

Chapter 13. Therapeutic presence as a foundation for relational depth by Dr. Shari Geller

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Therapeutic presence involves therapists being fully in the moment on a multitude of levels, physically, emotionally, cognitively, spiritually and relationally (Geller & Greenberg, 2002, 2012). Therapists' cultivation and ability to be present with their clients provides an invitation to the other to feel met, understood, and to open and become present within their own experience as well as with their therapist, which can allow for moments of relational depth to arise.

In this Chapter I propose that therapeutic presence is the foundation for deep relational contact. First a description of therapeutic presence will be provided, as grounded in two studies: A qualitative study of therapeutic presence and a quantitative study whereby a measure of therapists' presence was developed and explored for reliability and validity. A theory of relationship based on therapeutic presence will then be offered, followed by a discussion as to how therapeutic presence can provide the foundation and optimal condition for relational depth to be experienced.

What is therapeutic presence?

Therapeutic presence involves (a) being in contact with one's integrated and healthy self, while being (b) open and receptive, to what is poignant in the moment and immersed in it, with (c) a larger sense of spaciousness and expansion of awareness and perception. This grounded, immersed and expanded awareness occurs with (d) the intention of being with and for the client, in service of their healing process (Geller & Greenberg, 2002, 2012).

While this description of therapists' presence is grounded in research (Geller & Greenberg, 2002), we can see some parallels to Rogers' later writings where he began to allude to therapists' presence as an important quality. A well-known quote by Rogers (1980) marks the beginning of his description:

When I am at my best, as a group facilitator or as a therapist, I discover another characteristic. I find that when I am closest to my inner, intuitive self, when I am somehow in touch with the unknown in me, when perhaps I am in a slightly altered state of consciousness, then whatever I do seems to be full of healing. Then, simply my presence is releasing and helpful to the other. There is nothing I can do to force this experience, but when I can relax and be close to the transcendental core of me, then I may behave in strange and impulsive ways in the relationship, ways in which I cannot justify rationally, which have nothing to do with my thought processes. But these strange behaviors turn out to be right, in some odd way: it seems that my inner spirit has reached out and touched the inner spirit of the other. Our relationship transcends itself and becomes a part of something larger. Profound growth and healing and energy are present. (p.129)

Being in touch with one's self and relaxing into the transcendental core as alluded to by Rogers, reflects both the (a) grounded and (c) spacious qualities referred to in our definition of presence (Geller & Greenberg, 2002, 2012) described at the beginning of this section. Further, the aspect of presence, (b) being open and immersed in the moment, attuned to what is poignant, is reflected in a posthumous publication, where Rogers noted that:

Once therapy is under way, another goal of the therapist is to question: 'Am I really with this person in this moment? Not where they were a little while ago, or where they are going to be, but am I really with this client in this moment?' This is the most important thing. (Baldwin, 2000, pp. 32-33)

The client-centred orientation that is at the core of the person-centred approach is reflected in the last aspect of therapeutic presence definition; that being present is held by (d) the intention of being with and for the client.

Research on therapeutic presence has confirmed the essential and healing qualities of therapists' presence that Rogers began to explicate prior to his death. For example, qualitative interviews with therapists revealed that the inner receptive state of the therapist is viewed as the ultimate tool in understanding and sensitively responding to the client's experience and needs (Geller & Greenberg, 2002). In concurrence with our research, Rogers began to see the self as a tool, as noted in his interview with Baldwin: 'Over time, I think that I have become

more aware of the fact that in therapy I do use my self. I recognize that when I am intensely focused on a client, just my presence seems to be healing...’ (2000, p. 29).

Research revealed that this inner receptive state includes therapists’ complete openness to the client’s multidimensional internal world, including their bodily and verbal expression, as well as openness to their own bodily experience of the moment in order to access the knowledge, professional skill, and wisdom embodied within (Geller & Greenberg, 2012). Being fully present then allows therapists to access an attuned responsiveness that is based on a kinesthetic and emotional sensing of the other’s affect and experience as well as one’s own intuition and skill and the relationship between (Geller & Greenberg, 2002). Similarly, Rogers (in Baldwin, 2000) reflected that: ‘In using myself, I include my intuition and the essence of myself’ (p. 30).

