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Short Communications

Social Interaction and Relationship in Crisis Intervention

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Keywords

Crisis intervention,
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Therapeutic relationship,
Working alliance,
Nonverbal communication

Abstract

Social interaction describes individuals reacting and influencing each other, building a relationship. Psychotherapeutic schools agree that the relationship between therapist and patient is crucial to treatment success. In crisis intervention a prompt alliance building is required. Interaction can be an unconscious, automatic part of the relationship forming process. To date few studies and theoretical tracts focus on social interaction in conjunction with the therapeutic relationship. This paper evaluates the cohesion between aspects of social interaction and the therapeutic relationship. Nonverbal elements will be considered fostering the research question: "Which elements of social interaction prompt the therapeutic relationship in crisis intervention?"

Background and Aim

In psychotherapy research the relevance of the relationship between therapist and patient on treatment success is strongly considered. However, social interaction, so nonverbal and verbal elements of this relationship, have not been researched satisfyingly in terms of the relationship forming process and psychotherapeutic success to date. This paper focuses on the evaluation and the analysis of specific elements of social interaction in crisis intervention enabling a promising psychotherapeutic relationship.

Relevant aspects of social interaction are age, gender, education, cultural background, primary and secondary socialisation, as well as (role) expectations and social norms. Interesting facets of nonverbal interaction are the social situation, acts of speech, duration, intonation, visual feedback, mimic and body language. Additionally we will examine how processes of perception in the approach of psychotherapist and patient, also involving diagnostic and intervening skills, speed up and focus the relationship building. Therefore sensations (audio, visual, olfactory and haptic perception) are taken into regard, in common with differences in the setting (e.g. on the couch, vis-à-vis, or on the telephone). The mentioned aspects contribute findings, helping to answer the research question "Which elements of social interaction prompt the therapeutic relationship in crisis intervention?"

Methods

Regarding the results of the Vanderbilt studies a good psychotherapeutic relationship is developed within the first three sessions, and afterwards stays relatively constant. In crisis intervention, especially when it comes to suicidal crisis, the immediacy requires a fast relationship building [Rössler, 2005]. The video analysis proves to be a suitable instrument to study interactive processes and situations. A psychotherapeutic session is an interactive process, in which the purpose of the outcome is leading. Schnettler, Knoblauch [2009] state that the Video analysis is the method of choice when it comes to the inquiry of holistic performative interrelations. Caspar [1997] names an immediate conference with the therapists about the video and audio material ideal, to analyse nonverbal perception of the therapist. Thus nonverbal, often subconscious, pertinent - especially with regard to hypothesis generation - and intuitive processes (clinical judgement, complexity, emotional arousal, conscious processing, and many more) can be collected.

Facial action coding system (FACS)

The FACS is a technique developed for mimic- and emotion recognition. Before face muscles are able to control the facial expression, the basal emotion is expressed in a countenance. It is not until after, that this mien is exchanged to the facial

expression that is willingly presented (Micromimic[1]). FACS assigns just about every visible face muscle movement to a so called action unit. These units summarize single and multiple muscle movements. This attribution enables written records of facial expressions. FACS includes 44 action units, 12 in the upper face and 32 in the lower face. Dem are sectioned in horizontal, vertical, skewed, circular and mixed actions[2]. The interpretation of the material is executed synchronously. Images of the therapist's and the patient's mimic are analysed and evaluated simultaneously.

Psychotherapeutic relationship

Vanderbilt (VPPS; VNTIS; VTSS)

Vanderbilt study I and II both treat the main power factor in psychotherapy in general and the influence of the psychotherapeutic relationship in particular. Vanderbilt I succeeded to prove, that the psychotherapeutic relationship among others is patterned by specific interventions, so that the psychotherapeutic relationship cannot be addressed as an unspecific factor among others Strupp [1998].

