of the Empathic Communication, the midwife tells Anne that she knows Anne gave birth to a son two days ago and she asks Anne how she is and to tell her about the day at the maternity ward.

Anne says she does not like being in the hospital. The days are long and she really wants to go home as quickly as possible. When the midwife asks her to say something about what she feels when she's sitting there, Anne begins to tell her she's anxious and feeling insecure. She continues to describe that she is particularly anxious when she has to wash and change her son. She says she is uneasy and insecure and that she is worried that something might happen to her son when she's changing him. Anne gesticulates and uses her hands a lot to illustrate how she feels about the child. The midwife closely follows how Anne behaves. After listening to the strong feelings that Anne has put into words, the midwife goes over to the third stage of Empathic Communication and asks what Anne thinks about what she has just revealed.

Then Anne says - unexpectedly - that in the last few days she has been thinking so much about the time when she was a child, about her siblings, and especially about her younger brother. Then the midwife asks Anne to tell what she thinks about the younger brother she is concerned about. Anne explains:

“My brother – who’s called Hans - had epilepsy. And since I’m the oldest, I often had to take care of him. And every time we were going out to play, mother warned me and said, “Remember to pay attention and see if Hans gets an attack!” Then I learned to keep an eye on what Hans did because I

was so scared about his attacks. And I never knew when the attacks would come Sometimes the attacks came suddenly ...”

The midwife who is listening to the story sees that Anne becomes more and more uneasy. Anne speaks very fast and with a loud voice, and the midwife thinks it's as if Anne is talking more to herself than to her. It is as though Anne hears her own voice. The midwife chooses not to comment on what Anne says there and then, and the midwife does not try to comfort Anne or come up with more questions. It is Anne who is the main character now.

After the last sentence that his attacks might come unexpectedly, Anne suddenly stops and pauses the story. She thinks again. The midwife remains silent and pending. Then Anne suddenly looks down at her son lying in crib next to her and says with a loud voice addressed to the boy:

“But you aren't my brother!”

During the conversation, Anne gained new insights into the situation. Something new and important dawned on her. The midwife captures the dialogic moment and asks Anne if she wants to hear what she thinks about what Anne has told. The midwife becomes co-creator of Anne's story. Together with the midwife, Anne gets insight there and then, that she confuses the son she has given birth to with her little brother, Hans. She transfers the anxiety she has experienced looking after her little brother who was epileptic, to her newborn son. The midwife, together with Anne, create a new reality for Anne and show that Anne herself knew the reason why she had trouble bonding with her son.

Comments

The example of “The Big Sister” shows that Empathic Communication as a tool can be used to create present moments. The relation in the example is characterized by equality in ability and co-creation, and the client is the main person in the situation. The helper refrains from commenting, correcting, or interrupting during the first steps in the dialogue.

Several of the seven features of the present moment described above are in place. We witness how Anne's feelings change as the present moment unfolds. The emotional process in the present moment virtually explodes into a new insight as a result of the processes in the foregoing critical present moment – which is a Kairos moment charged with ‘presentness’. The psychological function of the present moment and the implicit purpose of solving and adopting the new recognition that characterize present moments, unfold as an action (insight) in the actual dialogic moment. That Anne confused her son with her brother was an insight that, until the dialogic moment occurred, “had passed under the focused consciousness level”. That she confused the two was unknown to Anne. The process that lead to new insight happens automatically and unconsciously when Anne finds herself in Kairos time. This process, that takes place in a tenth of a second, is a way of organizing sequences of mental units (Anne's childhood memories). In the final instance, the organizing itself spontaneously leads to a gestalt – an adaptive whole experience that is expressed in the words: “But you aren't my brother!”

We can say that using Empathic Communication, Anne has created a new understanding of reality through a free exchange of thoughts and ideas. The midwife in turn, has gained a new understanding of the reason for a lack of bonding between mother and child in this case.

Through the use of clarifying conversation, we might ask if Anne avoided the possibility of being diagnosed as a client with postpartum depression.

Example 2

“The Boy Who Didn’t Want to Go to School” and Empathic Communication

Per, who is in the second grade, suddenly refuses to get up one morning. He has stomach ache, wants to stay in bed and refuses to go to school. His stomach ache does not get better in the next few days and Per is carefully questioned and examined without finding any reason for Per’s ailments.

