

# A Conceptual Analysis of a Model of Presence within the Context of Five Health Professions

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**Background:** Therapeutic presence has been acknowledged as a vital component of the therapeutic relationship within health professions.

**Methods:** This article reviews the 'presence' literature of four health professions; nursing, psychology, psychotherapy, counselling, and occupational therapy and explores the development of a new model of presence – The Fields of Presence Model.

**Outcomes:** The fields of presence model we propose, views presence as a continuum from Absence to Self-Presence, Physical Presence, Partial Presence, Full Presence, and finally Transformative Presence. Each field of presence builds on the previous one, increasing the depth of presence, building out of absence towards the transformative potential of presence. As the level of practitioners' presence builds so does the potential for the successful development of a therapeutic relationship with their client.

**Conclusion:** The authors suggest that the fields of presence model significantly capture the various professions' conceptions of the therapeutic relationship and propose that the model is a useful addition to health professionals' understanding of presence and helpful in the teaching and training of students and practitioners from a wide range of helping professions.

**Keywords:** *Counselling, Health Science, Psychology, Presence, Therapeutic Presence.*

## 1. Introduction

The influence of presence within relationship-based therapeutic disciplines is an emerging and critical area for research focus. The focus on an *other*, in the process of change, development, growth, and improvement (Schofield, 2008) underscores the role of presence within relationship-

based professions within the health sciences, including nursing, occupational therapy, psychology, counselling, and psychotherapy. Through an examination of how these relationships develop we discover the impact of 'presence', and it is through being present ourselves that we discover the impact of the relationship. Presence is a powerful inner and outer relationship (O'Donohue, 2011) and is dependent on one's level of consciousness; 'Where there is a depth of awareness, there is a reverence for presence. Where consciousness is dulled, distant or blind, the presence grows faint and vanishes' (p. 37). The perspective that emerges from the literature is that the relationship-based professions investigated view presence as an important element in working with clients.

The concept of presence has been presented as sitting between two ends of a continuum. At one end presence is a 'mystical, metaphysical concept ... hard to define, hard to quantify, and seemingly non-quantifiable' (Smith, 2001, p. 306), and 'a

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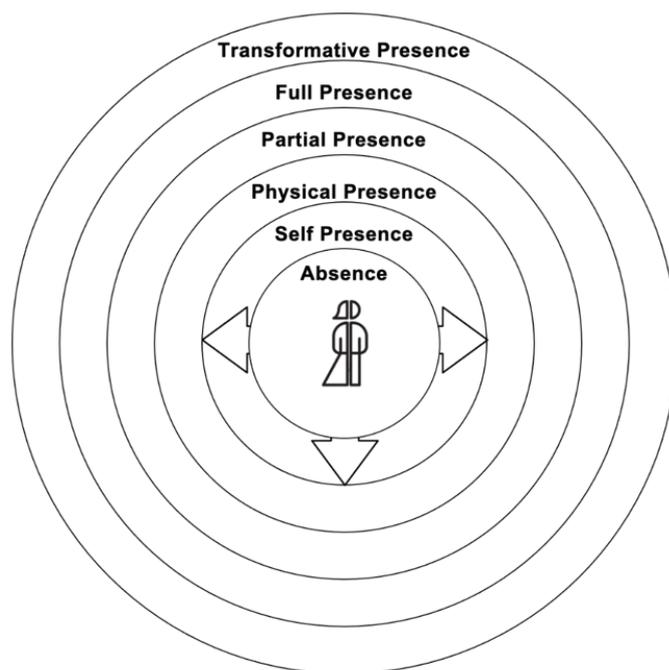
wholistic subjective experience that loses its essential nature when analysed in an objective manner' (Geller, 2001, p. 57). At the other end, presence is something to be quantified and measured. For example, McMahon and Christopher's (2011), 'mid-range theory of nursing presence' was designed to assist nurses to determine the correct 'dose' of presence required for each client. In a similar vein, Taylor developed the Intentional Relationship Model (IRM) (Gorenberg & Taylor, 2014; Taylor, 2008), of which presence is an aspect, to help occupational therapy practitioners develop positive therapeutic relationships. Both models present a formula for building therapeutic relationships that focusses on how the practitioner, the client, the context, and the interpersonal interaction influence the therapeutic relationship.

