THE ABILITY TO AUTHENTIC PRESENCE OF THE THERAPIST AS A METHOD OF QUALITY FOLLOW UP THE EFFECTIVENESS OF PSYCHOTHERAPY

Veronika Ivanova
Ph.D, clinical psychologist,
Certified Positive Psychotherapist (Varna, Bulgaria)
Chief Assistant Professor at the Medical University of Varna
Email: veronica_ivanovi@abv.bg

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Abstract

There are disputes and a large number of methods that claim to measure efficacy in psychotherapy. Most studies focus on the personality and skills of the therapist, fewer which examine the process of psychotherapy and how interconnections between the therapist and the client change this process. In this study we present a method of assessing the authenticity and the level of communication inspired by the theory of Budgatal (Budgendhal), examining the authenticity of the client’s contact after each session, together with two therapist-related factors: expression and openness (Reflectiveness according to Peseschkian). In the semantics of positive psychotherapy, these are the abilities of the therapist, the ability of openness, emotional expression, and so on. The results are determined through the correlation analysis of the authentic presence and communication scale (Alpha of Cronbach Alfa 0.6) which presents the correlation relationship between abilities of Expression and accessibility of the therapist and the level of authenticity in the therapeutic sharing of the client. The results show that there is a statistically significant positive correlation (Spearman’s Correlation .748 and .511, p=0.01) between the ability of openness and high levels of authenticity in therapeutic communication and a negative correlation with the emotional expression of the therapist. In conclusion, we can say that the level of authenticity in therapeutic communication depends on the ability of openness (frankness according to Peseschkian) and needs the opposite of expressiveness, namely the introverted function of the emotion capable of "the contents of the other's experiences, without taking space with excessive expression of their emotions.

Keywords: effectiveness, authentic presence, Positive Psychotherapy

Introduction

If we track the development of research methods in psychotherapy, three major dimensions stand out, representing research interest, efficacy, efficiency and the research process. Psychotherapeutic communication is qualitatively different from communication outside the therapy room but what is contained in this concept is a common, complex issue. Due to our insufficient knowledge of the mechanisms of psychotherapy, the relationship between the theoretical concepts of the model and the actual behaviour of the psychotherapist conducting psychotherapy is still not understood. Studies in psychotherapy show that the therapist’s profile and knowledge are what determines the effect of psychotherapy, rather than the therapist’s training and the school to which it belongs. In this sense, to avoid asking psychotherapy to justify scientific concepts about its action, it is possible if the focus is on speculative structures but the principle of activity, in the different environmental and different profile of
patients. The parameters are optimally objectified according to the behavior in the course of communication of patients as, in the conditions of a particular social group, personal qualities exist in the form of phenomena of interpersonal relations.

Empirical studies of psychotherapy are increasingly requiring differentiated objectivization of patients, the role of the personality of the therapist and process levels. The latter is recognized as particularly important as pure pre-measurements, i.e., studies of patient parameters before and after treatment, as well as any one-dimensional studies of the physician’s and patient’s parameters, are insufficiently reliable. With no data on the psychotherapy process, it remains inaccurate and the specifics of the model cannot be understood (Beebe, 1998). That is why the different types of psychotherapy based on pre-measurements can give similar results (Berrios & Lucca, 2006).

The transition from the preliminary measurements of efficacy to diagnose the psychotherapeutic process at the level of the dual quality units - the exact specification of the psychotherapeutic procedure, the study of individual interventions from psychotherapist and patient responses to them - is seen as a major achievement in evaluating research (Chattor & Krupnick 2001, Del Prette, Zap, & Del Prette 2008, Elliot, Shapiro, Firth-Cozens, Stiles, Hardy, Lewelin et al., 1994). The specifications for the procedure also contribute significantly to the objective of the mechanism and complex psychotherapeutic approaches.