His parents and teachers try to quiz Per about *why* he will not go to school, *where* the pain is in his stomach and if he can explain *why* he does not have stomach ache on Saturday and Sunday when he is out playing with the other children. Per cannot answer this. He does not understand it himself.

One day Per is taken to the school nurse who, instead of asking why he does not want to go to school, starts the conversation by saying she knows Per has stomach ache and would rather be at home in bed. The school nurse sits down beside Per and says:

“Tell me, Per, what do you go around thinking about all day?”

“Well -,” Per draws a breath. “Well, I think about the girl in class who is dead and who had cancer. Do you remember her – Lise – who became ill?”

“Yes,” responds the nurse, “I remember Lise. She was often here at my office.” “What do you *feel* though now Per, when you tell me about Lise and how ill she was?”

“I’m so scared ... think it’s so scary ...,” replies Per.

“And what more do you *think* about then, that Lise died, and that she had cancer?” asks the nurse.

Then there is a long pause between them. The nurse observes that Per withdraws in thought – he is pensive about something – looking for an answer. Then Per suddenly sits up straight in his chair and says:

“You see; I’ve been given Lise’s desk. And everyone in the class says that cancer is catching.” Per draws breath and suddenly says:

“I think I have cancer and that I’m going to die! That’s why I don’t want to go to school!”

“Then, Per,” answers the nurse, “I’ll tell you something important – now that you’ve told me what you go round thinking about. It’s like this, Per, something we know is that cancer is not catching.”

At this point in the conversation, the nurse becomes co-creator in the Empathic Communication. She can reassure Per that he does not have cancer and that he is not going to die. As co-creator, she has the ability to correct Per’s false view of reality. At the end of the conversation, the nurse praises Per for being so brave and telling her his story. Shortly after this conversation, Per chose to start school again.

Comments

In the same way as in example 1 above, we see that Empathic communication can create a present moment. The school nurse follows the four steps in the tool: She invites Per to tell about himself, and his feelings and thoughts, there and then. She does not interrupt him and does not make comments underway but notes that Per is pensive when he realizes that the nurse would like to know how he 'really' feels. Because the nurse respects that Per cannot answer why he refuses to go to school, she does not ask him about it.

In the example, we find several characteristics of a present moment. We can say that Per's daily anxiety about dying had "gone beneath the focused consciousness level". He did not know about his own anxiety about dying until that anxiety suddenly became conscious in Kairos time that unfolded. A dialogic moment arises: *"I think I have cancer and I'm going to die!"* It is this frightening feeling and recognition that is found on "the mental scene" in the present. The result of this "subjective psychological process" is an adaptive holistic happening: Per himself understands in a flash what is the real reason for him not wanting to go to school. Through equal cooperation, and with point of departure in the insight the dialogic moment reveals, the nurse can offer to be co-creator when she tackles Per's false view of reality.

We might ask whether this clarifying conversation led to Per avoiding a psychiatric diagnosis on the grounds of refusing to go to school.

Example 3

"Men and the Fear of Giving Birth" – couple therapy and Empathic Communication

I received a call from a woman who was soon to give birth to her second child. On the phone, she says she is upset because her husband refuses to be present at the birth in about a month's time. The couple clearly had a conflict about this issue. I offer her and her husband a session the following day.

The woman is divorced and has a child from a previous relationship. She is now expecting her second child with her new partner. He will become a father for the first time. The woman, who spoke first, is clearly aggressive and emphasizes that her previous husband was with her during her first delivery. She is full of reproach and feels let down by her partner. In the therapy session, the two sit facing each other. The husband is silent, seems uneasy and a little ashamed, with a desperate look on his face as he looks down.

I decide to make the husband the main person in the empathic dialogue I plan. I explain to the wife that her task is first, to listen to what her partner has at heart. The question is: what has this man previously experienced that can explain why he refuses to be present at the birth?

Since the issue is child birth and hospital, I pick up the husband's story when it comes to illness and ask him to talk about what illnesses he has had. I let the husband tell his story without interrupting and signal to his wife – who now wants to comment on what he says – that her husband is to tell his story without our comments. After I have established with the wife that her husband is the main person in the session, she begins to listen attentively. There appears to be much that is new in the husband's story – experiences that his wife has not heard before.

The husband had a long history of illness and many traumatic hospital admissions as a child. He is unsure about how many times he had been in hospital. When I go further in Empathic Communication and ask the husband what he feels when he tells us about this, we hear about a lot of anxiety in a little boy in hospital, about sad episodes where he sits alone and about painful examinations and bloody bandages. He remembers that no one comforted him when he was so frightened.

