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Therapists' lived experiences of identifying with sensory processing sensitivity: A phenomenological inquiry

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Abstract

Background: This study explored the lived experiences of therapists who self-identify as being highly sensitive persons (HSP), otherwise termed sensory processing sensitivity (SPS). SPS is an innate personality trait identified by deeper processing of information, overarousal, emotional intensity and sensory sensitivities (Aron & Aron, 1997). Of particular interest in this study was how being both a therapist and a HSP impacts on participants' well-being and therapeutic work.

Methods: Semi-structured interviews were conducted with a purposive sample of 10 qualified therapists. There were nine females and one male, with ages ranging from 34 to 59 years, length of practice ranging from 2 to 15 years and length of time identifying as HSP ranging from 6 months to 12 years. Data were analysed using interpretative phenomenological analysis (Smith et al., 2022).

Findings: Two group experiential themes were derived which have implications for therapists' training, practice and supervision. Participants felt that their heightened sensitivity helped them to establish relational depth with clients quickly and that they had an intuitive understanding of the nuances of clients' issues, which was often an embodied experience. They also spoke about the importance of processing time and setting boundaries to avoid burnout.

Conclusion: There is a need for increased awareness about SPS in counselling and psychotherapy training, supervision and practice. Future research may find it fruitful to explore whether SPS has an impact on therapeutic outcome.

KEYWORDS
Highly sensitive person, IPA, qualitative methods, sensory processing sensitivity, therapeutic process, therapeutic relationship, therapist self-care, wellbeing

1 | INTRODUCTION

Sensory processing sensitivity (SPS) is a personality trait that is explained by environmental sensitivity, a theoretical framework that accounts for differences in how individuals respond to environmental and social stimuli (see Greven et al., 2019; Pluess et al., 2023). This variation in sensitivity and responsiveness to the environment is believed to be normally distributed in the population along a continuum, with 30% being low sensitive, 40% moderately sensitive and 30% highly sensitive (Lionetti et al., 2018). SPS is

identified by deeper processing of information (e.g. enhanced self-reflection and pausing to check before taking action), overarousal (e.g. strong adverse reaction to noise and overstimulation), emotional intensity (e.g. strong reaction to the emotions of others) and sensory sensitivities (e.g. low tolerance for high levels of sensory input; Aron & Aron, 1997). Aron and Aron (1997) devised a 27-item self-report questionnaire called the *Highly Sensitive Person Scale* (HSPS) to measure high sensitivity. The highly sensitive person (HSP) is sometimes used to describe an individual who experiences SPS, particularly by those who identify with the trait, and the terms are often used interchangeably in the literature.

A substantial amount of research has been accumulated using the HSPS, particularly in relation to its association with poor physical health and negative psychological adjustment (Lionetti et al., 2024). Although invaluable to our understanding of SPS, studies using the HSPS do not capture the experiential aspects of those who identify as highly sensitive. However, there have recently been several studies that have explored the experience of being highly sensitive from a qualitative perspective, which has the advantage of being able to collect a more detailed and nuanced account of people's thoughts, feelings and behaviours (Willig, 2021). Black and Kern (2020) used interpretative phenomenological analysis (IPA) to investigate how 12 participants who scored high on the HSPS and a well-being measure experience and cultivate well-being in a WEIRD society (Australia), which revealed enablers of well-being, such as mindfulness, emotional regulation, self-awareness and self-acceptance, supportive relationships, connecting with nature and the importance of engaging in self-care activities, as well as barriers to well-being, such as physical health issues. In a thematic analysis of interviews with 26 Dutch participants who considered themselves highly sensitive, Bas et al. (2021) found that some participants had experienced burnout, depression and anxiety in the past, but currently reported a high level of well-being. Similarly, in an IPA study with 11 people in the UK who identified as being highly sensitive, participants experienced intense emotions, picking up on others' emotional states, and a greater sense of connection to others, and reflected on the importance of managing high sensitivity to prevent negative well-being (Roxburgh, 2022). Likewise, Roth et al. (2023) found that participants had increased empathic responses to others and often felt overwhelmed by sensory and emotional stimuli in their content-analytically evaluated interviews with 38 individuals in Germany.

It is evident from these qualitative studies that commonalities exist in the lived experiences of participants who are highly sensitive in terms of empathy, overstimulation and an increased response to emotional stimuli, which has implications for managing high sensitivity. However, no qualitative studies have explored the specific experiences of people who identify as being highly sensitive, who are also working in professions in which greater sensitivity may be an integral aspect of their work, such as therapists (i.e. counsellors and psychotherapists). It seems pertinent to consider how therapists might experience SPS given it is associated with negative clinical outcomes, people who identify as highly sensitive report feelings of overwhelm and being aware of others' emotions,

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Implications for Practice and Policy

- Participants felt being a highly sensitive therapist increased their intuitive ability and enabled them to detect subtle cues and nuances, which was helpful to their therapeutic work. There are implications for the training and supervision of therapists regarding whether it is possible to foster intuition and whether it might be a common factor of therapeutic outcome. Intuition may be beneficial to therapists in aiding them to select or adapt interventions with clients, to know when to introduce topics or to access underlying emotions that the client is not yet aware of.