In this paper, we explore the 'fields model of presence' as developed in the first author's PhD thesis (Hamilton, 2019) and how the common themes arising across the relationship-based health science professions; nursing, occupational therapy, counselling, psychotherapy, and psychology<sup>1</sup>, can be viewed within the context of the model. We examine how presence has the potential to develop as the depth of relationship<sup>2</sup> increases. We propose that presence within this type of relationship can flow from a place of absence to a place of transformation (see Fig. 1), an intersubjective experience that can only exist within a deep interpersonal relationship. The applicability of the 'fields of presence' model to the professions is developed through a discussion of each field and a summary discussion of the presence literature from nursing, occupational therapy, psychology, psychotherapy, and counselling.

## 2. Fields of Presence

Our model of presence builds on and extends, the work of Osterman and others (Osterman & Schwartz-Barcott, 1996; Osterman et al., 2010) who conceptualised presence as developing across four levels: Presence, Partial Presence, Full Presence and Transcendent presence. To this structure, we have added two additional aspects; Absence and Self-Presence. The resultant model is illustrated in Fig.1 and represents the six fields of presence. Presence can be viewed as fields and comprise "the region in which a particular condition prevails" (Oxford English Dictionary, 2018). We have chosen to describe the six elements as fields, as the term captures the 'sphere of activity' that occurs within relationships and our desire to represent the fluid notion of presence over time and context. The six fields of presence are outlined below. Each field is described, and the nature of the practitioner-client relationship that develops within each of the fields is explored. The model presented here proposes that each field builds on the previous one, increasing the depth of presence, building out of absence towards the transformative potential of presence. The following discussion briefly outlines each field and the background for its inclusion in the model.

Fig. 1. The six fields of presence



### 2.1. Absence

We begin the model with *Absence*; this acknowledges the potential in a relationship for an individual to be 'not present' either with others or themselves. Absence is reminiscent of situations where the practitioner is unaware of their actions and responses, where they act without thought (Geller, 2017). Offering 'Absence' as the first wave of presence emerges from contemplating the philosophical perspective of presence. Sokolowski (1980, p. 641), building on the thoughts of Husserl and Heidegger, commented that absence needs to be acknowledged when discussing presence; it is the idea of absence that allows for the recognition of presence. Kierkegaard (1843/2004) also recognised the importance of the link between absence and presence, commenting that 'The unhappy one is absent. But one is absent when living in the past or living in the future.... It is only the person who is present to himself that is happy' (Kierkegaard, 1843/2004, p. 214). We propose that absence is important to acknowledge as it stands in counterbalance to the individual's ability to be present to them *self* and others.

### 2.2. Self-Presence

Absence moves towards presence as we become aware of our selves, *Self-Present*, and our awareness is inward focussed illuminating our inner lives. Buber's notion of the 'I-I' individual (Kaufmann, 2013, p. 14) describes this phase of presence. The person only recognises themselves once they form a relationship with *their self*. 'It is in addressing himself [*sic*] in the role of an other [emphasis added] that his [*sic*] self arises .... [he] becomes an object to itself' (Mead, 1932, p. 168) and an awareness of the self emerges. Self-presence is a precursor and a prerequisite for building a relationship and working in relationship-based professions.

### 2.3. Physical Presence

Awareness of an other develops in the transition from Self-Presence to the awareness of the outside world. In the initial moments, this awareness grows in recognition of the other's *Physical Presence*. Osterman and Schwartz-Barcott

(1996) describe physical presence as those situations where practitioners are 'there in the context of another'. However, their presence remains inwardly focussed, without an interpersonal connection to the person outside of themselves. Physical presence is characterised by Buber's 'I-It' (1947/2002), subject-object relationship. The I-It relationship occurs where interest is taken in the other; however, the other is only acknowledged as a vehicle for the emergence of 'I'. There is no connection or relationship beyond awareness of self and other, only physical presence. This field of presence is captured within Heidegger's use of the term *Vorhandenheit*, 'presence-at-hand' (Ricoeur, 1992, p. 309). McManus (2012) explains that *Vorhanden* are objects just within hands reach, and we are unmoved by them; they are present to us, but stand outside engagement. These objects stand in contrast to objects that are 'ready-to-hand' or 'available' to us, objects within our awareness (Carman, 1995, p. 434).