Therapeutic presence allows for a therapist to offer nonjudgmental, highly focused, and attuned awareness with the intent of being in service of the client’s healing process. Therapeutic presence also allows the therapist to work at a relational depth and enhance the therapeutic relationship and alliance between therapist and client, a key factor in successful therapeutic work (Lambert & Simon, 2008; Mearns, 1997).

Research on therapeutic presence

A series of studies on therapeutic presence has begun to explicate the nature of this quality and its contribution to building a positive therapeutic relationship (Geller, 2001; Geller & Greenberg, 2002; Geller, Greenberg, & Watson, 2010). In particular, both qualitative and quantitative investigations have contributed to the development of both a model and a measure of therapeutic presence.

The model of therapeutic presence was developed from a qualitative study with experienced therapists who had either written about therapists’ presence or espoused presence as a value in their therapy practice (Geller & Greenberg, 2002). This model includes three overarching categories of therapeutic presence: Therapists’ preparation for presence (in-session and in-life), the process of therapeutic presence (what one does when they are being present), and (therapists’ in-body) experience of therapeutic presence (Geller & Greenberg, 2002). The process of therapeutic presence includes three aspects: Being open and *receptive* to client’s experience, *inwardly attending* to one’s bodily resonance with the clients’ experience, and *extending and contact* with the client from this place of receptivity and inward contact. The experience of therapeutic presence includes the four aspects noted in the

description provided in the previous section: Being *grounded* in one's self; *immersed* in the moment with the client; while connected to a larger sense of *expansion*; all while being in service of the client's healing or *being with and for the client*.

A second study was conducted which involved the development of a measure of therapeutic presence, the Therapeutic Presence Inventory (TPI; Geller et al., 2010). Two versions of the TPI were created: one for therapists about their own presence (TPI-T), and one for clients on their perceptions of their therapists' presence (TPI-C) (download from <http://www.sharigeller.ca/articles.htm>). While the TPI was initially based on the model, it was further developed and validated through an empirical process of refining the measure and using ratings from expert therapists and theorists who have written about presence. The revised measure was then submitted to two larger psychotherapy studies for investigations of reliability and validity (Geller et al., 2010). Pilot research on the reliability and validity of the TPI-T and TPI-C suggested that both versions of the measure have good reliability, face validity, construct validity, and the TPI-C was demonstrated as having predictive validity.

A central finding in this research is that clients reported a positive therapeutic alliance as well as a positive change following a therapy session when they also felt their therapist was present with them (Geller et al., 2010). There was also a moderate correlation found between therapeutic presence and Rogers' relationship conditions (empathy, congruence, and unconditional positive regard) as measured by Barrett-Lennard's Relationship Inventory (RI; Barrett-Lennard, 1973), suggesting a relationship between therapeutic presence and the relationship conditions and yet a conceptual difference (Geller et al., 2010). Both studies supported the view of therapeutic presence as an underlying condition or foundation to Rogers' relationship conditions. Further studies exploring the relationship of therapeutic presence and empathy in particular, suggest that they are related yet distinct concepts (Pos, Geller, & Oghene, 2011); and that presence precedes empathy (Hayes & Vinca, 2011). These findings support Rogers' later postulations that:

I am inclined to think that in my writing I have stressed too much the three basic conditions (congruence, unconditional positive regard, and empathic understanding). Perhaps it is something around the edges of those conditions that is really the most important element of therapy – when my self is very clearly, obviously present.
(Baldwin, 2000, p. 30)

A discrepancy existed between therapists' and clients' ratings of therapists' presence (Geller et al., 2010). Findings from the qualitative study (Geller & Greenberg, 2002) revealed that therapists describe their experience of presence, in interviews, as helping them to feel more connected to clients and more efficacious in their use of responses and technique. Yet findings in the second research study indicated that clients don't rate themselves as having a more productive session or more positive alliance when therapists report they are more present; however clients do rate these sessions and the alliance as positive when they themselves feel their therapist is present with them. It is likely that therapeutic presence only impacts clients if they are feeling the therapist present with them.

It is important to note that the latter finding is reflective of psychotherapy research in general (Duncan & Moynihan, 1994; Horvath & Luborsky, 1993; Lambert & Simon, 2008). Clients' experience of the therapist has greater impact than how therapists experience themselves. For example, Rogers came to the conclusion that it is the degree to which the client perceives the therapist as being unconditionally accepting, empathic and congruent that is the main factor for a good therapeutic outcome (Rogers & Truax, 1976). The findings of this study reflect this notion, that it is the degree to which clients perceive their therapist as present that allows them to feel more connected to their therapist as well as supports a positive session outcome.