- Findings suggest that the personality trait of sensory processing sensitivity (SPS) is helpful to the therapeutic process as participants felt it contributed to a deep connection with clients. Future research could be conducted on whether SPS has an impact on therapeutic outcome or if clients' ratings of therapeutic alliance positively correlate with therapists' scores on the HSPS.

- There are implications for the self-care and supervision of highly sensitive therapists given participants experienced emotional exhaustion and burnout. Therapists who are highly sensitive may find mindfulness beneficial.

- There are implications in relation to raising awareness of SPS in education and training. It is recommended that workplaces promote a culture of understanding and acceptance of SPS, which could include personal and professional development or policy guidelines that specifically address the needs of highly sensitive therapists.

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and that mental health practitioners, such as therapists, are at high risk of burnout and compassion fatigue (Rivera-Kloeppel & Mendenhall, 2021). Therefore, the purpose of this study was to explore the lived experience of being both a therapist and a HSP in terms of the following research question(s): how does being HSP impact on therapists' well-being and work with clients, including developing and maintaining a therapeutic relationship, managing burnout and empathy? Interpretative phenomenological analysis (Smith et al., 2022) was deemed most appropriate for this research given its emphasis on lived experience, individual meaning and how people make sense of their experiences.

2 | METHODOLOGY

2.1 | Design

Interpretative phenomenological analysis was used to address the research aims given its emphasis on how individuals make sense of their subjective lived experiences (Smith et al., 2022). IPA aims to

understand and explore the meaning of a particular phenomenon in a particular context and is grounded in three theoretical underpinnings: phenomenology (the meaning and essence of an individual's experiences), hermeneutics (the analysis of text via interpretation) and idiography (a commitment to understanding the particular case).

2.2 | Participants

IPA aims to obtain a reasonably homogenous sample of participants who can provide a particular perspective on the phenomena of interest (Smith et al., 2022). Therefore, purposive sampling was used to recruit 10 therapists who all self-identified as HSP. Participants were recruited via social media, including two Meetup groups and one Facebook site for Highly Sensitive Therapists. To be included in the study, participants had to be qualified counsellors or psychotherapists who felt that being HSP influenced their therapeutic work. There were nine females and one male, with ages ranging from 34 to 59 years, length of practice ranging from 2 to 15 years, and length of time identifying as HSP ranging from 6 months to 12 years. Therapeutic training was predominantly humanistic and integrative, but participants also mentioned using other approaches (see Table 1).

2.3 | Data collection

Online interviews using Skype were conducted by the first author with participants at a time convenient to them and followed a semi-structured format. Semi-structured interviews have the advantage of producing rich data as the flexibility of the interview schedule allows the interview to move into novel areas (King et al., 2018). Table 2 identifies the interview schedule that was developed in keeping with IPA methodological guidelines (Smith et al., 2022). Interviews were recorded using the in-built Skype recording function and a handheld digital recorder for backup and were transcribed verbatim for data analysis (the average length of interview was 56 minutes).

TABLE 2 Semi-structured interview schedule.

Questions	Prompts
1. Please tell me what being HSP means to you.	Are there any characteristics of the HSP that you particularly relate to?
2. How does being HSP influence your work as a therapist?	Did you identify with being HSP and then become a therapist or did you discover you were HSP after becoming a therapist?
3. Describe the best things about being HSP and working as a therapist.	
4. Describe the most challenging things about being HSP and working as a therapist.	Does it impact on your experience of empathy? Developing and maintaining a therapeutic relationship? Self-disclosure? Burnout?
5. Can you tell me if there are any differences in the way you work with HSP clients compared with non-HSP clients?	How do you manage this? Are there any clients you find it difficult to work with/easier to work with due to being HSP?
6. Have you discussed being HSP within supervision? If so, please could you tell me about this experience?	Can you provide any examples?
7. Have you shared being both a HSP and a therapist with others in the therapeutic community? If so, please could you tell me about this experience?	Can you provide any examples? Do you feel well supported in supervision?
8. Before we finish do you have any other opinions on this topic that you would like to express?	

TABLE 1 Participant demographics.