Reaching objective psychotherapeutic goals, such as adaptation and mitigation of symptoms, can only be focused on process subjectivity. The inability of the patient to show a complete presence is the most obvious, effective way to avoid importing his/her subjectivity into group therapy work. The inexperienced and unskilled therapist, according to Budgental, 1990, may not notice that during the sharing of facts, contents and symptoms, the patient has avoided presenting him/herself as a complete person in the process of therapy. (Peseschkian & Remmers, 2020) In this situation, even the most significant therapeutic interpretations risk the abstract therapeutic communication, intellectual accumulation of volume of new knowledge but without authenticity and ultimately without a true therapeutic Process, which yields almost no psychotherapeutic benefit. Therefore, a study of levels of “presence”, the degree of authentic communication, as the role of the therapist is by showing expressiveness and transparency, to help the group reach a more in-depth level of "presence". The simple transmission of information is not psychotherapy, Bugental, The Art of Psychotherapy, 1990), as a result, the patient knows a lot about him/herself, but almost does not achieve sustainable changes in the most important area of his/her relationship with others. Presence, expressiveness, authenticity are incompatible with the psychoanalytic principles of the therapist as an interpreter, side observer and critic. The effect of psychotherapy depends very much on what level of presence in the patient.

![Fig.1 Five degrees of authentic presence and levels of communication on the Budgel](image)

1. Formal communication
2. Keeping the contact
3. Standard relations
4. Critical Circumstances
5. Intimacy

Each item is estimated at a 5-point-scale, the group indicators are compared to the factors:
- Expression of therapist
- Accessibility of the therapist - ability to open

The levels of communication or as it calls them a "presence" budget, are related to the abilities of authentic accessibility and adequate expression of the therapist. The main hypothesis of the study is related to the assumption that the accessibility and expression of the therapist are associated with the degrees of the authentic presence of patients during the group process (Budjental, 1965).
The first level is a level of formal communication. When coming to a new person in the group who has no psychotherapeutic experience, he/she is inclined to use customs adapted from his/her culture of communication. Such behaviour we use in communicating with authority. Formal communication focuses on the objective characteristics of people. A key sign of formal communication is that accessibility and expression are restrained to limit human involvement in communication with the other and are a type of resistance. The patient holds everything under control until he has assured the security of the middle. This control is focused on his image. As a result, the speeches are more objective, superficial and banal, above all impersonal. Spontaneity is minimal and practically absent (Budjental, 1990).

The second level is the level of maintenance of the socket. Some patients can miss this level and pass straight on to level 3, standard relationships, but others, especially in stationary conditions, need an intermediate stage. They may look allocated***, ready to share but often restrained. Communication is in the form of superior participation, sharing contains only facts. At this level of communication, there is a lot of factual information, and the psychotherapist observed emotional responses and signalling readiness to pass on to a deeper level of communication. The therapist directs the discussion to such topics having psychotherapeutic importance (Budjental, 1990).

The third level is the level of a stood talk, as "standard" is used in the sense of common, expected. Psychotherapeutic communication, in the most effective part there is little dependence on standard, customary conditions. This is a transitional moment, between the care of the image and internal experiences. Sincere but limited personality inclusion. As a rule, such communication does not contain a conflict (Budjental, 1990).

The fourth level, called "critical circumstances", under which it is significant, meaningful to man, having a crucial meaning. Talk at this level leads to prolonged changes in the thoughts, feelings, words and actions of one or more of the participants. Typical for this level are the strong up-to-date emotions, not so many memories of them. A sign of profound input is the sincere descriptions of the past and current internal experiences and issues that the patient is experiencing. The patient is more disturbed by its internal experiences than the external circumstances as they seem to others, social desirability is reduced at the expense of sincerity. The experiences become more immediate. The patient begins to use more adjective names, adverbs, in his experience to transmit the quality of his experiences. Slug, exclamation, obscene words. The posture becomes more relaxed and unprotected, with the body language corresponding to the feelings. Here we have a strong expression and limited accessibility (that is, the man is swallowed by his experiences and is not so accessible to understand it).

The fifth level is an intimacy level. The word has been cleared by its meaning of sexual proximity. Means intensity and emotional proximity, suggests sharing personal, secret experiences. Maximum accessibility and expression, crying, laughter, deep fear, enthusiasm, suffering from conscious loneliness and despair, rising anger. The subjective existence of the client is energetically involved in the process of inland awareness. (Budjental, 1990)

Objective of the study: a positive and significant correlation is expected between the ability of a therapist for openness and expression and the two high levels of authenticity of therapeutic contact - "critical circumstances" and "intimacy" and low or negative in the other three levels of authenticity. It is assumed that the more open and expressive the therapist is, the more likely the client is to reach the "intimate" level of sharing.

