I-Sharing on the Couch: On the Clinical Implications of Shared Subjective Experience

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When 2 or more people believe that they are having an identical subjective experience, they believe that they "I-share." I-sharing fosters connectedness (Pinel, Long, Landau, Alexander, & Pyszczynski, 2006), overcomes group boundaries (Pinel & Long, 2012), and facilitates prosocial behaviors (Huneke & Pinel, 2015; Johnson, Pinel, & Long, 2014). After reviewing the construct of I-sharing, the related construct of existential isolation, and the pertinent data, we highlight applications of this work to the clinical realm. In particular, we consider the potential for I-sharing to improve the therapeutic alliance, extratherapeutic relationships, and treatment outcomes.

Keywords: I-sharing, shared reality, self, other

Regardless of one's theoretical orientation, psychotherapy is an inherently relational endeavor. Psychotherapy researchers have viewed the relationship between client and therapist both as a facilitator of change and as a potentially curative force in itself, with much research focused on illuminating the most effective ways of leveraging that relationship (e.g., Norcross, 2011). In addition to the therapy relationship's centrality as a tool for change, extratherapeutic relationships are a common focus of treatment (Seligman, 1995). Thus, basic theory and research on relationship processes have substantial implications for psychotherapy. Here, we review social psychological work on shared subjective experience—the I-sharing perspective on interpersonal connectedness—and some related work on existential isolation (Pinel & Long, 2012; Pinel, Long, & Crimin, 2010; Pinel, Long, Landau, Alexander, & Pyszczynski, 2006; Pinel,

Long, Landau, & Pyszczynski, 2004; Pinel, Long, Murdoch, Johnson, & Helm, 2014). We focus on how this work offers new ways of thinking about relevant psychotherapy research as well as on how one could directly apply it to the practice of psychotherapy.

The Construct of I-Sharing

I-sharing gets its name from the distinction that psychologist William James (1950) and others made between the objective self (the "Me") and the subjective self (the "I"). The objective self (Me) consists of our representation of ourselves—our self-concept. It includes anything we can describe about ourselves such as our background, family life, hobbies, values, memories, social identities, and so on. If someone implored us to tell them every detail of our lives, then everything that we would tell that person—from the moment of our conception to the present moment and everything in between—would constitute an aspect of our Me. For example, one's Me might include being a grandmother, knowing German, or having broken one's arm as a child.

In contrast to the objective self, the subjective self (I) has no content. It refers to a person's current, in-the-moment experience, or state of consciousness. When James described the I, he

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likened it to a stream of consciousness, characterized by one state of consciousness flowing into another.

Keeping in mind the distinction between the Me and the I, I-sharing refers to the belief or sensation that one has an identical subjective experience with at least one other person. It is important to note that people cannot know another person's experience firsthand; therefore, I-sharing always is an inference (see Yalom, 1980). Two people who believe they I-share may in reality have very different subjective experiences. For I-sharing to have the effects reported here, people need only believe that they I-share; whether they are correct or incorrect should not matter.

Note that the experience of I-sharing differs from that of Me-sharing, or the belief that one shares with another identical aspects of one's objective self (e.g., "We both grew up in the ghetto"). Two people can define themselves identically but not necessarily share I's (e.g., "We both grew up in the ghetto but, unlike him, I got distressed when I saw that movie about ghetto life"); conversely, people can I-share with those with whom they have little objectively in common (e.g., "He didn't grow up in the ghetto like me, but we both got distressed by Spike Lee's portrayal of ghetto life in *Do the Right Thing*").

This distinction between I-sharing and Me-sharing is unique to the I-sharing perspective. Although other researchers have concentrated on the importance of sharing conceptions of reality with others (Echterhoff, Higgins, & Levine, 2009; Huntsinger & Sinclair, 2010; Swann, 1996), I-sharing focuses explicitly on the sharing of in-the-moment experience. Thus, I-sharing constitutes a very specific form of shared reality—shared subjective reality (see Pinel et al., 2010).

Put differently, the I-sharing perspective, unlike any other, rests on a well-articulated and explicit distinction between similarity of the I and similarity of the Me. Making this distinction in research and in practice allows one to gain clarity on the unique effects and functions served by both.