Participant pseudonym	Age (years)	Gender (as stated by participants)	Ethnicity (as stated by participants)	Country of residence	Length of time practising as a therapist	Therapeutic orientation/ training (as stated by participant)	Length of time identifying as HSP
Anna	52	Female	White British	Spain	Not stated	Person-centred/multi-modal	Not stated
Mariska	52	Female	White	Hungary	12 years	Humanistic/integrative/ focusing-orientated	9 years
Nicole	45	Female	White	USA	7 years	Spiritual/person-centred/ trauma-based	7 years
Ashleigh	35	Female	White/Irish/ German-Swiss	USA	3 years	Gestalt/common factors/ existential/transpersonal	5 years
Emily	34	Female	White	USA	9 years	Relational/EMDR/Play therapy/expressive arts	2.5 years
Zara	49	Female	Asian British	UK	2 years	Existential/transactional analysis	Less than a year
Chloe	59	Female	White British	UK	15 years	Transactional analysis	12 years
Sophie	38	Female	White	UK	2 years	Transactional analysis	6 months
Harry	38	Male	White British	UK	5 years	Person-centred	6 months
Alice	45	Female	White British	USA	10 years	Process-oriented psychology	6 years

Participants had the opportunity to receive a copy of their transcript and a summary of findings by contacting the first author.

2.4 | Ethical considerations

The study adhered to the British Association for Counselling and Psychotherapy 'Ethical Guidelines for Research in the Counselling Professions' (2019) and was approved by the Faculty of Science, Engineering and Social Sciences Ethics Committee at Canterbury Christ Church University. Written informed consent to take part in the research was gained from participants prior to taking part in interviews and pseudonyms have been used to protect participants' identities.

2.5 | Reflexivity and trustworthiness

It has been argued that reflexivity is an integral part of the research process in qualitative research (Lazard & McAvoy, 2017). Reporting guidelines for publishing qualitative research also emphasise that methodological integrity and trustworthiness can be ascertained when there is transparency about how the researcher's values could have influenced the research process (Levitt et al., 2018). To attend to my own presence in the research process, I refer to the four different types of reflexivity outlined by Walsh (2003): in terms of personal reflexivity (influence of the researcher), I disclosed to participants that I identified as being HSP, and that I was a lecturer, psychologist and counsellor (although not currently in practice). I am aware that I was both an 'outsider' (as an academic) and an 'insider' (as a member of the group being studied). I paid close attention to participants' accounts during the interviews and analysis, and I closely followed IPA analytical guidelines for conducting good quality studies, which emphasise attending to the shared and unique features of participants' accounts and having a close dialogue with the data (Nizza et al., 2021). An independent research assistant (second author) helped with analysis to provide another perspective on the data and check themes were grounded in the data. In terms of interpersonal reflexivity (relationship between the researcher and the participants), I had no previous relationships with participants. My insider status may have contributed to a better rapport with participants as I was able to relate to many of their thoughts, feelings and experiences; conversely, it may have resulted in assumptions being made by both me and the participants about our similarities. However, I feel that my training and experience as a humanistic counsellor enabled me to develop good rapport, to be congruent with participants and to check for understanding during the interviews, being attentive to their lived experiences. In terms of methodological reflexivity (theoretical commitments), while I believe that decisions about the methodological approach should be pragmatic and based on the research question, I am particularly attracted to IPA because I feel that there are similarities with the humanistic therapeutic approach in relation to adopting an internal frame of reference to become conscious of the world as it exists for people. In terms of contextual reflexivity (cultural and historical milieu in which the research was conducted), this study was conducted at a point in time where there is a growing societal (popular books, social media sites and meet-up groups) and scientific interest in SPS (for an overview of research see Acevedo, 2020; Greven et al., 2019).

2.6 | Data analysis

Analysis of the interview transcripts followed the flexible IPA procedure recommended by Smith et al. (2022). Both researchers independently undertook the following steps and then the primary researcher merged their analyses to develop a final set of themes:

1. Researchers immersed themselves in the data by reading the first transcript and noting any interesting observations.
2. Exploratory notes were made of the descriptive (how the participant has described what matters to them); linguistic (participant's use of language, pauses, repetitions, tone and tense, and metaphors); and conceptual (interrogating the data to understand what matters to the participant) aspects of the data.
3. Experiential statements summarising what matters to the participant were constructed.
4. Connections were made between experiential statements to identify the most interesting and important features of the participant's transcript.
5. Personal experiential themes (PETs) were named for the first participant.
6. The analytical steps were repeated for the other participants' transcripts.
7. Group experiential themes (GETs) were developed from the PETs by seeing whether any could be clustered together.

With a sample size of 8 and above, Smith et al. (2022) recommend providing extracts from at least three participants and that a theme should be prevalent in at least half of the sample.

3 | ANALYSIS

Two GETs were derived from participants' data which reflect the lived experience of being a highly sensitive therapist.