Vanderbilt II revealed that psychotherapists working with a manual were perceived less warm-hearted and friendly than others. Further findings showed that training therapists induce a higher conversation technique. Vanderbilt II used WAI (working alliance Inventory) Horvath und Greenberg [1994] and CALPAS (California Psychotherapy Alliance Scale) Marmar et al. [1989], the HA (Penn Helping Alliance Rating Scale) Morgan et al. [1982] the HAQ (Helping Alliance Global Questionnaire) and the VTAS (Vanderbilt Therapeutic Alliance Scale) Hartley and Strupp, [1983] to determine the therapeutic relationship and thereby treatment quality, with high correlations Suh [1986].

Outcome WAI

The Working Alliance Inventory-Short Revised (WAI-SR) is a method to quantify the psychotherapeutic relationship. The WAI holds three main aspects of the psychotherapeutic alliance: compliance, psychotherapeutic goals and emotional bond between the actors Munder et. al, [2010].

Therapeutic relationship questionnaire (ITB)

The ITB [Hermer, Hirsch, Röhrle: 2013] expands the methodological acquisition of the psychotherapeutic relationship, the alliance in particular, describing three components: the real relationship consisting of realness/realism, the reciprocity with the patient's social network and the working alliance with empathy, therapy goals, cooperation and relationship dynamics Hermer, Hirsch, Röhrle, [2013]. The 143 items gather basal (specific) and problem oriented (contextual) facets of the relationship [Hermer, Hirsch, Röhrle, 2013].

Propositi

Power analysis results 60 probands with medium efficiency. Selection criteria involve, aside from the patient's informed consent, the therapist's evaluation on the patient's constitution. In order to enable an elaboration of the relationship forming process, under the special conditions of crisis intervention, patients during a crisis shall be considered in the survey.

Discussion

Elaborating the prosperity of therapeutic interaction, the particular expectations to the therapeutic setting need to be taken into focus. These however, are influenced by a number of factors, many of them being sociological. The most relevant can be summarized as socialization, in terms of social norms and structures in general and upbringing, family background, education, gender and age, in particular. The psychotherapeutic setting itself activates the necessity to follow social norms. In concrete those refer to specific organizational expectations (i.e. hospitals, practices …) and to defined role expectations (i.e. therapist, patient…).

A more individual aspect, that is of course likewise determined by social norms and structure are personal values. Personal values, meaning internalized, conscious and non-conscious embodiment of social norms, mostly established through primary socialization (parents, family) control social interaction, having a considerable impact on the personal expectations of interaction in general, or the psychotherapeutic treatment in particular.

The question of personal expectations deserves a specific focus in connection with psychotherapy and crisis intervention, as goals of the psychotherapeutic treatment can differ intensely and the question of whether or not the patient is treated willingly or forced into the setting is crucial. Furthermore the intersubjective conscious and unconscious of patient and therapist are to be taken into perspective. In other words how does the created, bargained reality of the actors both consciously and unconsciously look like? This question can be answered through the introduced aspects of social interaction, which enable to elaborate not only why patient and therapist act, but also, allow an examination of unconscious aspects of acting, as about the relationship itself. Under this aspect the "function of the third", a concept that includes triangulating third persons, structures, and cultural elements into the intersubjective psychic room Grieser, [2011], needs to be integrated. Britton [2004] described the triangular space in the psychotherapeutic setting. This space is established by the three people who create the oedipal situation and all possible relationship constellations. All actors can be observed and observe. Betty Joseph [1985] sees

[1]http://www.face-and-emotion.com/dataface/facs /description.jsp(retrieved 24.03.2015)
[2]http://www.face-and-emotion.com/dataface/facs/ description.jsp(retrieved 24.03.2015)

transference as a "living relationship with constant movement and change", and names everything of importance in the patient's psychic organisation, that will be lived out in the transference, as well as the countertransference, the whole situation Jospeh, [1985]. Social interaction reciprocally determines social reality. Researching social reality and social interaction we need to consider all factors, in a seemingly outlying position of the dyad between therapist and patient.