Let us consider as an example the long list of findings pertaining to preferences for similar others (Byrne, 1971; Klohnen & Luo, 2003; Morry, 2005; Rokeach, Smith, & Evans, 1960). Over half a century ago, Byrne (1961) found

that, relative to people whom they regard as attitudinally dissimilar, participants rate people whom they regard as attitudinally similar more favorably on value-laden personality variables (e.g., liking, intelligence, and morality); this finding holds across cultures (Byrne et al., 1971). Subsequent research on similarity and interpersonal attraction highlighted the importance of shared demographic characteristics (Buss & Barnes, 1986), personality (Goldman, Rosenzweig, & Lutter, 1980; Klohnen & Luo, 2003), beliefs (Metis & Cupach, 1990; Rokeach et al., 1960), and physical attractiveness (Berscheid, Dion, Walster, & Walster, 1971; Stevens, Owens, & Schaefer, 1990).

When we consider this array of findings, we see an overwhelming emphasis on objective indices of similarity. Demographics, physical appearance, even beliefs and values all represent aspects of the Me. This emphasis on objective similarity continues into the present day (e.g., Biron, 2011; Falvo, Capazzo, Dovidio, & Vezzali, 2006).

We see this same emphasis on the Me in psychotherapy research and practice. Take the work on client–therapist match. Across the board, clients tend to prefer therapists who objectively resemble them. Individuals, especially those from minority groups, prefer therapists of the same race/ethnicity (Cabral & Smith, 2011). Lesbian, gay, and bisexual individuals seek sexual minority therapists (e.g., Liddle, 1997; Malley & Tasker, 2007). Clients even desire their therapists to resemble them in body shape (Vocks, Legenbauer, & Peters, 2007).

Despite patient preferences for objectively similar therapists, this type of similarity has little to no effect on outcome. For African- and Asian-American clients, ethnic match and outcome correlate only weakly; for Latino or European-American clients, they do not correlate at all (Cabral & Smith, 2011). Gender-matched therapy dyads do not display better outcomes (Flaskerud, 1990), nor do clients with alcohol problems fare better with therapists who have experienced alcohol problems of their own (Project MATCH Research Group, 1998). The data suggest that clients may overestimate the importance of objective similarity between themselves and their therapists.

Cultivating awareness among researchers and practitioners of the varieties of similarity could add clarity to this matter. Research on I-sharing

recognizes that similarity can take on two distinct forms and emphasizes the importance of disentangling them. Specifically, because assumptions about objective similarity correlate moderately (approximately .5) with assumptions about subjective similarity (Marcus, Sakamoto, Virmani, & Pinel, 2013), disentangling these two forms of similarity allows scholars to identify which form of similarity underlies which findings. For example, it is conceivable that people's preferences for attitudinally similar others (Byrne et al., 1971) reflects their assumption that attitudinally similar others will also I-share with them. Likewise, people may seek out objectively matched therapists out of an expectation that those therapists will understand them existentially.

Of course, this line of reasoning makes sense to the extent that people have a special desire for I-sharers. I-sharing researchers maintain that people do indeed, primarily because I-sharing serves a very important function—that of placating people's needs for belief validation and belonging, needs that grow increasingly demanding in the face of people's existential isolation.

I-Sharing Combats Existential Isolation

In his influential treatise on *Existential Psychotherapy*, Irvin Yalom (1980) defines existential isolation as the inexorable aloneness of the individual, the knowledge that, at the end of the day, we have no one else but ourselves. In other writings, Pinel and colleagues (2004) have characterized existential isolation as the sheer impossibility of knowing phenomenologically how another person experiences a stimulus. All experience gets filtered through the individual's own sensory organs; thus, it cannot be disentangled from the experience of self. This raises the possibility that nothing exists outside of the self (i.e., solipsism), which, as Yalom notes, explains the dreams of nothingness that haunt those suffering from the more extreme versions of existential isolation (Yalom, 1980).