The husband is on the verge of tears as he sits there. His wife and I listen expectantly and let him speak.

Eventually, I approach step three in the method and ask the husband to say something about what he thinks about what he has told us – and about the feelings he has described. Before he could answer, his wife interrupts, leans forward to where her husband is sitting and suddenly says in a tearful voice

“You don’t have to!!!”

When this was said, they both began to cry.

Through listening to the trauma the husband told from his childhood in terms of illness, his wife understood why her husband refused to be present at the birth. As she understood, something new was rendered between them in a dialogic moment. With as much illness the husband had experienced, many negative hospital experiences and so much anxiety, about which his wife knew nothing, for her, there was only one possible solution between them: *her husband would not have to be present while she gives birth.*

As co-creator, I saw there were several valuable opportunities for further co-creation of new realities for the two from the processes that were started during the session. The couple were offered a new session the following day for a closing process of what had happened between them.

Comments

This example demonstrates that Empathic Communication can also lead to a present moment where several are present in a critical present moment. The structure is the same: Focus on *one* main person’s story – the others who are present learn to listen, not to comment, correct or interrupt. In this way, the others present are invited to participate in the person’s experience as explained by the main character who is in a Kairos moment.

The woman in the above example probably experienced that she changed from a Chronos state (linear perception of time), when she anticipated the known story of her husband, to a Kairos experience (a moment when something comes into being) when she listens to her husband’s new story characterized by strong emotions. One of the key characteristics of present moments (shift in emotions’ intensity and quality) is clearly evident in this example: The change in the woman’s feelings occurs in a tenth of a second. What she felt of contempt for, and aggression towards her husband at the beginning of the conversation suddenly changes when she decides to listen and pay attention to what he says. She realizes a new sense of compassion and empathy for her husband. The result is, that instead reproaching him, she releases him from the duty she had imposed on him to be present at the birth and exclaims: *“You don’t have to!”* She understands that for her husband to be present at

the birth would, for him, be reliving the trauma of the dramatic hospital stays he had experienced as a child.

This emotional, abrupt change in the course of a subjective present moment is an example of an adaptive process and a psychological function. The dialogic moment leads to a holistic experience of meaning.

It is possible that this clarifying conversation laid the foundation for a new relationship between the two. A relationship that led to the parents together, bonding with the child they were expecting.

Example 4

“A Proud Father” and Empathic Communication

A new father proudly tells the health visitor who was on a home call shortly after his son was born, how he had managed to calm his son who had cried for hours on the first evening after the boy was home from the hospital. His wife and mother-in-law were at their wits' end - the boy just cried. That's when the father takes 'action' and wanders around with the baby over his left shoulder while talking loudly and clearly to his son, saying it's time for bed!

In the father's narrative it emerges that he sought to drown out the baby's crying with his own soothing and vociferous voice. The boy eventually quietened down and fell asleep on his father's shoulder.

After the health visitor had heard the story and the father's spontaneous description of how he mastered the new situation, she asked what he had felt there and then:

“What do you now think about what you have told me?”

The father answers abruptly:

“Then I became a FATHER!”

In the dialogic moment, the father, within a tenth of a second, finds his own words to express the sudden realization of what had happened to him. When the health visitor asks how he 'really' feels, the father gains insight into the change that has taken place: something new has unfolded – now he knows that he is a FATHER!

Comments

Such a moment of meeting that takes place in a Kairos state holds an implicit intent where the goal is to take in, adopt the new or solve the problem (which in this case was to respond to an unfamiliar and unusual question about the significance of what the man had experienced). In the dialogic moment, there is a “coming into being of a new state of things”.

The example shows the importance of stage three of Empathic Communication. If we imagine the same situation and dialogue between the health visitor and father without the health visitor asking for the father's own reflection, we see that a key element is missing: the father's opportunity to reflect, place, control and give value to what he feels and experiences. Without stage three in Empathic Communication, where the focus is on the client's own reflections, the story of the strong feelings of mastery and pride would have remained an “incomplete” story without the holistic experience that the dialogic moment represented.

Summary of the four examples

In the material collected by the Institutt for Empatisk Kommunikasjon (IEK), there are numerous examples of dialogic moments that correspond to the four cases described above.