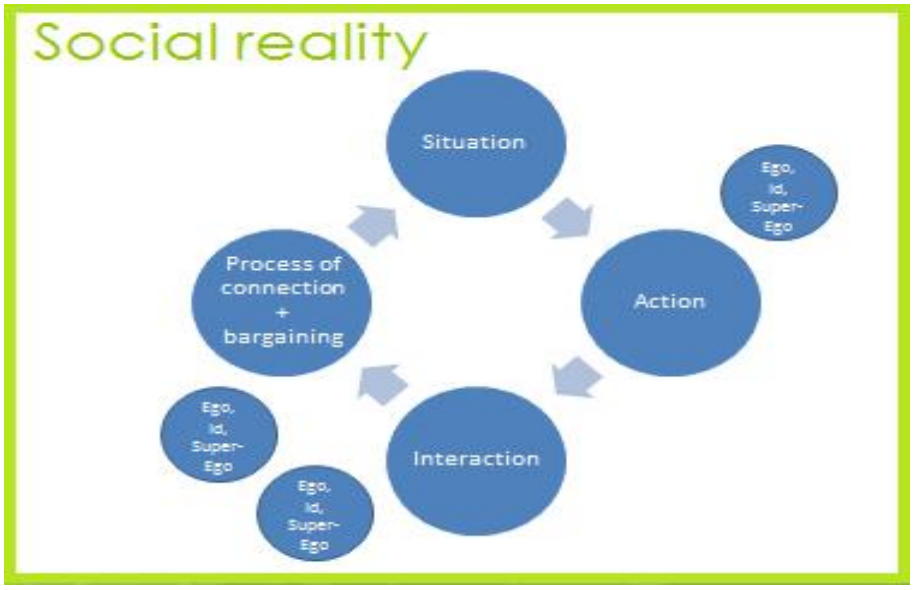

Fig.1 (Un) conscious social interaction processes – unconscious weaving of thoughts, bargaining, autopoetic iterative processes define the social interaction between the persons with all their environment

References

1. Rössler, P. 2005. Inhaltsanalyse. UVK Verlagsgesellschaft mbH, Konstanz.
2. Schnettler, B., and Knoblauch, H., 2009. Videoanalyse. In: Kühl, S., Strodtholz, P., Taffertshofer, A.,(Hrsg.): Handbuch Methoden der Organisationsforschung , Teil I, S. 272-297.
3. Caspar, F., 1997. What Goes on in a Therapis's Mind. Psychotherapy Research. 7:2, 105-125.
4. http://www.face-and-emotion.com/ dataface/facs/ description.jsp (retrieved 24.03.2015)
5. Strupp, H.H., 1998. The Vanderbilt I Study revisited. Psychotherapy Research 8 (1):17-29.
6. Suh, C., Strupp, H.H., O'Malley, S.S. 1986. The Vanderbilt process measures: The Psychotherapy Process Scale (VPPS) and the Negative Indicators Scale (VNIS). In: Greenberg LS, Pinsof WM (Eds.): The psychotherapeutic process: A research handbook. Guilford, New York: 285-324.
7. Munder T., Wilmers F., Leonhart R., Linster H.W., and Barth J., 2010. Working Alliance Inventory-Short Revised (WAI-SR): psychometric properties in outpatients and inpatients., Clinical Psychology Psychotherapy. 2010 May-Jun; 17(3):231-9. Retreaved: http://www.ncbi.nlm.nih.gov/pubmed/20013760
8. Hermer, M., Hirscher, O., and Röhrle, B., 2013. Inventar zur therapeutischen Beziehung (ITB)-Entwicklung und teststatistische Überprüfung; Springer Verlag, Berlin Heidelberg.
9. Grieser, J., 2011. Architektur des psychischen Raumes. Die Funktion des Dritten, Psychosozial-Verlag.
10. Britton, R.., 2004. Subjectivity, Objectivity, and Triangular Space. Psychoanal Q. 73:47-61.
11. Jospeh, B., 1985: Transference: The Total Situation, International Journal of Psychoanalysis, 66, 447-454