Methodology

This study describes data for 30 participants, all adolescents. \(X = 6.16, \ SD = 3.06\). The following clinical methods were used: observation, psychotherapy sessions with adolescents with methods of the PPT, inpatient and ambulatory. Statistical methods include data processing with the SPSS program. For data analysis, there were used descriptive statistics, correlation analysis, a frequency distribution of data and reliability statistic.

Results

The results were processed with the statistical program SPSS 19. The standard methods for this type of data presentation were used - descriptive statistics, correlation analysis. The research includes 30 sessions of psychotherapy. 18 women and 12 men.
It is seen from the table that the openness or ability to honesty the therapist correlates significantly positive with the two most important levels of authenticity of therapeutic communication (.748 and .511).

The expression of the therapist have low correlates with all the rocks and low and insignificant with the highest level of authenticity 5-intimacy.

The objective of the study was set in the correlational study of the study was not fully confirmed. The expected positive correlation between the therapist openness and the critical level of authenticity of therapeutic contact and customer sharing is confirmed. This means that the theories of the distant, passive and wrapped psychotherapist are not justified, it is the openness that is the ability to self-disassemble, accessibility, trust to the client is the basis for creating a safe and secure space in which the level of Authenticity of therapeutic sharing which allows them to get to intimacy and intimate moments. What is interesting is the result of interconnections between the emotional expressiveness of the therapist and the reported negative correlation with most levels of sharing except with the intimacy, but it is negligible. An analysis of this result is important in terms of balance between openness and expression, the expressive therapist occupies more space in the consulting room, but at the same time, does not predispose to low levels of authenticity, but also supports intimacy. This can be explained by the fact that the fifth level of authenticity, as Bugental describes it, is a client closure, sinking into experiences whose power requires a calm, open but not so expensive therapist who will be able to "contain the "anxiety of the client. Probably empathy to a client whose sharing is intimate, requires more concentration, calm silence and non-verbal support that is not highly emotionally coloured.

The negative correlation between the accessibility of the therapist and the contact level of communication is an unanticipated result. In practice, contact level 2 is when the client uses words to hide the real emotions, the level when the client talks and talks but has not said important things. In the early sessions, some clients talk a lot out of fear or fear of rejection from the therapist. When accessibility is emphasized, when the therapist is sincere and open, the time of the second level in therapy is reduced, the words become less, but more authentic.

In Positive Psychotherapy (Peseschkian, & Remmers, 2020) the primary abilities to which they relate both the openness (frankness) and the expression of emotion are related to the emotional capacity of the therapist.
Thus, their relationship with the level of authenticity of therapeutic contact are not surprising.

In Jung’s understanding of the personality typology (Jung, 2020), the extravagant emotion (expressiveness) is more directed out, to show, to say, to say itself similar to the actors game while the other, introverted emotion function (the opposite of expression In this study) is the one that is necessary for therapeutic communication because it is aimed at relations and process, to understand the emotions of the other and their peaceful admission. Thus, we would explain the negative correlations that are received with the "Expression" factor.

Conclusions

There are many types of research with the focus on the qualities of the therapist as an authentic person, its ability to contact, preparation and experience are available (Ablon & Marci, 2004; Nathan, 2003). Most researchers are unanimous that the relevance of the working union, including, the dedication of dialogue and creating conditions that facilitate it is the basis of good therapeutic practice.

The level of presence depends on the accessibility of the therapist, which is authentic accessible and adequately expressive, allocating its attention to the content and on the process of psychotherapy. (Budjental, 1990).

Practice-based evidence is characterized as a "bottom-up" process to collect data that relies on the experience of clinicians to inform therapy. (Dupree, 2007).

The future direction of the study is to make a comparative study on the role of the ability to the empathy of the therapist, as well as the various capabilities of the inventory of positive psychotherapy, with the factors inherent in the approach that help define those from them that support the effectiveness of psychotherapy.

References