3.1 | Depth of connection

This GET was present for all participants. When describing what it means to be a highly sensitive therapist and how this affects client work, participants reflected on the depth of connection that was felt and how they were able to develop rapport with clients quickly and easily. It was evident that this was influenced by a capacity to pick up on subtle cues beyond verbal communication resulting in a deeper level of understanding. This is represented

by two subthemes: *'Connecting to Clients: Noticing Nuances and Detecting Subtleties'* and *'Embodied Experience: Connecting with Clients via Somatic Awareness'*.

3.1.1 | Connecting to clients: Noticing nuances and detecting subtleties

In making sense of the depth of connection that was experienced, participants mentioned that their highly sensitive temperament helped them to notice nuances in the therapeutic encounter and gave them an intuitive understanding, which enabled them to be in touch with clients' emotions and experiences. Alice describes how she uses sensitivity in her therapeutic work to detect subtleties and engage with clients:

> I will allow it, the sensitivity part of me, the part of me that is detecting subtleties, that feels things, feels things shift, whatever—I'll let that kind of lead the way more, erm, and often try to—I often find myself naturally match—sort of like matching or joining the energetic quality of the—of the client, or the temperament, or using it to kind of read the atmosphere and how best to engage with that client. So, I feel like I'm more and more utilising those—that sort of sensitive to subtle stimuli part to—to help me work.

The words 'matching' and 'joining' in Alice's extract suggest that she experiences a process of synchronisation or mirroring with clients, which perhaps reflects empathic resonance. In saying that she finds her herself 'naturally' doing this, she infers that this is an effortless or an instinctive way of being. Sophie uses the interesting metaphor of a 'chameleon' to represent this trait of high sensitivity: 'I see kind of HSPs as almost like chameleons in a way, that we can just—we just kind of tune in quite quickly to what's going on, and we kind of adapt to it'. There are interesting parallels between how a chameleon changes its colour to blend into its environment and participants' adaptability to their clients: both seem to detect and respond to subtle cues. In referring to 'we', Sophie also shifts the perspective to a collective identity rather than an individual one, implying that this is a commonality in experience. Alice also states that she 'feels things shift' and 'reads the atmosphere', which implies a heightened awareness and attentiveness to the emotional state, behaviour and/or body language of clients. It is apparent that she feels her sensitivity to 'subtle stimuli' is conducive to effective engagement with clients and that there is a growing appreciation of using this ability to guide her therapeutic work.

There are striking similarities between Alice's account and that of Emily who also mentions how her sensitivity enables her to have 'deep sessions' and 'pick up on subtleties', which is beneficial for therapeutic work. Like Alice, Emily specifically mentions being able to notice 'a shift in the room', which suggests that she is picking up on non-verbal communication. Emily acknowledges that other therapists who are not highly sensitive must also make these observations and pick up on subtle cues, but she feels that it is a 'deeper level' for her:

> I just think I can have some really cool, deep sessions with clients, and it allows me sometimes to pick up on subtleties, just like in my personal life, where, depending on the situation—you know, I wouldn't say I do this all the time, but I might say, "You know, I just noticed a shift in the room," or, "I'm noticing that you're tearing up a little bit," or, "I just felt something, like I'm wondering, what did you notice or what's coming up for you?" And I'm sure therapists who are not highly sensitive also have that, but I think that it's a—it's almost a deeper level for me. Like it's just something—you know, and—and just—it creates this connection where I think I can pick up a lot and—and use it therapeutically with my clients.

Similarly, Nicole also believes that her ability to notice nuances is beneficial for therapeutic work and fosters a sense of validation for clients. She points out that highly sensitive clients can feel deeply understood by her without extensive explanation of their experiences, which can perhaps be explained by an intuitive or shared understanding: 'I think it really does go back to again just understanding like the nuances of their experiences and people feeling really validated...They'll say, "Does that make sense?" I'll be like, "Yeah, I know exactly what you're talking about"'. Ashleigh makes explicit reference to 'intuition' to make sense of her ability to recognise subtle shifts in clients, such as non-verbal communication and facial expressions:

> I feel like the HSP stuff makes my intuition really strong, it's sort of like I called it a superpower but I genuinely think it kind of is; I think it makes me hyper attune to, like, micro-changes in clients, like you know, experience, umm, I can read non-verbals I think and then I think that, like, energetic attunement when you're in the room with them so you can feel the changes, you can read people's faces really well, so, you know, it's not really a superpower, maybe it is, but it's more just like a hyper-attunement or a hyper-awareness I think.

Initially, Ashleigh refers to her sensitivity as a 'superpower', but then likens it to 'hyper-attunement' or 'hyper-awareness', perhaps reflecting modesty or an uncertainty in how to make sense of her experience. She mentions 'attunement' several times, which was a common phrase in participants' accounts to express how nuances are detected. She later refers to an 'intuitive knowing' again and

discusses how she makes sense of this in relation to the Jungian collective unconscious.