#### 2.4. Partial Presence

As we become aware of the presence of an other, this recognition facilitates a shift towards connection to the other, and the object now becomes 'ready-to-hand', and we become *Partially Present*. The practitioners' presence begins to shift towards both within themselves and focussed on their being physically present in a relationship. The other is still viewed as an 'object' within the relationship, a tool ready-at-hand. The object has come into awareness and is present; it can, but has not yet to be grasped. The object, the other, remains a tool to be utilised. While there is an interaction, there remains a level of disconnection, a separateness to the other. Freire (1970/2014, p. 93) describes this notion as acting 'for', 'about', or 'on', rather than acting 'with'. When we act on, we oppress, and this 'denies the possibility of dialogue' (Gadotti et al., 1994, p. 52) and the full potential of a deep interpersonal relationship. The desire to work and connect with the other moves presence into the next field.

#### 2.5. Full Presence

When we are fully present, we begin to act with an other, and a deep interpersonal relationship can start to develop. *Full Presence*, therefore, occurs when the practitioner is present within themselves, physically present, interpersonally focused and connected 'with' the other. When we are fully present, we are in the 'here and now' of the interaction, developing an interpersonal relationship that is responsive and reciprocal.

A fully present relationship, described by Buber (1947/2002) as an 'I-Thou' relationship, is characterised by 'openness, directness, mutuality and presence' and genuine dialogue (Buber, 1947/2002, p. xii). 'The realm of the Thou emerges when I am in full presence to the being to whom I relate... the realm in which I relate with my whole being' (Gordon, 2001, p. 117). This is a 'reciprocally beneficial merging of beings though one in which both parties maintain their identities (their 'I') (sic) while remaining aware of the other as also subject (as 'Thou') (sic) (T. D. Smith, 2001, p. 305). Presence within this field is not an object that one can grasp, it is something that is 'gathered', 'welcomed', 'invoked' and 'evoked' (Marcel, 1950, p. 20). Within this inter-subjective relationship, there remains a *self* and an *other*; however, the boundary begins to soften, and the separation between the two becomes less defined.

#### 2.6. Transformative Presence

The final field of presence, *Transformative Presence*<sup>3</sup>,

occurs when we are physically present, interacting 'together' in a manner that shifts focus and awareness from the self to an interpersonal interaction characterised by mutuality and the potential for a collectively focused transformative experience. The main difference between *Full* and *Transformative* presence is described within the concept of divided and undivided consciousness (Welwood, 2000). When consciousness is divided, as in full presence, the practitioner is still 'grasping, [and] strategising', and there remains a split between the practitioner and client (p. 87). When consciousness is undivided, all grasping and strategising is lost, and it is impossible to see a separation between practitioner and client. Transformative presence facilitates experiences that are 'both personally and epistemically transformative' (Paul, 2015, p. 761). These transformative experiences have the potential to change our hearts, our minds and for some, our entire being (Tisdell, 2012). When the practitioner *and* the client experience transformative presence, there is potential for both to be transformed.

#### 2.7. Bringing the fields of presence together

The six fields of presence (Fig 1.) combine to form a series of concentric fields, moving out from absence toward presence an *other* and building towards a presence that transforms. From Heidegger's (1927/2001) perspective, presence emerges from absence when we become aware of ourselves and when we are 'within-the-world' where *Dasein* occurs (p. 246). Binswanger (1994) describes three modes of *Dasein*; which characterise the movement from self-presence to transformative presence. The individual firstly becomes present in the world, developing an awareness of themselves. As awareness expands, the person has the potential to move towards an *other*, developing the intimacy of Buber's I-Thou relationship. If the relationship develops, the individual's presence builds from simple physical presence to full presence, 'being with' (Ghaemi, 2001, p. 57), where a connection exists, yet the two, self and other remain. Finally, there is a union with an *other*, 'the uniting of the I and the Thou in the dual We' (Binswanger, p. 293), the 'being with' *and* 'being together' (Ghaemi, 2001, p. 57) of transformative presence.

The model acknowledges that every relationship has the potential to be within any of the fields of presence, with each field operating at different times for different purposes. The ideal is not transformative presence but the appropriate degree of presence for the context, the client, and the reason for the formation of the relationship.

The following sections outline the methodology utilised to explore presence in the nursing, occupational therapy and counselling, psychotherapy, and psychology literature and how the literature might be linked back to each of the fields of presence and the model as a whole.

### 3. Methodology

The extent to which the literature supports the fields of presence model draws upon the approach of 'summarising and aggregating' (Major & Savin-Baden, 2011, p. 652) rather than interpreting the different professions' conceptualisations of presence. The focus was on analysis and synthesis to build a picture of the concepts across the various fields. This form of 'collecting' research sits on Major and Savin-Baden's continuum of qualitative research, bringing together information to represent

and build an understanding of the concept. The review of the literature arose from the primary author’s PhD thesis.