In common for the four examples of Empathic Communication as clarifying conversations is that individual clients are invited to raise awareness and to recall experiences, thoughts, feelings and ideas that may have “passed under the focused consciousness”. This is what we aim for when we ask with the popular expression: “What excess baggage is she or he carrying?”

In the first three examples, we see that Empathic Communication facilitates the client’s opportunities to become aware of issues or experiences that have been “under the radar” and which can be said to be in the forefront. We have seen in the first example above that Empathic Communication can clarify that sometimes, without our knowledge, we can confuse relationships between people we know. We have also seen in example two that Empathic dialogue can reveal that we can live with an anxiety of dying that we are not aware of. Through Empathic Communication in the third example, we have clarification that we can be controlled by past events that may be crucial to how we experience life here and now. Thus the actual situation resembled a retraumatization for this client. In the fourth case, we see the value of the helper “saying the right thing at the right time”. Through questions about the client’s reflections, a quality of awareness occurs that led to a dialogic moment when something new came into being.

The actual clarification in the Empathic Communication is expressed in the dialogic moments that represent a description of people’s first person experience. In a phenomenological perspective, such present moments are linked to some feeling of the *individual's self*. We can say that this experience belongs to me as an individual – it *is* me. It is my “lived life”.

I have mentioned above that many clients “sunny stories”, “magic moments”, moments of change, and moments of meeting are described as unforgettable and as a memory of life. We can understand this such that the actual present moment experience in a Kairos state can be such a watershed that it remains a part of ourselves forever.

A dialogue moment occurs in a meeting between people. In the four examples above, such moments of meeting are analyzed within the framework of phenomenological psychology and self-psychology. We now look into dialogic moments from a science-based reference framework focusing on the scientific discovery of the mirror neurons. The results of this research show that “abstract thinking is not the only process we use while observing the behavior of other organisms” (Keysers, 2011, p.30). Below, the meaning of the mirror neuron system for the relationship between people is illustrated with examples of non-verbal communication in connection with Empathic Communication and dialogic moments with reference to Stern's thinking.

The mirror neuron system

The mirror neuron system was discovered about 20 years ago. In Italy, a group researchers focused on studying the behaviour of monkeys. By chance, they discovered that certain actions in the monkeys, for example, stretching out a hand to take an object, activated specific nerve cells in the brain. The

epochal finding was that the same activation occurred in the same brain areas of the monkeys who observed what the other monkey did. Neurophysiologist Giacomo Rizzolatti and his co-researchers called the brain cells that are activated, or “fired” as it was termed, “mirror neurons” (Rizzolatti, G. *Mirrors in the brain – how our minds share actions and emotions*, 2008).

The findings at that time were sensational and led to a wave of international brain research. The number of research projects in this area increased twenty fold from 2000 to 2010.

In *The age of Empathy. Nature’s lessons for a kinder society* (2012), Professor of Psychology, Frans de Waal, claims that in the future, the discovery of the mirror neurons may mean as much for psychology as the discovery of DNA has meant for biology.

Much suggests that the mirror neurons - or “empathy neurons” as they have also been called – represent the neurological foundation - that can give us the understanding of our innate ability to empathize. In particular, these neurons have significance for our ability to mirror and recognize other people’s feelings and intentions. This means that we have an innate ability to participate directly in other people’s feelings and actions without imitating them. It is *as if* we are performing the same action.

We can define a mirror neuron as follows:

A mirror neuron is a neuron that generates an electrical signal every time an individual performs a particular action - and whenever the individual sees the same action performed by another individual (Røsjø 2012, p.50).

Røsjø claims that the subconscious parts of the brain contain nerve cells that continuously “scan” or “read” sensory impressions and other people’s actions and report to consciousness if there is something that requires special attention. Stern refers to this “scanning” as a kind of resonance system between humans and that this resonance and mirroring applies to actions made by the hand, mouth, face, voice and foot. Research shows that mirroring takes place in less than a tenth of a second.

Empathic Communication and the mirror neuron system

The importance of the mirror neuron system and how the neurons function as a nonverbal form of communication between humans is part of the teaching in courses in Empathic Communication. Through practical exercises, the course participants train to tune in to the client and mirror what the client puts into words.

The structure of the tool, as mentioned, is built as an invitation to the client to experience the present moment. As described above, the client is encouraged as a participant in an Empathic Communication to describe his situation and to put words on feelings and thoughts here and now during the first three steps of the dialogue.

The aim of the courses in Empathic Communication is to build the helper’s relational competence also on the knowledge of our innate ability to mirror each other.