Sophie refers to a 'gut instinct' which is like intuition, but contrastingly makes sense of her experience in terms of countertransference and overidentification and uses the analogy of merging with a character in a TV show to emphasise the immersive feeling she experiences when she connects to clients:

> We have a thing of picking up, I think, on like even the tiniest bit of countertransference, which perhaps might not have been picked up. And kind of a—it's that kind of knowing, I think, that—that kind of gut instinct thing that I think influences my work the most… it's probably a bit of overidentification, I suppose, going on, but almost like you're—you're—you're kind of—you know if you watch a TV show and you're really into it, then it's almost like you're one of the characters in it, you're just not on the screen, And sometimes that can be a bit—I think sometimes that happens quicker than it would do with a non-HSP, erm, therapist.

While these participants all describe the connection that is felt in the therapeutic setting as a beneficial aspect, in terms of creating a space for clients to feel heard and understood, other participants also highlighted the problematic impact of empathy in that this could seem 'scary' or 'too much' (Anna) or 'threatening' (Zara) for clients that have entrenched defence mechanisms or were not prepared for such a deep connection or level of understanding, as Harry states: 'I would even bring more understanding to that situation than the client sometimes was even prepared for'.

3.1.2 | Embodied experience: Connecting with clients via somatic awareness

Some participants also stated that the depth of connection was so intense that a deeper level of awareness of their clients' issues was felt somatically. This is exemplified by Chloe who describes using intuition, as noted in the first subtheme, but also embodied awareness which results in her 'acting out' what the client does:

> I'm somebody who will intuitively know stuff but I'm also somebody who will physically feel stuff in my body and I've also had that translate into behaviour as well, you know … so I will find myself doing things that I think this is not, this is not me doing this, you know, what on earth is going on here? Oh, this is because this is what the client does and I'm acting out what the client does, you know, so that sort of whole transference thing which I really don't like the word transference in that sense, cos it's much more than psychological transference, it's like an energetic transference.

In saying 'what on earth is going on here' when reflecting on acting out what the client does, there is a strong sense of shock and that she is questioning her behaviour. In trying to make sense of the situation she refers to 'transference', which is a concept from psychoanalytical theory, but she also states that it is 'more than psychological transference' and refers to 'an energetic transference'. Similarly, Ashleigh also described feeling the emotions of her clients in her own body as well as hearing the words they are about to say in her head right before they say them, which she felt was validation that she was connecting in the right way. She felt that she used her own body as a 'good feedback machine' and as an 'assessment tool' and mentioned that even if clients were not verbally expressing what they were experiencing, she could physically feel their issues: 'I can feel their anxiety in my body or I can feel their depression in my heart'. She added that this somatic awareness was particularly intense and referred to it being like the character Whoopi Goldberg in the 1990 supernatural romance film Ghost:

> It feels sometimes a little bit like Whoopi Goldberg in Ghost, it can feel like they've moved through me sometimes, it can be if they're going through something particularly intense, it can be very, very intense for me…but it doesn't necessarily stay, it will go as well and I can move on.

In saying 'it can feel like they've moved through me' with reference to a character who plays a psychic medium, there is a sense that Ashleigh feels like she is experiencing the spirit or essence of her clients when she feels their emotions. She also states that the intensity does not last and 'moves on'. There are similarities in Ashleigh's account to that of Zara, who also felt that she was intuitive and absorbed information non-verbally, using the metaphor of boats docking to express how it feels to embody her clients' emotions:

> Just being this kind of container, this vessel but you know where, where your skin feels so porous all of the time and you are, it's, yeah, it's like sometimes it feels like a dock, you know, like boats of feelings just dock here and they just stay for a couple of days and they unload all of their stuff and then they move on and it will eventually move, it does, it does shift

Zara uses terms such as 'vessel' and 'container' to describe how she retains the emotions of her clients and mentions that her skin feels 'porous' suggesting she easily absorbs the emotions of others. Like Ashleigh, Zara also states that her clients' emotions sit with her for a while but then shift.

3.2 | Boundaries vs. burnout

This GET was present for all participants. There was a sense that the depth of connection that was felt in GET 1 resulted in participants feeling burnout or emotionally exhausted. Some participants

discussed the importance of processing time and setting boundaries to avoid burnout. Chloe reflected on experiencing empathy at a deep level and how she thinks she can 'easily get burnt out by that or overwhelmed by it'. Emily felt that 'it can be really hard being highly sensitive and being a therapist, not only in the room with my clients but in between sessions and just the way that I relate to people in the world'. Likewise, Alice mentioned that she felt emotionally exhausted and used the metaphor of a battery being dead to emphasise how drained she felt at the end of the day or end of the week after therapeutic work: 'My battery's dead. I don't have anything more to give. I can't relate more. I can't listen more, like that's a very strong experience for me'. Anna also stated that she felt exhausted after client work and that she needed more time to process: 'So just that being with them and in their pain, and I think that takes longer for me to process afterwards and I am exhausted often after work'.