When we look further at these studies, both from a qualitative and quantitative perspective, we see the emergence of a relational approach to presence. While we began these studies seeing presence as an intrapersonal (within the therapist) experience, we recognize that therapeutic presence deepens into a relational experience. Given that therapists' presence has the greatest impact on the therapeutic relationship and session outcome when the client perceives their therapist as fully present, it is possible that the client too is becoming more present with himself or herself and present with the therapist. This may contribute to a deepening in presence for both the therapist and client, and greater moments of relational depth. The research on therapeutic presence combined with a theoretical and clinical experience and understanding of the impact of presence, has allowed for an unfolding of a therapeutic presence theory of relationship.

Therapeutic presence theory of relationship

A therapeutic presence theory of relationship proposes that therapists' presence is an essential quality underlying effective therapy, including good session process and outcome,

as well as integral in deepening the therapeutic relationship, and allowing for relational depth (Geller, 2009; Geller & Greenberg, 2012). Further, this theory holds that therapists' verbal and non-verbal communication of presence is essential, as clients need to experience their therapist as present for presence to be therapeutic.

As clients experience their therapists' presence, they become more present themselves and with their therapists. As both open and become present with each other, relational therapeutic presence begins to emerge. Relational therapeutic presence refers to the deepening of the state of therapists' presence that occurs as a function of two (or more) people being fully present with one another. The relationship between creates a larger sense of spaciousness and access to wisdom and flow that is opened in relationship to each other and the moment.

Therapeutic presence and the emergent relational presence can be healing for the client as they feel met, heard, and understood in a way that allows them to become more present within themselves, as well deeply and mutually present and connected. This allows clients to feel safe and emotionally held while opening to exploring the depth of their experience. Qualitative research on therapists' experience reveal that the cultivation and experience of therapeutic presence is also healthy for the therapist, as therapists' tend to experience greater well-being, emotional regulation, decreased anxiety, reduced burn-out, enhanced internal and interpersonal connection, and heightened vitality (Geller & Greenberg, 2002).

The theory of therapeutic presence purports that the most important guide to a therapeutic response or reflection is to be present, grounded, and fully open and receptive to the client from moment to moment. From that place of receiving the client on a multi-sensory level, therapists tune into their own theoretical, learned, personal, and intuitive understanding of the client and a natural response or direction emerges from within. This encourages clients to feel open, safe and accepting or present with themselves and with the therapist, which allows for a synergistic relationship to emerge where the therapist and client can develop greater mutual presence (or *co-presence* as termed by Cooper, 2005) as well as I-thou contact and relational depth.

Therapeutic presence as a foundation to relational depth

We know from the research that therapists and clients can experience moments of relational depth and these moments can be highly significant and memorable, as well as potentially

contribute to a positive therapeutic relationship and outcome (Cooper, 2005; Chapter 5, this volume; Knox, 2008; Chapter 2, this volume; McMillan & McLeod, 2005). Given that relational depth has been viewed as a combination of the relationship conditions (Cox, 2009; Mearns & Schmid, 2006) and that therapeutic presence has been demonstrated as the foundation for Rogers' relationship conditions (Geller & Greenberg, 2002; Geller et al., 2010; Hayes & Vinca, 2011), therapeutic presence can be seen as an underlying foundation for relational depth, as well as contributing to a positive therapeutic relationship and process. Schmid and Mearns (2006) concur that the 'contribution on the therapist's part is to be present' (p. 276) in allowing for this depth of encounter between the therapist and the client.

Recent research supports this view of therapeutic presence as an underlying factor for relational depth. For example, a qualitative study of clients who experienced moments of relational depth revealed that the majority of clients described their therapists in these moments as being more present and authentic with them (Knox, 2008; Chapter 2, this volume). Further, counsellors working with people who self-harm acknowledged that therapeutic presence helped them to work in a way that allowed for relational depth with their clients (Long & Jenkins, 2010). Further, clients tend to experience relational depth as stemming from an invitation in to a genuine deep encounter with the therapist (Knox & Cooper, 2010; Knox, Chapter 2, this volume; McMillan & McLeod, 2006). With therapeutic presence, there is a turning toward the client with all one's being to become open and fully immersed in receiving the other with full acceptance, which cultivates an inner attunement to the client and invites the client (and the therapist) into a deeper relational encounter (Geller & Greenberg, 2012).