In the four examples above, it has been shown that the helpers in these cases have used mirroring as an important part of the Empathic Communication dialogue.

In "The Big Sister" example, it is described how the midwife tunes into Anne through "reading" - that is, mirroring - what Anne says, listening to the way Anne expresses herself and "scanning" her body language. The midwife immediately feels the same anxiety and turmoil as Anne. The midwife picks up that her brother, Hans, is an important person for Anne and asks Anne to tell more about her brother. Then they are in a co-creation that leads to a dialogic moment and insight: *The son is not Anne's brother!*

In the example, "The Boy who Didn't Want to Go to School", Per and the school nurse mirror each other in a common understanding that the nurse wants to know how Per "really" feels. She "reads" Per's anxiety and follows his train of thoughts until Per becomes conscious of his anxiety about dying - the anxiety that the nurse can recognize in the mirroring that takes place between them. Per is confident that the school nurse wishes him well and he dares to tell the truth about why he does not want to go to school in the moment he becomes conscious of the fear of dying.

The example "Men and the Fear of Birth" describes a dialogue in which the pregnant woman is encouraged to mirror her partner's story of a panic-like childbirth anxiety. By listening to her husband's story, the woman's empathy is awoken - the mirror neurons are activated - and she recognizes her husband's pain and turmoil - the pain becomes her own and she suddenly breaks out: *"You don't have to!!!"*

In the last example - "A Proud Father" - we can imagine how the health visitor, on hearing the history of the new father - automatically mirrors and recognizes the father's joy and pride in mastering a difficult situation. The health visitor acts as a co-creator and encourages the father to complete the story by asking for his reflection. Through this co-creation, a holistic experience unfolds - a dialogic moment - the father's sudden insight about what has happened to him: *He's become a FATHER!*

The description of the four examples emphasizes the importance of the helper not interrupting, commenting or correcting the client's narrative.

Discussion

Initially, I started my story in this essay to show that clients' experiences of "sunny stories", in their time, trusted me in my practice as a psychotherapist, for most clients are related to relationships with other people. Not only are the experiences unforgettable, as I have mentioned above - they also relate to the relationship the individual has had to other people

These stories have been the starting point for the development of the Empathic Communication tool.

I have further described that many course leaders and instructors in Empathic Communication experience that the use of the tool may trigger special moments of "magic", change and interaction in the dialogue with the client.

At the Institutt for Empatisk Kommunikasjon (IEK) we wonder about this special and surprising finding in our evaluation material.

A possible understanding of the positive experiences can primarily lie in the special relation between helper and client - a relation that is based on an equal dialogue and that goes together with the invitation to the client to describe himself in a present moment.

Client feels safe

When, in addition, the helper actively tunes into the client and mirrors the client's subjective process in Kairos time, a special resonance arises - the two experience 'the lived life' at the same time.

Client feels seen and heard

This non-verbal communication that takes place in a tenth of a second can, as described above, lead to surprising reactions between a helper and a client when the dialogic moment unfolds. This is a holistic experience.

The client experiences a meaningful moment of meeting, new insight and a recognition.

We can ask if it is the unexpected and sudden insight and new thoughts that are expressed during the dialogue that give course leaders and instructors an experience of something "magical", a golden moment, a moment of change and a moment of meeting.

Another point of view and understanding may be that the magic in these dialogues is associated with the dialogic moments representing an altered state of consciousness. This condition may appear as an unknown state and way of being a helper. There is a transgression of the linear objective time-setting (Chronos time) to the subjective time experience of the present (Kairos time) in the actual moment of meeting. A condition that the helper mirrors and recognizes in himself.

This last point of view can be found in Martin Buber's thinking. Buber (1878-1965) is often referred to as an existentialist and "dialogue philosopher". In his philosophy, Buber distinguishes between an I-You relationship and an I-It relationship. Buber describes an existential meaningful meeting in an I-You relationship as "Entgegnung". This meeting involves recognition and confirmation of each other as the people we are. On the other hand, Buber refers to an I-It relationship as merely an "Experience". In the "The dialogic moment" in a state of "Entgegnung", man experiences something more than himself. It is deepest, a divine encounter, Buber said. He also claims that such a meeting changes man as a person and man's relationship to the world.