For some participants, it was evident that therapeutic work resulted in extreme burnout and physical illness if they saw too many clients or did not have time to process the work. Nicole stated: 'I would come home a lot of times and just be really pretty physically exhausted and feel like I had—like, almost have, like, flulike symptoms, like, just pretty achy' and Mariska said: 'I actually brought a kind of physical illness, you know, of allergies and asthma, my asthma, and all kind of things happened that showed me that, okay, this is not the right way for me'. However, Ashleigh, who used to be a Reiki teacher before becoming a therapist, mentioned doing a lot of work around boundaries, grounding and mindfulness, which helped to reduce feelings of overwhelm and to distinguish what are her emotions and what are her clients': 'Am I feeling my client or am I feeling the people around me or is that mine?'. In contrast, for Harry, it sounded like it was difficult to maintain boundaries: 'I think boundaries are quite hard for me to hold, in that sense—that's not to say they're not there, that's not to say they're not, part of my ... but they're just a little bit more difficult for me to manage'.

4 | DISCUSSION

This was the first study to use a phenomenological inquiry to explore the experiences of therapists who identify with the personality trait of SPS. Interpretative phenomenological analysis produced a unique insight into the lived experiences of highly sensitive therapists and contributes to the growing body of research on SPS. Themes reflected that the benefits and burdens associated with SPS that are evident in previous research are also at play in the therapist's experience. For example, in the first GET, it was evident that participants felt their sensitivity contributed to greater connectedness with clients. Participants reported that their sensitivity enabled them to pick up on subtle non-verbal cues and stated that they 'notice or feel when things shift', 'read faces', 'read the atmosphere' and 'hyperattune to micro changes'. This finding is similar to previous qualitative research with individuals who identify as highly sensitive, as participants in those studies described feeling what others are feeling when walking into a room (Roth et al., 2023), noticing or feeling people's emotions (Bas et al., 2021), and picking up on body language and facial expressions (Roxburgh, 2022). It is also consistent with previous theoretical and empirical research on SPS which highlights greater responsivity to internal and external subtleties in highly sensitive people (Pluess et al., 2023).

In making sense of their ability to pick up on the emotions of others, one participant referred to 'being like a chameleon' when reflecting on their ability to connect with clients. Interestingly, there is a phenomenon called the 'chameleon effect', which has been described as 'nonconscious mimicry of the postures, mannerisms, facial expressions, and other behaviours of one's interaction partners, such that one's behaviour passively and unintentionally changes to match that of others in one's current social environment' (Chartrand & Bargh, 1999, p. 893). Furthermore, in experimental research (Chartrand and Bargh, 1999), individuals who scored high on the Perspective-Taking subscale of Davis's (1980) Interpersonal Reactivity Index were more likely to mimic the mannerisms of others, but there was no significant difference between those who scored high or low on the Empathic Concern subscale, which led Chartrand and Bargh to conclude that the chameleon effect had an adaptive function and was related to the cognitive facet of empathy.

The chameleon effect is akin to imitation as seen in activation of the mirror neuron system (MNS), which has been discussed in relation to empathy (Baird et al., 2011). While Baird et al. concluded that there was limited empirical evidence for the MNS as the neural underpinning of empathy, Praszkier (2016) later argued that there is increasing evidence that the MNS leads to 'brain-to-brain coupling' and synchronisation of communication and social behaviour and cited a pertinent study by Ramseyer and Tschacher (2008, as cited in Praszkier, 2016), which found dyadic synchronisation in the psychotherapy setting. Interestingly, Ishikami and Tanaka (2023), in their physiological study using EEG measures, found increased mirror system activity in participants scoring high on SPS. In addition, higher scores on SPS have been linked to stronger activation of brain regions involved in sensory information processing, awareness and empathy (Acevedo et al., 2014).

Many participants used the phrase 'attunement' or described 'matching the energetic quality of the client'. Erskine (1998, p. 3) defines attunement as 'a kinesthetic and emotional sensing of others knowing their rhythm, affect and experience by metaphorically being in their skin, and going beyond empathy to create a two-person experience of unbroken feeling connectedness by providing a reciprocal affect and/or resonating response'. This depiction appears to be distinct from the chameleon effect as it refers to 'emotional sensing' rather than 'perspective-taking'. In describing attunement as 'going beyond empathy', it is more akin to 'relational depth', which has been described as an 'extraordinary depth of human contact' (Mearns, 2003, p. 5). Carl Rogers also described clinical intuition in relation to attunement and talked about 'intuitive responses', which he believed stemmed from being in a slightly altered state of consciousness when he is 'indwelling in the client's world, completely in tune with that world' (as cited in Thorne, 1992, p. 57).