It is possible that therapists' presence can invite the client into a safer and more open state of being, which allows the therapist into the clients' inner world and deepens the relationship between. Hence, relational depth can occur through therapists' offering of presence and attunement to the clients' readiness and experience in the moment, as well as the clients' opening and becoming present within and with the therapist.

As therapeutic presence deepens into relational therapeutic presence in the therapist, and the client opens to this present centred connection, therapists' experience a simultaneous opening and contact with a larger state of transcendence (see Geller & Greenberg, 2012; Chapter 7, for a discussion of levels of presence). While relational depth exists in between the therapist and client encounter, relational therapeutic presence is similar to the therapists' experience of relational depth, yet also goes beyond this level of mutual encounter and engagement to touch a larger state of spirituality. Relational therapeutic presence includes

therapists being in contact with what is poignant in the self, the other, and the relationship while being held by this larger sense of spirituality or transcendence.

It is theorized that the therapist's presence invites the client to open and become present with their self and their therapist, and as the essence of each person comes into direct encounter with each other, a larger state of transcendence emerges that is healing. This state of transcendence can also be seen as emerging from connectedness and awareness of what presents itself in the here and now (Leijssen, 2009). The client may also experience this state of presence and transcendence but we do not have sufficient research at this point to know or understand the clients' experience in this respect.

The healing that can emerge in relational therapeutic presence is reflected in Rogers' (1980) comments about being 'close to the transcendental core...it seems that my inner spirit has reached out and touched the inner spirit of the other. Our relationship transcends itself and becomes a part of something larger. Profound growth and healing and energy are present (p.129).

While these transcendent and relational dimensions of presence can occur as a result of the connection with the other, it can begin with the therapists' own intention, preparation, and practice of presence outside or prior to the therapy hour. Similarly, it has been suggested that relational depth 'cannot be planned in advance, but emerges in unrepeatably contact between persons' (O'Leary, 2006, p. 230). Rogers (1980) also noted 'in those rare moments when a deep realness in one meets a realness in the other, a memorable I-thou relationship as Martin Buber would call it, occurs' (p. 19). While it is true that a 'therapist alone cannot create a meeting at relational depth' (O'Leary, 2006, p. 230), and that these moments may be 'rare', as Rogers noted, I believe that therapists' practice and cultivation of presence can allow for greater accessibility to the experience and deepening of therapeutic presence and therefore to the possibility of a profound relational connection and relational depth (Geller, 2009).

Closing remarks

In summary, a therapeutic presence relationship theory begins with an essential non-specific therapist's stance of presence that can help cultivate and sustain relational depth as well as increase the efficacy of the therapy process for the client, the therapist, and the relational encounter. The theory of presence involves therapists cultivating an open and accepting way of being that includes being grounded and yet deeply open and sensitive to the various nuances in the client and in the therapeutic relationship. This stance, originating from the therapists presence, allows for a deepening in the-relationship-between as clients feel fully

heard, understood, and responded to and in turn this felt understanding invites clients to open to a deeper connection with their therapist as well as generates safety to open and contact their own bodily and authentic experience. Eventual presence within the client may ensue as clients generate self-acceptance, self-compassion, and presence within, through their therapist's presence, which in turn can release their fundamental tendency towards wholeness and growth. A deepening into relational therapeutic presence can occur in resonance with the clients' openness and receptivity to their presence, and this can then become a mutual opening where relational depth can be experienced between therapist and client. The enhanced sensing that occurs from this shared state of presence ultimately guides the therapist's responses as well as deepens the relationship and the client's healing. In this vein, presence must be present for relational depth to develop, and for therapy to be effective.

While therapeutic presence can start at the self with therapists' cultivation of presence, it deepens in the therapist through present-centred contact with the other and can provide fertile ground for a mutual encounter and relational depth to occur. Presence then can deepen in the therapist, client, and between the two, and an optimal environment is created for relational depth to occur, as well as a release of the fundamental tendency towards healing, growth and actualization.