The same description of the dialogic moment as a form of recognition is found in Buber's contribution in the book *Moments of Meeting*, 2002. (The book is a comparison of Martin Buber and psychotherapist Karl Roger's views of moment of meeting and dialogic moment). The authors of the book - Cissna and Anderson conclude that Buber and Rogers agree that

"Certainly the impact of dialogue is not restricted to its briefest moments; but it is a momentary phenomenon, one that appears often unexpectedly, perhaps serendipitously, and leaves before we are ready" (p.206).

"Dialogic change is not progressive, not constant, but the result of often surprising and even epiphanous or sporadic insight" (p.174).

Much suggests that Buber and Rogers, in their thinking and experience, were concerned with present moments and changed consciousness states in connection with dialogic moments. It is also interesting to note that Buber's description of "Entgegnung" appears to coincide with the basics of

the definition of the relationship in Empathic Communication: *An equal dialogue and co-creation of new realities through the free exchange of thoughts and ideas*. In both cases, focus is on the actual moment of meeting and the potential for change and recognition of the other in such a meeting.

(There is probably no contradiction between the two approaches mentioned above but rather that the concepts complement each other.)

We can note that in one of his later books, Buber finds that the most watershed experience we humans can have is the experience of the very relation between two people (*Between Man and Man*, 1947). This is a philosopher's views several decades before the discovery of the mirror neurons. Buber's assertion that dialogic moment experiences are watersheds can be seen in conjunction with Keyzers' book *The Empathic Brain* (2011), which deals with mirror neurons and empathy. Keyzers says that after the discovery of the mirror neurons:

"You will start looking at yourselves differently – no longer as a mere individual but as a deeply interconnected, social mind."

Keyzers' statements bring us to what is now referred to as two-person psychology and relational psychotherapy. This new direction in psychology contrasts with one-person psychology, the main emphasis being on the person's isolated psyche, such as ego psychology and cognitive psychotherapy. The center of gravity has moved today from the intrapsychic - the individual - to the intersubjective community. The ever-changing creative dialogue with the minds of others - through mirroring - shows that our mental life is created in a community, says Stern in *The Present Moment in Psychotherapy and Every Day Life*, as referred to above.

Conclusion

In the analysis of dialogic moments, I have taken point of departure in phenomenological psychology, self-psychology, the discovery of the mirror neuron system and the theory of existentialism.

The basis for the analysis is data from evaluation material from the use of the Empathic Communication tool collected by the Institutt for Empatisk Kommunikasjon (IEK) over 12 years. The analysis is linked to experiences with dialogic moments among instructors and course leaders educated at the Institutt for Empatisk Kommunikasjon (IEK). There is no equivalent analysis of empathic communication experience and dialogic moments with clients.

In all, four different examples of dialogic moments are described. The variation in the examples shows the broad applicability of Empathic Communication. The examples are illuminated with Stern's theory of two different time contexts: Chronos (objective time) and Kairos (a favourable moment, the moment when something happens).

There is much support for Empathic Communication entering a new academic direction, referred to as two-person psychology and the new psychotherapy course: Relational Psychotherapy.

Empathic Communication is a relational tool. This approach is based on an equal dialogue between clients and helpers, where the goal of the co-creation during the dialog is to help the clients to expand their experience of who he or she is.

It has been argued that the detection of mirror neurons may mean as much for psychology as the knowledge of DNA has meant for the biology.

Epilogue

In 1982, I attended a World Congress in Psychiatry in Cannes, France, where I presented the results of my doctoral thesis: *Psychological Reactions in Women and Men in Relation to Childbirth*. The title of the presentation was: *Paternity Blues*.

On the last evening of the congress there was a sweeping, beautiful banquet. There I participated with my husband, my 10-year-old son and my 14-year-old daughter. We ended up at the same table as a group of friendly child psychiatrists. They were concerned that we had come from Norway and had brought our two children to a world congress and banquet. During the conversation, one of the guests at the table got the unexpected idea that I should sing some Norwegian lullabies for Daniel Stern - the world-famous child psychiatrist who sat at the next table.

So before I knew it, Stern was called over. And suddenly there I sat next to Stern at our table and sang the beautiful cradle songs that our children knew so well. Stern listened and hummed along. He was particularly interested in knowing what the lyrics in the song meant. There was a present moment for all of us. We forgot time and place.

Unforgettable feelings and thoughts from a special moment of meeting in 1982 in France have come back to me during the time I have worked on this essay.

A few years later – in 1990 – Stern published his renowned book: *Diary of a Baby*.

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