The search engines/databases Google Scholar, ProQuest, and Ovid were used to access and draw upon a relevant sample of literature. The search criteria were limited to qualitative articles and books that focused on models of presence within the relationship-based professions. The search terms ‘presence’ with disciplinary terms locating ‘health science’<sup>4</sup>, ‘nursing’, ‘psychology’, ‘psychotherapy’, ‘counselling’, and ‘occupational therapy’ and their derivations (e.g., counsel/lors/lers/ling) were employed. The results were limited to English language books, journal articles, dissertations, theses, and reports published in the last five years. Review and ‘synthesis’ papers within and outside these dates were also utilised as it was felt that they built the picture of presence and the aggregated previous models. Review papers were found through the searches or from additional searching of citations in the initial sample. The initial selection of articles was based on a review of the abstract. Articles that did not discuss a framework or model of presence were excluded. In total, 42 papers were examined, including 14 authors from the counselling/psychology/psychotherapy literature<sup>1</sup>, nine from Occupational Therapy and 19 from Nursing. Each paper was initially read in full, and the textual comments and associated references related to the fields of presence were highlighted. A total of 777 textual comments/references were identified linked to 307 references. The comments were then coded according to which of the fields of presence they matched (see Table 1). Where possible, each of the 307 papers was read to determine if the context of the quote/reference matched the associated field.

**Table 1**

The Fields of Presence discussed in each professional groups’ literature.							
Professional Group	Absence	Self-Presence	Physical Presence	Partial Presence	Full Presence	Transformative Presence	Grand Total
Nursing	3	30	44	39	154	80	350
Occupational Therapy	3	18	3	21	111	5	161
Counselling / Psych*	5	48	19	43	114	37	266
<b>Grand Total</b>	<b>11</b>	<b>96</b>	<b>66</b>	<b>103</b>	<b>379</b>	<b>122</b>	<b>777</b>

#### 4. Models of Presence within Relationship-Based Professions - Summary of the Literature

As early as 1936, researchers highlighted the need to focus on the key features of what works in psychotherapy (Luborsky et al., 2002; Miller et al., 2013; Rosenzweig, 1936). In the early 1950s, Peplau (1952) highlighted the importance of nurses needing to have the ‘presence of an intelligent listener’ (Peplau, 1952, p. 29). In 1962 Vaillot (pp. 37, 203) discussed ‘therapeutic use of self’ and the importance of ‘presence’ in nursing. In the late 1950s and early 1960s, Frank (1958, 1961) also discussed the idea of the common factors in psychotherapy and explored therapeutic use of self within the context of occupational therapy. Although the authors represented different areas of practice, they all highlighted the importance of presence as a core aspect of practice. In the following sections, we explore the key themes and ideas chronologically within presence literature from each professional group with an aim to interrogate

the fields of presence model presented above.

Bugental (1978), one of the first writers to explicitly discuss the notion of presence within psychotherapy, argued that presence is ‘the one essential ingredient of therapy’ (Hycner, 1993, p. 122). Bugental suggests that, in the process of building the therapeutic relationship, the client and practitioner move through and around various levels of interaction. Presence from this perspective is not merely ‘being physically there’, it is about being ‘fully available to the other person as possible, at this very moment... a consciousness which fully attends to the ‘beingness’ of the other person’ (p. 122). Bugental believed that to achieve a fully therapeutic experience each person in the relationship had to relate to themselves (self-presence), to each other (full presence), the physical world, both in the past and in the here and now (Krug, 2009, p. 3).

In a latter discussion of presence undertaken by Benner et al. (1998), presence was viewed as requiring both interpersonal skills and technical knowledge set within a relationship. Presence was seen as requiring ‘not just the performance of technical skills’, the mechanistic ‘doing for’, but also necessitated the practitioner ‘being present with’ the client (p. 133). This more complex view of presence is reinforced in Smith’s (2001) ‘chronological overview’ of the 1960s to 1990s nursing literature. However, Smith noted that the conceptualisation of presence had resulted in some tension between two counter-point views. Rather than joining the aspects of presence as Benner et al. had done, the literature was suggestive of a dichotomy in the various views of presence: those who emphasise the ‘task centred’, and somewhat ‘mechanistic, utilitarian perspectives of presence’ and those who highlight the interpersonal nature of presence (Benner et al., p. 314). Despite this apparent dichotomy, Smith believed presence was a willingness to fully engage oneself in the relationship (self-presence), ‘being there’ (physical presence), ‘fully engaged’ ‘with’ full presence. Ultimately developing a connection that potentially achieves ‘transcendent togetherness’ (transformative presence) (pp. 314, 318).