References

- Barrett-Lennard, G. T. (1973). *Relationship Inventory*. Unpublished Manuscript, University of Waterloo, Ontario, Canada.
- Cooper, M. (2005). Therapists' experiences of relational depth: A qualitative interview study. *Professional Psychology: Research and Practice, 5*(2), 87-95.
- Cox, S. (2009). Relational depth: Its relevance to a contemporary understanding of person-centered therapy. *Person-Centered and Experiential Psychotherapies, 8*, 208-223.
- Duncan, B. L., & Moynihan, D. W. (1994). Applying outcome research: Intentional utilization of the client's frame of reference. *Psychotherapy, 31*, 294-301.
- Geller, S. M. (2001). *Therapeutic Presence: The development of a model and a measure*. Unpublished doctoral dissertation, York University, Toronto, Canada.
- Geller, S. (2009). Cultivation of therapeutic presence: Therapeutic drumming and mindfulness practices. *Dutch Tijdschrift Clientgerichte Psychotherapie (Journal for Client-Centered Psychotherapy), 47*(4), 273-287.
- Geller, S. M., & Greenberg, L. S. (2002). Therapeutic presence: Therapists' experience of presence in the psychotherapeutic encounter. *Person-Centered and Experiential Psychotherapies, 1*, 71-86.
- Geller, S. M., & Greenberg, L. S. (2012). *Therapeutic Presence: A Mindful Approach to Effective Therapy*. Washington, DC: APA publications.
- Geller, S. M., & Greenberg, L. S., & Watson, J. C. (2010). Therapist and client perceptions of therapeutic presence: The development of a measure. *Journal of Psychotherapy Research, 20*(5), 599-610.
- Hayes, J., & Vinca, J. (2011, June). *Therapist presence and its relationship to empathy, session, depth, and symptom reduction*. Paper presented to the Society for Psychotherapy Research, Bern, Switzerland.
- Horvath, A. O., & Luborsky, L. (1993). The role of the therapeutic alliance in psychotherapy. *Journal of Consulting and Clinical Psychology, 61*, 561-573.
- Knox, R. (2008). Clients' experiences of relational depth in person-centred counselling. *Counselling and Psychotherapy Research, 8*(3), 182-188.
- Knox, R., & Cooper, M. (2010). Relationship qualities that are associated with moments of relational depth: The client's perspective. *Person-Centered and Experiential Psychotherapies, 9*, 236-256.

- Lambert, M. J., & Simon, W. (2008). The therapeutic relationship: Central and essential in psychotherapy outcome. In S. F. Hick & T. Bien (Eds) *Mindfulness and the Therapeutic Relationship*. (pp. 19-33). New York: Guilford Press.
- Leijssen, M. (2009). Psychotherapy as search and care for the soul. *Person-Centered & Experiential Psychotherapies*, 8, 18-32.
- Long, M., & Jenkins, M. (2010). Counsellors perspectives on self-harm and the role of the therapeutic relationship for working with clients who self harm. *Counselling and Psychotherapy Research*, 10(3), 192-200.
- McMillan, M., & McLeod, J. (2006). Letting go: The client's experiences of relational depth. *Person-Centered and Experiential Psychotherapies*, 5, 277-292.
- Mearns, D., & Cooper, M. (2005). *Working at Relational Depth in Counselling and Psychotherapy*. London: Sage.
- Mearns, D., & Schmid, P. (2006). Being-with and being-counter: Relational depth: The challenge of fully meeting the client. *Person-Centered and Experiential Psychotherapies*, 5, 255-265.
- O'Leary, C. J. (2006). Carl Rogers: Lessons for working at relational depth. *Person-Centered and Experiential Psychotherapies*, 5, 229-239.
- Pos, A., Geller, S. M., & Oghene, J. (2011, June). *Therapist Presence, Empathy, and the Working Alliance in Experiential treatment for Depression*. Paper presented to the Society for Psychotherapy Research, Bern, Switzerland.
- Rogers, C. R., & Truax, C. B. (1976). The therapeutic conditions antecedent to change: A theoretical view. In C. R. Rogers, E. T. Gendlin, D. J. Kiesler, & C. B. Truax (Eds.), *The therapeutic relationship and its impact: A study of psychotherapy with schizophrenics*. (pp. 97-108). Westport, CT: Grennwork.
- Schmid, P., & Mearns, D. (2006). Being-with and being-counter: Person-centered psychotherapy as an in-depth co-creative process of personalization. *Person-Centered and Experiential Psychotherapies*, 5(3), 174-190.