While most participants felt that their identification with SPS has benefits to the therapeutic process in terms of greater connection, empathy and depth of relationship, some participants also stated that this could be 'too much', 'scary' or 'threatening' to clients. Much is written about the positive effects of empathy, particularly in relation to therapeutic outcome (Elliott et al., 2011); however, there is relatively less reflection on the potential challenges of empathy on the therapeutic process. 'Problematic empathy' has been referred to as heightened emotional reactions to clients or a loss of engagement (Shimoda & Williams, 2018). Cowan et al. (2013) propose that there is the possibility that empathy can be experienced as an intrusion or threat, and some clients may be resistant to empathic responses because of the conflict that arises when there is need to be heard and understood but, at the same time, a fear of rejection. In terms of implications for training and practice, it is important that therapists are aware of when they might be over-identifying with clients and what level of empathy or therapeutic distance might be appropriate (Elliott et al., 2011).

In the second GET, some participants talked about experiencing burnout as a result of feeling deep empathy in their therapeutic work. Emotional exhaustion and exposure to emotional narratives have been commonly cited as a leading contributing factor of burnout in therapists in general (McCormack et al. 2018; Vivolo et al., 2022), and in previous studies with healthcare professionals scoring high on SPS (Golonka & Gulla, 2021; Meyerson et al., 2020; Pérez-Chacón et al., 2021; Redfearn et al., 2020). Furthermore, some participants felt that therapeutic work resulted in physical illness if there was insufficient processing time. This is comparable to previous research, which has found a correlation between SPS and stress-related physical health (Benham, 2006). Other participants seemed less susceptible to the impact of burnout, particularly when they had boundaries in place or methods for coping with emotional exhaustion, such as grounding and mindfulness.

4.1 | Implications for practice

Firstly, a novel finding was that participants felt being a highly sensitive therapist increased their intuitive ability and enabled them to detect subtle cues, which was helpful to their therapeutic work and resulted in a greater connection with clients. In a phenomenological study on clinical intuition in somatic psychotherapy, Tantia (2014) highlights that a paradigm shift and post-cognitive revolution is occurring that recognises the value of non-verbal communication in therapy. This reminds us of the importance of integrating both the scientist-practitioner and reflective-practitioner models into counselling training and practice so that therapists may draw upon evidence-based research as well as incorporating personal experiential knowledge. Marks-Tarlow (2014) also spoke about balancing intuition with more logical thinking to help make therapeutic decisions, and Bryant and Luft (2023) mentioned that reflective practice was important to help identify when intuition might be helpful. In addition, there are potential implications for the training and

supervision of therapists regarding whether it is possible to foster intuition (Peña, 2019) and whether it might be a common factor of therapeutic outcome (Muñoz-Cobos & Postigo-Zegarra, 2022). Intuition may be beneficial to therapists in aiding them to select or adapt interventions with clients, to know when to introduce topics or to access underlying emotions that the client is not yet aware of. Alternatively, Gaudiano et al. (2011, as cited in Bryant & Luft, 2023) warn that intuitive thinking styles may result in counsellors neglecting research and evidence-based practices.

Secondly, there is a growing interest in whether the effectiveness of interventions depends on the personal characteristics of the individual, such as personality traits (Fletcher & Delgadillo, 2022). This has in part originated from the work of Norcross and Lambert (2019), who conclude that there is no clear support for the superiority of any one type of psychotherapy over any other and that other determinants, such as therapist and client factors and the therapeutic relationship, significantly contribute to therapeutic outcome, alongside therapeutic orientation. Findings in this study suggest that the personality trait of SPS is helpful to the therapeutic process as participants felt it contributed to a deep connection with clients and that clients feel deeply understood without extensive explanation of their experiences. Future research could be conducted on whether highly sensitive therapists have an impact on the therapeutic outcomes of clients or whether there are differences between therapists who identify as being sensitive (or score high on the HSPS) and therapists who do not identify as being highly sensitive (or score low on the HSPS) on measures such as therapeutic alliance, therapeutic orientation and psychological well-being. Additionally, Aron (2010) estimates that 50% of clients in therapy are highly sensitive. This has important implications in relation to raising awareness of SPS in counselling training, education and development, and the potential need for more personalised intervention programmes that consider SPS. Previous research has demonstrated that less sensitive individuals may be more resilient in the face of adversity, but that they also appear to suffer the disadvantage of being more resistant to positive effects of intervention. For example, children scoring high on SPS have been found to benefit more from psychological interventions for school-based resilience and anti-bullying (Nocentini et al., 2018; Pluess & Boniwell, 2015).