Put simply, existential isolation makes life difficult for humans! We rely on one another to interpret and understand what goes on inside us and around us. We want accurate answers to important questions: Was that person angry for no reason or was I out of line? Is that a UFO in the distance? Did this peanut butter go rancid?

Are my heart palpitations a cause for concern? To the extent that others cannot know our experiences and we cannot know theirs, these questions become challenging, if not impossible, to answer satisfactorily. In this way, existential isolation threatens our core need for belief validation (Greenberg, Solomon, & Arndt, 2008; Swann, 1996) and, as such, our related needs for meaning (van Tongeren & Green, 2010), prediction (Seligman & Maier, 1967), and control (Langer & Rodin, 1976). Unfortunately, that is not all.

Existential isolation also threatens our need for true connectedness. If we focus on how no one can know firsthand our misery when we lose our beloved canine companion, or our ecstasy when our baby first lets out a chuckle, or our fear of dying prematurely, then we feel desperately alone. This feeling of aloneness cuts to the core of our need for belonging and interpersonal connection (Baumeister & Leary, 1995; Bowlby, 1969; Mikulincer, Florian, & Hirschberger, 2003) because it suggests that even the company of others cannot spare us this isolation (for more on existential isolation, see Pinel, Long, et al., 2014).

Consistent with these reflections, Pinel, Johnson, and Grover (2014) observed a negative correlation between existential isolation and measures of need fulfillment. Community members and college students completed a measure of individual differences in existential isolation (see Pinel et al., 2010; Pinel & Long, 2012) as well as measures of coherence and meaningfulness (Antonovsky, 1983), purpose in life (Crumbaugh, 1968), and the basic psychological needs of competence, relatedness, and autonomy (Gagné, 2003). Across the board, existential isolation correlated negatively with these constructs.

If existential isolation threatens our self-needs, then I-sharing satisfies them. I-sharing literally refers to those moments when people feel as though their I overlaps with someone else's. Therefore, I-sharing, provides existential connection, and this existential connection helps people to feel confident that they know their world and that they belong. Pinel and colleagues have suggested that this important function that I-sharing serves accounts for its allure as well as for its other consequences.

Key I-Sharing Findings

Three broad categories of I-sharing findings have special significance for psychotherapy research, theory, and practice. The first involves I-sharing's unique ability to foster interpersonal connectedness. The second involves I-sharing's effects on relationship-building behaviors, such as acts of generosity and the ability to compromise. The last involves the reach of I-sharing's effects. As we shall discuss, I-sharing has a ripple effect.

I-Sharing Fosters Interpersonal Connection

The first empirical forays into the study of I-sharing concentrated on establishing its unique contribution to interpersonal variables, as well as its connection to existential isolation. To this end, Pinel and colleagues (2004) conducted a series of studies examining the effect of I-sharing on liking for objectively similar versus objectively dissimilar others. In some studies, participants imagined a scenario in which, during the first day of class, the professor asked the students to say a little bit about themselves. Participants then received information about two other classmates of the same gender as the participant. One classmate—the objectively similar one—came from the same hometown as the participant; the other—the objectively dissimilar classmate—came from an unspecified foreign country. The scenarios varied with regard to who I-shared with the participant, the objectively similar or the objectively dissimilar classmate. In two studies, I-sharing involved giggling at the same stimulus; in another, it involved expressions of hatred or love for the same musical act. Across these studies, we see that I-sharing undoes the common tendency for people to prefer objectively similar others (Byrne, 1971); participants always preferred the I-sharer, regardless of the I-sharer's level of objective similarity to the participant.

Two follow-up experiments completed this initial publication on I-sharing. In both studies, participants were randomly assigned to I-share with an objectively similar other or with an objectively dissimilar other during an online interaction. Study 4 took an interactionist perspective by measuring individual differences in interpersonal dependence (Hirschfeld et al., 1977) and testing its moderating effect on

I-sharing. Those high in interpersonal dependence, who have a high need for interpersonal connectedness, showed an especially strong preference for an I-sharer who was nonetheless objectively different from them. Study 5 built on this finding with a more experimental approach. Participants primed with existential isolation versus those in two control conditions I-shared either with an objectively similar other or with an objectively dissimilar other. Compared with participants in the two control conditions, those primed with existential isolation showed a strong preference for an I-sharer.