Godkin’s (2001) three-stage hierarchical model utilises the six dimensions of presence developed by Doona et al. (1999). Godkin attempted to bring the mechanistic and the interpersonal aspects of presence together into a single model. Godkin acknowledges the need for the nurse to be physically present with the patient; however, this level of presence, ‘Bedside Presence’, involves more than just filling the space. Bedside presence requires the nurse to have an awareness of self, and the desire to form a relationship with *another*. This level of presence is described as typifying the presence developed by novice practitioners and lay workers who will focus on the more mechanistic and routine aspects of being present. Godkin’s second level of presence, ‘Clinical Presence’, involves a reciprocal relationship that sees the practitioner ‘sensing’ the interacting, and ‘going beyond the scientific data’ and connecting with the ‘patients’ perspective’. This level represents practitioners who can be fully present, those who are transitioning towards more in-depth and more expert practice. Finally, when the practitioner can move beyond clinical presence, they ‘actively choos[e] to be with the patient’, determining ‘what will work and when to act’, thereby developing a ‘Healing Presence’. This is the territory of the expert practitioner who is skilled in developing rich and transformative interactions.

During the time Godkin and Smith were articulating their views of presence in nursing, Geller (2001) developed a model focussed on presence in psychotherapy. Geller believed

that while presence was a challenging concept to define, it was important to attempt to articulate its 'ineffable quality' (p. 57) to understand this crucial therapeutic quality. She suggests that while reductionistic, an organisation structure consisting of three 'essential aspects' captures the core process of presence. The three elements include (p. 60): 'Preparing the Ground', setting up the session and a recognition of the effects of absence; the 'Process of Presence', developing the skills of presence; and the 'Experience of Presence', which involves full 'immersion', 'expansion' of awareness and expertise, 'grounding' in the experience and 'being with'.

In accord with Geller's belief in the necessity to prepare the ground for a present relationship Lanyado (2004, pp. 6–11) highlighted the value of a 'holding' environment. Lanyado suggested that to be present; the practitioner needs to set up a holding environment within which the therapeutic relationship has the potential to grow. It is to this environment that the practitioner brings the 'essence' of themselves, and a sense of 'reverie', self-presence. In this environment Geller's process of presence builds the 'present relationship': A dynamic relationship between self and other, a 'moment of meeting' which holds the potential for full and transformative presence (Stern, 2004).

Tavernier's (2006, p. 152) conceptual analysis of presence continues the view of presence as both 'a quality and an intervention', an amalgam of behaviours and interpersonal aspects. Tavernier, however, outlines the specific interpersonal characteristics required for a 'present relationship'. These characteristics included the ability to build 'trust, intimacy, and safety', be patient-centred, and intentionally attend to and with the client, while recognising the influence of the encounter on both themselves and the client. The highest levels of presence required specific 'knowledge and skills', 'a conducive and supportive environment', and an 'awareness of self' (p. 154).

In contrast to the dichotomy of views suggested by Smith (2001) above, Finfgeld-Connett's (2006, p. 710) meta-synthesis emphasised that presence is a fluid 'process' that should be adapted to the context. Finfgeld-Connett indicates that presence requires 'holistically focused' 'interpersonal sensitivity' where the practitioner adapts to and with the client in the here and now and... in an 'intimate way', that requires 'engaged availability, affectionate touching and attending to personal needs'. At its deepest this is a presence that influences both client and practitioner.

In a move that re-emphasises the interpersonal end of the dichotomy, Iseminger et al. (2009) maintain that presence is a core aspect of the 'art of nursing'. Presence in this context involves interpersonal relationship skills and transcendent practices that are more difficult to operationalise and more relevant to the experiential aspects of practice. Iseminger et al. (p. 448) stressed the impotence of the "art of nursing (presence)" and how it contrasted with those who emphasised the 'science of nursing' and its empirical, objective methodologies (Turpin, 2014). Iseminger et al. considered presence not as an object to be dosed out, but as a 'transformative, healing, relationship' in which a 'greater appreciation of the subjective experience' of an other can be developed (p. 457). The art of nursing develops from the practitioner's ability to be open, flexible, supportive, and aligned with an other's goals. Their skills in developing self-awareness, 'empathic appreciation, respectful listening', facilitate their capacity to 'embrace another's situation' (p. 456) and ultimately be transformatively present.