Thirdly, there are important implications for the self-care and supervision of highly sensitive therapists given the findings related to emotional exhaustion and burnout. It would be difficult for supervisors and educators to raise queries about the impact of SPS and whether it affects their supervisees or students without having any education or training on the topic. Therefore, it is recommended that counselling and psychotherapy training could incorporate information about SPS in the curriculum or that therapists could seek further information from the resources available (https://hsperson.com/ and https://sensitivityresearch.com/). Participants felt the impact of burnout less when they managed their processing time and practised meditation. Interestingly, mindfulness has found to mediate the relationship between SPS and well-being (Takahashi et al., 2020); therefore, therapists who are highly sensitive may find mindfulness beneficial.

Lastly, there are policy implications in terms of workplace support. It is recommended that workplaces promote a culture of understanding and acceptance of SPS, which could include workshops on SPS, flexible working to prevent burnout, peer support groups, training on maintaining emotional boundaries and professional development that highlights the strengths of SPS for therapeutic practice. It may also be necessary for policy guidelines that specifically address the needs of highly sensitive therapists.

4.2 | Limitations and directions for research

This was a rigorous IPA study that was able to develop a rich understanding about a sample of therapists that is currently underrepresented in counselling and psychotherapy research. Nevertheless, as in any study, there are limitations about the claims that can be made from the sample to the wider population. In terms of the sample demographics, there were more female than male participants, from a predominantly White ethnicity. While generalisability is not an aim of IPA studies, future research should be conducted with more gender and culturally diverse samples to increase the transferability of findings. Another possible limitation is that the sample consisted of therapists from mainly integrative and humanistic approaches, who were in private practice. Therefore, it would be interesting to conduct future research with therapists who identify as highly sensitive from other orientations and in different organisational contexts to see whether findings are shared. Future research could also be conducted with other healthcare practitioners who identify with SPS.

In addition, this study only explored the therapeutic experience from the perspective of the therapist (who identifies with SPS). It would be interesting for future research to explore clients' perspectives as this could reveal potential advantages or disadvantages that therapists would benefit from having awareness of, such as impact on the therapeutic relationship and the consequences of self-disclosure or empathic resonance. However, it is acknowledged that there could be several potential scenarios in relation to the client sample with a qualitative research design; for example, clients who identify with SPS who have seen a therapist who identifies with SPS, clients who identify with SPS who have seen a therapist who does not identify with SPS, or clients who do not identify with SPS who have seen a therapist who identifies with SPS.

Participants felt that their heightened sensitivity helped them to establish relational depth with clients quickly and that they had an intuitive understanding of the nuances of clients' issues, which was often an embodied experience. It would be interesting to explore this finding further in research on SPS to see whether highly sensitive therapists report more intuitive experiences or whether clients' ratings of therapeutic alliance positively correlate with therapists' scores on the HSPS.

In terms of therapists reporting intense somatic experiences and burnout, Benham ([2006](#)) proposed that SPS individuals may be more likely to report physical issues as they have an increased awareness of bodily sensations; thus, it may be fruitful for future research to explore whether SPS correlates with increased interoception or whether therapeutic approaches, such as somatic psychotherapy or mindful awareness in body-oriented therapy (MABT), are more likely to be practised by highly sensitive therapists.

Lastly, we do not currently know what percentage of therapists identify as being highly sensitive, so it would be useful to investigate this with quantitative research. Given that one of the characteristics of SPS is increased empathy, we might expect that the therapy profession attracts a high proportion of individuals who are highly sensitive.

5 | CONCLUSION

This was the first phenomenological study to explore the lived experiences of therapists who identify as highly sensitive. Guidelines for conducting good quality qualitative research were followed (Levitt et al., [2018](#); Nizza et al., [2021](#)). This resulted in a rigorous IPA study that developed a unique understanding about a sample of therapists that is currently underrepresented in counselling and psychotherapy research. Findings highlight the depth of connection that participants felt when working with clients. This was facilitated by the ability to detect subtle cues and nuances, which was explained by an intuitive understanding. Participants also experienced empathic resonance with their clients, which was often embodied and stemmed from somatic awareness. Some participants mentioned feeling emotional exhaustion and burnout, which was counteracted by mindfulness, grounding and setting boundaries, which helped to reduce overwhelm. This has important implications for self-care in relation to raising awareness of SPS in training, supervision and practice. Future research may find it fruitful to explore whether SPS has an impact on therapeutic outcome.

CONFLICT OF INTEREST STATEMENT
We have no known conflict of interest to disclose.

ETHICS STATEMENT
Ethics approval was granted by the Faculty of Science, Engineering and Social Sciences Ethics Committee at Canterbury Christ Church University (ETH1920-0178).

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