Together, these last two studies highlight the roles that a desire for interpersonal connectedness and the experience of existential isolation play in the allure of an I-sharer. Moreover, because they independently manipulate Me-sharing and I-sharing, these five studies offer a powerful demonstration of the unique effect of I-sharing on liking, separate and apart from the well-documented effect of Me-sharing. Although people may conflate I-sharing and Me-sharing in their day-to-day lives, our understanding of interpersonal connection rests on researchers considering these two constructs as theoretically and empirically distinct forms of similarity.

Building on this initial work, Pinel and Long (2012) considered the intergroup implications of I-sharing. In three separate studies, participants interacted over the computer with two different partners, one of whom shared with them an important and salient social identity (i.e., they Me-shared) and one of whom did not. Participants all then had an experience of I-sharing, but some I-shared with the ingroup member and some I-shared with the outgroup member. To create this experience of I-sharing, Pinel and Long (2012) had participants provide their gut-level reaction to nonsensical associations between famous people and inanimate objects (e.g., If Oprah Winfrey were a plant, what would she be?). Nearly instantaneously upon providing their selection of the possible responses (in this case, dried flower, Venus fly trap, kudzu, red rose) to the nonsensical question, participants learned how their two interaction partners responded. I-sharing interaction partners responded identically to participants the majority of the time, whereas non-I-sharing interaction partners responded differently from participants the majority of the time.

After this manipulation, participants indicated their overall liking for their interaction partners and selected one of the two partners as their interaction partner for an upcoming, face-to-face encounter. Across all three studies, people preferred and wanted to interact in person with the I-sharer, irrespective of the I-sharer's group membership. These findings strike an especially compelling chord when we consider some of the specifics: In one study, heterosexual males from a homophobic part of the country preferred and elected to interact in person with a gay man with whom they I-shared versus a heterosexual man with whom they did not. This preference for an I-sharer even overcame the dislike that would otherwise manifest toward someone with opposing values! Specifically, in Study 3 of Pinel and Long (2012), people high in existential isolation preferred an I-sharer over a value sharer, regardless of the race of the individuals involved.

I-Sharing Promotes Prosocial, Relationship-Building Behaviors

I-sharing researchers have inquired as to I-sharing's implications for prosociality. For instance, although I-sharing and Me-sharing both have the effect of increasing people's liking for one another over not sharing either aspect of the self, only I-sharing inspires generosity in the form of sharing a valued resource (Huneke & Pinel, 2015). Likewise, although sharing reality (e.g., having the same attitude toward objects and current-day matters) and I-sharing both theoretically represent ways in which people satisfy their needs for connection and belief validation, only I-sharing increases a desire to help (Huneke & Pinel, 2015).

In other work on the prosocial consequences of I-sharing, Johnson, Pinel, and Long (2014) examined whether I-sharing promotes friendly behavior toward a stigmatized individual—in this case, a heavyweight[1] female. Participants I-shared with, did not I-share with, or received no information about an ostensible heavyweight woman with whom they interacted over the computer. Participants then played Cyberball, a virtual game of catch (Williams, Cheung, & Choi, 2000), with a new set of bogus interaction partners—one noticeably lightweight and one noticeably heavyweight. Results revealed that after an experience of I-sharing with a different

heavyweight individual, participants high in existential isolation threw the ball more frequently to the heavyweight player than to the lightweight player. It is important to note that this percentage differed from the baseline control condition, suggesting that I-sharing increases prosocial behavior, rather than that it simply mitigates negative behavior toward the stigmatized.

Still other evidence of the prosocial consequences of I-sharing comes from a study in which Pinel and colleagues (Pinel Johnson, et al., 2014) asked whether I-sharing facilitates compromise among cohabiting couples. Couples from the community did or did not undergo an I-sharing experience with a stranger before discussing a contentious topic—the division of household labor—with their romantic partner. After the I-sharing manipulation, participants separately indicated the percentage of effort they dedicate to household chores relative to their partner. Next, the couple came together with the task of arriving at a mutual agreement regarding the division of household labor. After this joint discussion, partners again separated to privately rate their percentage of effort on household chores.