Reid (2009), in her discussion of the art of practice,

also emphasised the importance of interpersonal skills and self-presence in exploring 'mindful presence' with Occupational Therapy. Reid acknowledges the importance of 'being with' the client, as many of the authors mentioned above have recognised, however, she suggests that it is necessary to be more than just 'with' the client, presence requires mindfulness. To be mindfully present, the practitioner has to put their 'knowledge and skills into action while at the same time observing themselves in action', in the here and now (p. 186). This view of presence highlights the importance of self-awareness, and the acquisition and timely application of knowledge, critical thinking, and reflection.

In somewhat of a shift in thinking, McMahon and Christopher's (2011), developed a model which Iseminger et al. might suggest is based within the science of practice. The 'mid-range theory of nursing presence' model was designed to assist in teaching presence as a 'relational skill' (p. 71) and emphasises the empirical, objective view of presence. The aim was to assist practitioners in determining the appropriate 'dose' of presence a client may need (p. 73). McMahon and Christopher's preferring the term dose rather than level as presence is seen as an 'intervention' rather than a way of being. The model centres on five interacting elements: the practitioner, the client, the relationship, the environment, and the practitioner's actions.

Two features of the mid-range theory of nursing presence model are generally not emphasised in the other discussion explored above. The model is one of the few to include 'non-presence' (*absence*) (McMahon & Christopher, p. 77). McMahon and Christopher also highlighted the importance of conscious action where the practitioner takes a moment to reflect and 'contemplate' the appropriate course of action, the 'nurse pause' (p. 79). While not mentioning mindfulness their description of the nurse pause is consistent with Reid's (2009) emphasis on the need for mindful presence, to pause and 'reflect [on the] chosen way of being" (McMahon & Christopher, p. 79). This ability to pause and reflect brings the practitioners into the here and now, helping them focus and make informed decisions.

In a similar vein to McMahon and Christopher, Taylor (Gorenberg & Taylor, 2014; Taylor, 2008) developed the Intentional Relationship Model (IRM) to help occupational therapy practitioners develop positive therapeutic relationships. This model also emphasised the practitioner, the client, interpersonal engagement, within a specific therapeutic context. Taylor indicates that to engage in a therapeutic relationship, the practitioner needs to have a range of interpersonal traits which closely match those traits identified within Self, Partial and Full presence. These traits include; openness, respect, caring, patience, flexibility, empathy, and an awareness of themselves, their style, and the way they interact with clients. The application of these traits, in context, are skills that Taylor suggests exemplify the 'professional', 'quiet presence' of an expert practitioner (2008, pp. 268, 40).

In their more recent summaries of the literature, Bright (2012) and Bozdoğan et al.'s (2016) description of presence embodies most aspects of the fields model we presented above and discussed within the literature. Their discussions accentuate the amalgam of ideas and the flowing nature of presence. Bright for example argues that therapeutic change requires the practitioner to be self-present, consciously engaging with an *other* 'at a level that goes beyond technical expertise and addresses the issue of human suffering' (p. 94). She highlighted the difference between presence as an action, a 'way of doing' where the *other* is acted upon, and presence as a 'way of being'

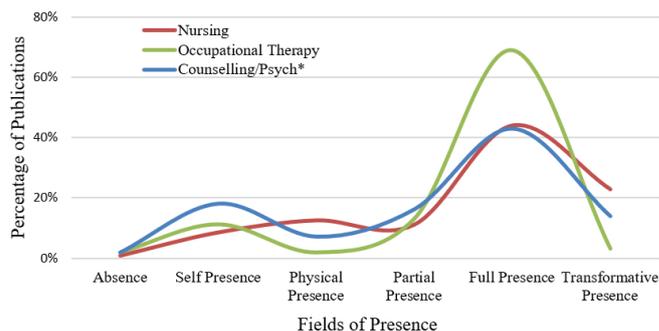
mindfully in a subject to subject relationship (p. 15). The process of building presence assists the practitioner and client to 'evolve' and transform, shifting from 'chaos to order' (p. 94). Bozdoğan et al. (p. 97) comment that presence involves a practitioner 'doing for' and 'being with', but also has the potential for them to interact 'with each other mentally, bodily, and spiritually'. Bright and Bozdoğan et al. imply that presence at the doing level involves self and physical presence with the practitioner utilising a range of behavioural, physical and cognitive skills to work upon and for the client. Being with, on the other hand, encompasses the inter/intrapersonal or affective aspects, partial and full presence. Interactions that evolve to include all aspects of body, mind and spirit build the level of presence that has the potential for transformation.

