

Is it possible as therapists to allow ourselves to be authentically
in the psychotherapy space?

Introduction

The following essay seeks to problematize the possibility as therapists of allowing ourselves to be authentically in the context of psychotherapy. We reflect on our role as therapists and the person behind the therapist, inviting us to look at ourselves in our clinical work. The concept of authenticity will be addressed from the Existential Analytical perspective developed by Dr. Alfried Längle. Is it possible to allow ourselves to be authentic with a patient?

Authenticity

Alfried Längle (1999) describes authenticity as “the finding of one's own essence through the achievement of a reference to internal attunement” (p.12), this means being able to feel and listen to what speaks in me and bring it to reality. action. The above does not assure me that it will be the right decision, but by executing that harmony that I feel in me, at least I will be faithful to myself. That is, I realize what is expressed within me. To better understand the concept, I will explain an experience I had with a patient a couple of months ago.

What is correct?

A while ago a patient had left her therapy process due to economic issues - we had maintained a differential price since she began her therapy -, previously I had offered her the possibility of bartering in case she could not afford her therapy, but she had a hard time accepting the offer. and I perceived shame in her. About 4 to 5 months passed without seeing her and I began to observe a strange feeling in me, I was constantly thinking about how the patient is doing and if it would be wise to write to her, I did not want to generate any kind of pressure on her and even less make her uncomfortable. I could tell that she was worried, since it is a fairly complex case that requires prolonged treatment. I knew that it was her last year of college and that she would soon graduate; The future is a topic that anguishes, when we approached the topic he blocked himself, coping/protective reactions appeared, he evaded the topic, he resisted the idea of stopping being a student and he constantly told me that he did not want to face “adult” life. “. So, I decided to take my concern seriously and be consistent with myself, I wrote to her to see how she was doing. Just as I imagined, she was not well, she was having a fairly severe depressive episode; She tells me that she has been very bad. I offer to schedule a time as soon as possible and make a “barter” as she had previously suggested, that is, she would give me something in exchange for the session, to which she agrees. We do the framing, once she sends me what was requested, we would schedule the next session. On the day of the consultation, he told me something that caught my attention and corroborated the feeling of taking seriously my feelings, convictions and what characterizes me, which is genuine concern for others. She tells me “when she wrote to me I thought she was a witch”,

I asked her, why? She replied that she had cut off her arms and shortly after she saw that she had received a message from me. We were able to partially structure her routine, provide containment and support. She appreciated the space and concern. She really needed to resume her psychotherapy, she had stopped her medications, her days had no structure, the idea of not continuing to live and not being able to cope with life appeared strongly. What she wanted most at that moment was to find a job, I asked her if in the state she was in, she would be able to accept a job offer, she responded that she could try. The next week she found work.

What is correct? Was it good to write to him? Is it okay to worry about a patient who left her therapy? Did I want to relieve my own anguish? Or was it genuine concern? I feel like the right thing for me to do at the time was to write to her to see how she was doing and I get the sense that she was responding to genuine concern. I am clear that everyone should take responsibility for themselves and ask for help when they can't do it anymore. However, what I felt had not happened to me before, in general when patients leave their psychotherapy we do not make contact again, each one will have their reasons and if they did not warn that they would leave the therapy, I respect their decision, it is not desirable for me. , I would like closure, but that is already part of my expectations and it is not about me, but about the patient.

Listening to what speaks deep within us is not easy, it is often clouded by insecurities, social dictates or I can be so turned outward that I do not observe what is happening in me, as well as, we may avoid making personal contact.

Längle (1999) points out that we should not confuse authenticity with the super-ego, since this does not come from us, but from outside, it is rather a public self, in other words, what is correct from an internalized social norm. Authenticity, on the other hand, is personal, it comes from me and from me.

So is it possible as therapists to allow ourselves to be authentically in psychotherapy? Would it be wise to take seriously what speaks to me when I am with a patient? I hope these questions invite the reader to answer them for themselves. Regarding prudence, there is a concept that I really like and it is that of Phronesis. Sassenfeld (2019), in his text *How does the clinical mind work?* He refers to the historical translation of the Greek term into Latin by the Romans and the closest one to Spanish is *prudencia*. So this concept means prudence, good sense, wisdom. He describes that this concept is not standardizable, it is rather contextual. It is being able to face unique, unpredictable situations and find solutions in the moment. It seeks to carry out a practice as best as possible and requires thinking for oneself. So, I connect phronesis in the clinic with authenticity, for example, asking a question that facilitates the therapeutic process, perceiving a discomfort and addressing it together with the patient. How can I be prudent, tactful and think for myself if I am not in tune with myself, if I do not hear what seeks to be expressed? Would it be wise to express my concern? How could I have heard that feeling of concern for my patient if I didn't have access to myself? Authenticity, according to Längle (2009), is an attitude of openness towards oneself and accepting one's own. It may be that access to us is interrupted as I mentioned previously and in this sense there are two aspects that seem important to me to highlight in terms of our role as therapists; the

external and the internal. On the one hand, it is ethics, that is, what is right and wrong and is determined from outside as a norm. Psychologists are governed by a code of professional ethics which defines behavioral criteria regarding our professional praxis. This code of ethics is necessary to protect the integrity and dignity of our consultants. Also, there are manuals to address difficult situations in therapy. Lastly, and this is where I would like to place greater emphasis, socially there exists in the collective imagination the idea about how we should be as psychologists (empathic, understanding, emotionally regulated, assertive, etc.), even outside the work context, it is that is to say, implicitly there seems to be a mandate that seeks for psychologists to identify with their role and with this there is the risk of losing themselves as a person, which could lead to losing the possibility of attuning to our authenticity. How we should be is so powerful that it could happen that we forget the person behind the therapist. On the other hand, there is the internal, which is what comes from me, and here the concept of authenticity takes meaning and strength, being able to listen to what speaks in me and express it. The above could give us more personal and human access when being with a patient. I do not intend to explain what is correct, or how we should be as therapists, since that would be the opposite of what I have tried to describe about authenticity, rather my intention is to invite us to reflect on our authenticity and if it is possible to bring it to reality. therapeutic space, problematizing the duty of our role and its identifications.

References

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