Not surprisingly, before having a chance to talk, participants disagreed considerably with regard to how they and their partners divide the household labor. Also not surprisingly, participants and their partners narrowed that gap during their time discussing together how they divvy up household labor. However, only participants who had previously I-shared with a stranger stuck to their compromise position, even after they had separated from their partner and had an opportunity to adjust their ratings.

I-Sharing Has a Ripple Effect

Both the cohabiting couple study and the Cyberball study highlight a consequence of I-sharing on which psychotherapists can capitalize—the effects of I-sharing seem far-reaching. In the couples study, I-sharing with a stranger had positive effects on couples' ability

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[1] As others have before us (Miller & Downey, 1999), we use the term "heavyweight" to replace the term "overweight." Whereas the latter term lacks descriptive value and implies that there is a weight above which one is "over," the former term proves more descriptive and less value-laden.

to compromise. Likewise, in the Cyberball study, I-sharing with one heavyweight individual fostered more inclusive behaviors toward a different heavyweight individual. These studies suggest that the prosocial effects of I-sharing are not limited to the I-sharing partner; rather, they facilitate smoother and more positive social interaction more generally.

We suggest this ripple effect of I-sharing has to do with its unique ability to meet people's self-related needs in one fell swoop. I-sharing not only validates our subjective experience, it also connects us at the most basic, experiential level and thus eases our existential isolation. With our existential isolation laid to rest, our needs for connectedness and belief validation no longer predominate and our ego thus "quiets" (Wayment & Bauer, 2008). With our egos so quieted, we can shift from an intrapersonal to an interpersonal focus.

Despite widespread agreement that many interpersonal benefits result from a quiet ego (Wayment & Bauer, 2008) and from transferred motivation, researchers know very little about how to make these shifts happen. Because of its capacity to meet our core self-needs, I-sharing may very well do the trick.

Recent work on existential isolation supports the perspective that I-sharing promotes prosociality because it meets self-needs. In a study examining the relation between existential isolation and interpersonal distress, participants completed the existential isolation scale, a measure of basic need satisfaction (Gagné, 2003), and measures of prosociality (e.g., empathy, Davis, 1980; egalitarianism/humanitarianism, Katz & Hass, 1988). As predicted, people high in existential isolation exhibited lower basic need satisfaction and lower prosociality. When we enter basic need satisfaction in the regression model in which existential isolation negatively predicts prosociality, we find that low levels of basic need satisfaction account for existential isolation's (negative) relation to prosociality.

The Relevance of I-Sharing to Psychotherapy

I-sharing theory and research may offer new insights and directions to psychotherapy researchers and practitioners. Consider first the emphasis that I-sharing researchers make on disentangling I-sharing from Me-sharing. By

following this lead, researchers can understand their differential effects in the therapy context. The work on client-therapist match seems particularly relevant here. For example, when a recovering alcoholic seeks out a new therapist who similarly identifies as a recovering alcoholic, what does she seek? Does she seek a therapist with an identical Me, or does she seek something suggested by this objective similarity? Research on I-sharing leads us to suspect that people actually seek the latter. Although Me-sharing differs from I-sharing, it often serves as a basis on which people infer I-sharing. If you too struggled with the allure of alcohol, so the reasoning goes, then you can experience what I experience in a way that someone who never tasted a whiskey sour simply cannot.

Consistent with this interpretation, the empirical work on I-sharing suggests that people infer I-sharing from Me-sharing. In one study, average weight participants who received no information about the extent to which they I-shared with their interaction partners preferred average weight interaction partners to heavyweight ones. This preference reversed itself when participants I-shared with a heavyweight person, suggesting that control participants had inferred that they would not I-share with their heavyweight interaction partner (Johnson et al., 2014). Thus, the well-documented client preference for therapists who match on demographic and other "Me" variables may actually reflect a desire for an I-sharer.

If people who select an objectively similar therapist do so because they really seek someone who will understand them at the level of experience, then this explains why not all matched client-therapist relationships succeed. As we have discussed, me-sharing does not automatically lead to I-sharing. When clients and therapists do not I-share, objective similarities may have little effect on therapy outcome. Indeed, Cabral and Smith (2011) speculate that one reason for the relatively weak association between ethnic match and therapy outcome is that perceived similarity based on ethnicity rarely translates to actual similarity once the therapy begins; they suggest that this discrepancy could even be cause for disillusionment.

Looking at matters from the other side, if people infer I-sharing from Me-sharing, it may require more effort for a therapist who differs

objectively from a client to communicate genuine understanding. Future research on the therapy process in objectively matched dyads could clarify the degree to which any positive associations with match and outcome depend upon I-sharing.

Other potential applications of I-sharing to therapy involve its uncanny ability to foster interpersonal connection. Thus, therapists wishing to improve their alliance with their clients may want to take steps to facilitate I-sharing between themselves and their clients. The positive association between the therapeutic alliance and therapy outcome is well established (Horvath, Del Re, Flückiger, & Symonds, 2011), and recent research suggests that (a) the alliance-outcome association may be stronger than previously estimated, and (b) at least in early therapy, the change in the alliance precedes symptom change, indicating a possible causal role for the alliance (Crits-Christoph, Gibbons, Hamilton, Ring-Kurtz, & Gallop, 2011). On the basis of I-sharing's documented effect of positive feelings toward others, we suspect I-sharing would promote the "bond" component of the alliance.

When the goal of therapy also involves strengthening extratherapeutic relationships, clinicians could encourage I-sharing between the client and his or her significant others. Work on the relationship-building consequences of I-sharing also suggests that therapists working with couples and/or families might want to concentrate their energy on how to help the people involved increase their moments of I-sharing.

Given the ripple effect that I-sharing tends to create, any successful efforts to foster I-sharing experiences for their clients could reverberate throughout their other relationships. Recall that I-sharing with a complete stranger enabled members of romantic pairs to work together toward a compromise (Pinel, Johnson, et al., 2014). Moreover, individuals who chronically feel existentially connected score higher on other-directed measures such as empathy and egalitarianism (Pinel, Long, et al., 2014). These findings speak to the positive, broad interpersonal consequences that all start with I-sharing with a specific person.

Findings such as these suggest that clients who experience I-sharing in the context of therapy might return to their home or work life with a newfound ability to take other people's per-

spective and work toward common goals. Of course, we suspect it would take more than one instance of I-sharing for this kind of effect to result, but over time, their extratherapeutic relationships could change for the better. Moreover, within the therapy setting itself, the ability to agree upon the tasks and goals of therapy is typically considered a prerequisite for success: agreement on tasks and goals of therapy are two pillars of the alliance (Bordin, 1979), and resistance to the activities of therapy can be poisonous to the treatment process (e.g., Aviram & Westra, 2011). The prosocial consequences of I-sharing could go a long way toward establishing cooperation and collaboration between the therapist and client as well as between the client and his or her other relationship partners. To our knowledge, these potential implications have yet to be empirically studied.

Facilitating I-Sharing in the Context of Psychotherapy

Given the possible applications of I-sharing to psychotherapy theory and practice, we must of course consider how those involved in the psychotherapeutic context might promote I-sharing. Without having explicitly tried, psychotherapists have already developed certain techniques that could promote a feeling of I-sharing, including techniques of communicating empathy, postural mirroring, and self-disclosure.

Empathy

Therapists use various techniques to communicate empathy to their clients, ranging from direct verbal reflection and paraphrasing to maintenance of a facial expression that is appropriate given the client's putative internal state. Clients' ratings of therapist empathy correlate significantly with therapy outcome, suggesting that this expression of empathy typically helps; however, the correlation between client ratings of therapist empathy and therapy outcome vary considerably from study to study (Elliott, Bohart, Watson, & Greenberg, 2011).

The connection between therapist empathy and therapy outcome might strengthen to the extent that empathy fosters I-sharing. We can conceive of times when it might and times when it might not. Imagine a client who becomes

tearful when talking about her feelings of hope-lessness. A therapist could show empathy in several ways. The therapist could verbally reflect by saying, "You have absolutely no hope right now," or could say, "I too have felt hopeless at times." The first response does not reveal whether the therapist has shared the client's experience in any way, and the second indicates that the therapist and client have a similar "Me"; both approaches show empathy, but not necessarily I-sharing. However, if the therapist wipes tears from her own eyes or even finishes the client's thought as if the therapist had the exact same thought, the client is more likely to infer that the she and the therapist have I-shared. A therapist might also explicitly state that he or she shares the client's hopeless state; for example, "I absolutely feel your hopelessness right now; it's as though I am actually in your emotional shoes." It is important to note that whenever a therapist strives to I-share with a client, its effectiveness will depend on its credibility.

In short, certain forms of empathizing may foster I-sharing, but certain forms may not. The extent to which empathy will feel like I-sharing ought to depend on two factors: (a) the extent to which the client interprets the therapist's reaction as a genuine, authentic reflection of how the therapist experiences the client's situation and (b) the extent to which this experience of the client's situation maps on to the client's own experience. On the other hand, empathy will not feel like I-sharing when the therapist incorrectly captures the client's experience in the present moment, nor will it feel like I-sharing when the therapist comes across as inauthentic.

Finally, individual differences in existential isolation may moderate the extent to which empathy feels like I-sharing. Because of their history of not sharing their phenomenological experiences with others, people high in existential isolation may require more compelling evidence of shared experience than a therapist's verbal claim of shared experience, or an appropriate facial expression, to infer I-sharing. Consistent with this interpretation, when Pinel and Long (2012) exposed their participants to value sharers versus I-sharers, people high in existential isolation preferred I-sharers (defined as people who saw the same images as them in inkblots). It appears as though, for people high in existential isolation, value sharing simply is not enough to win their heart.

Nonverbal Mirroring

In addition to empathizing with their clients, psychotherapists sometimes reflect their clients' physical postures or movements, and this nonverbal mirroring predicts better therapy process and outcome. Specifically, therapists who engage in postural mirroring receive higher empathy ratings from their clients (Maurer & Tindall, 1983) and generate greater rapport (Sharpley, Halat, Rabinowicz, Weiland, & Stafford, 2001). High nonverbal synchrony/postural mirroring also predicts stronger therapeutic relationships and greater improvement in symptoms and interpersonal functioning (Ramseyer & Tschacher, 2011).

Part of the reason for mirroring's success may have to do with the I-sharing it could imply. Clients might implicitly assume that the internal states that drive their own physical movements also drive the therapist's physical movements. Moreover, postural mirroring might cue I-sharing in a way that verbal mirroring might not, because nonverbal behaviors are generally more automatic and harder to disguise than their verbal counterparts (DePaulo, 1992). Compared with explicit verbal statements of similarity, which can be engineered to a specific end, postural mirroring may offer a compelling indication of I-sharing. For example, a therapist who adopts a client's slumped posture might come across more as an I-sharer than one who says, "I feel your sadness." In short, I-sharing could account for the effect of nonverbal synchrony on perceived therapist empathy and client-therapist rapport.

Therapist Self-Disclosure

Therapists have long debated whether they should self-disclose to their clients. Self-disclosure can normalize clients' experiences, convey authenticity, enable the therapist to act as a role model, establish a bond, and encourage client disclosure. It can also inappropriately shift the focus of the therapy from the client to the therapist, make clients uncomfortable, or muddle the boundaries of the therapy relationship (Knox & Hill, 2003). For example, a therapist's visible emotionality could prompt some clients to try to meet their therapist's emotional needs.

From an I-sharing perspective, self-disclosure could help to the extent that it promotes inferences of I-sharing. If a therapist shares

personal information with the client, information that communicates that he or she has insider experience of the client's situation, then it could lead to an inference of I-sharing. For example, if a client dealing with posttraumatic stress disorder after years of military service jumps at the sound of a loud bang, then the therapist who discloses his own military service might earn some I-sharing points for "being in the know." Corroborating the potential helpfulness of this kind of self-disclosure, a recent meta-analysis found that self-disclosure that reveals similarity between client and counselor results in more favorable views of the counselor and greater willingness to return to therapy (Henretty, Currier, Berman, & Levitt, 2014). However, in the same way that client-therapist match can lose its significance once it becomes clear that this objective match does not predict I-sharing, we suspect that the power of self-disclosure can dwindle if it hints at the therapist's lack of comprehension.

Given this risk, we recommend that therapists who choose to self-disclose keep it succinct. The more explicit information they share, the greater the chance that the feeling of I-sharing will disintegrate. Looking at our example above, the therapist who goes on to reveal more about his own military service—suppose he confesses to never making it out on active duty—negates the I-sharing that could have otherwise resulted from this self-disclosure.

Jointly Engaging in Experiences With "Predictable Stimuli"

Some stimuli evoke the same responses in just about everyone (e.g., physical exertion makes most people's heart rate increase). Thus, one way to facilitate I-sharing experiences in therapy may involve integrating into the psychotherapy context some opportunities to experience "predictable stimuli" together. Therapists could consider incorporating physically exerting activities into their therapy or perhaps carefully selected games that encourage I-sharing (e.g., charades, Pictionary). Techniques such as these may seem irrelevant from one perspective, but from the I-sharing perspective they could prove rather powerful.

In addition to using I-sharing as an in-session tool, clinicians may want to encourage clients to I-share with others outside of therapy, especially when treatment concerns relationship struggles or existential isolation. After providing a rationale for doing so (Frank & Frank, 1991), therapists could suggest to clients that they pursue novel, shared activities with close others as a way to increase I-sharing (for related ideas, see Aron, Norman, Aron, McKenna, & Heyman, 2000).

Interpersonal Mindfulness

Although followers of Eastern religions and philosophical traditions have long appreciated the concept of mindfulness, it only recently assumed a well-respected position in the field of psychotherapy (Baer, 2003). Mindfulness involves staying focused on the present and, when this focus fades or gets supplanted with random thoughts, worries, feelings, and so on, returning one's focus to the present moment. In this way, mindfulness fosters a subjectively aware state devoid of judgment. Research on mindfulness teaches us of its intrapersonal as well as interpersonal benefits. For instance, mindfulness-based therapies reduce symptomatology and distress and promote better emotion regulation and acceptance of feelings (Brown, Ryan, & Creswell, 2007). Mindfulness approaches can also help therapists (Bruce, Manber, Shapiro, & Constantino, 2010). Counseling students who completed a 15-week mindfulness training course reported significant effects on their counseling skills and therapeutic relationships (Newsome, Christopher, Dahlen, & Christopher, 2006).

Using the language of I-sharing, we see mindfulness as a time when people abandon their attachment to their Me and immerse in their I. Then, interpersonal mindfulness would amount to abandoning attachment to our conception of the other person and to immerse ourselves in his or her I. To accomplish this, the interpersonally mindful individual would have to focus on his or her interaction partner in the moment. Any time a stray thought or feeling about that person enters the equation, the interpersonally mindful individual would bring his or her awareness back to his or her interaction partner in the present moment. By cultivating interpersonal mindfulness in this way, people can gain a clearer understanding of one another's subjective selves and this, in the end, is really the bread and butter of the whole I-sharing experience.

Concluding Remarks

With so much emphasis on the potential for I-sharing to offer insight into current research and practice in psychotherapy, one could fail to consider a possible flipside. I-sharing with one's therapist could have some drawbacks. Because of the tendency to infer objective similarity from I-sharing, clients who regard themselves negatively may come also to regard their therapists negatively and this negative image of their therapists could run counter to the positives of I-sharing. Moreover, insofar as I-sharing promotes deep feelings of connection, I-sharing in therapy could make the client and therapist vulnerable to inappropriate levels of emotional distance and boundary violations. As we consider the applications of I-sharing to psychotherapy, we will want to keep an eye toward the positive and the negative. Despite the possibility of some drawbacks, we hope psychotherapy scholars and practitioners will consider the many implications of I-sharing on the couch outlined here.

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