The importance of mindfulness in developing presence has been mentioned previously, and its prominence appears to have increased in recent times (see Brito, 2014; Geller & Greenberg, 2012; Pollak et al., 2016). Brito suggests that a critical strategy for improving presence is through teaching and learning mindful practices. Geller and Greenberg suggest that mindfulness has its origins in the 'Pali term *satipatthana*' which translates to 'attention or awareness' and 'keeping present'. They indicate that presence and mindfulness are distinct in two ways; mindfulness is a 'technique' that can improve presence, while presence can be achieved via 'mindfulness practice' (p. 181). Geller and Greenberg also comment that mindfulness practices are 'an approach for the individual' (p. 181), and useful in developing self-presence. Pollak et al. (2016, p. 29), however, define mindfulness more widely and suggest that 'in many ways mindfulness and presence are synonymous'. The mindful presence they describe is an awareness of the here and now, together with a sense of openness, attention and attunement to an *other*; representing self, partial and full presence. Bien (2010, p. 43) supports this view, indicating that mindfully acting *with* and *for* others is imbedded in mindful presence which has 'transformative value' and involves deep listening, intentionality, a desire to 'be fully present'.

## 5. Discussion

The discussions above indicate that the model of presence discussed here represents a useful tool to explore the notion of presence across disciplinary boundaries. Fig 2. summarises, in graphic form, the number of times each field of presence was discussed within the literature. Three patterns emerged and highlighted the usefulness of the model, bringing to attention not only the similarities but also the differences in the emphasis placed on the fields of presence by each profession. The diagram suggests that Occupational Therapy and Counselling/Psychotherapy/Psychology share a similar pattern across the first three fields; absence, self-presence, and physical presence. Counselling/Psychotherapy/Psychology and Occupational Therapy initially have a higher focus on Self Presence than the Nursing literature, which places greater emphasis on the importance of physical presence. In the middle fields, all professional groups share a similar focus on partial presence. The right side of Fig 2. suggests that Nursing and Counselling/Psychotherapy/Psychology follow a similar flow, moving from partial presence to full and then transformative presence. Occupational Therapy, however, has a focus on full presence rather than transformative presence.

**Fig. 2: Relative % of each Professions' Publications discussing each Field of Presence**



This third pattern to emerge highlights the differences between the professional groups. At the deeper fields of presence, Occupational Therapy focuses on full presence, almost to the exclusion of transformative presence. While Nursing and Counselling/Psychotherapy/Psychology publications emphasise both full and transformative presence, it is perhaps not surprising to see the emphasis placed by Nursing on physical presence (13%) compared to the other two groups. However, we were curious to observe that while Occupational Therapists also undertake physical roles within medical settings, only 2% of the occupational therapy literature focussed on physical presence.

## 6. Conclusion

This paper explored the development and application of a model of presence – The Fields of Presence (Fig 1.) that extends the concept and which we believe is useful for, and resonates with, each of the relationship-based professions examined. The fields of presence model proposed here would be a valuable mechanism to explore further the differences in how each profession uses and emphasises presence in their practice. Areas for further exploration also include understanding the facilitators and barriers to moving through the fields of presence.

Seven hundred seventy-seven documents related to presence were investigated. Collectively they revealed that although presence has been explored and discussed in different ways across the disciplines, there is agreement that presence is an important element in developing professional therapeutic relationships within each professional. We suggest that presence evolves out of absence, shifting to an object to object relationship and on towards a subject to subject relationship with an ever-increasing connection. The deepest fields of presence occur from the development of a relationship that is greater than the participants, a relationship that involves transformative presence and which profoundly influences the outcome for both practitioner and client. The core view across all professional groups is that presence is a powerful internal and external relationship, dependent on the practitioner and the client's ability to be in the here and now, acting *with* each other.

## Authors' Contributions

AH developed the article within the context of their PhD thesis and completed the literature review and subsequent data analysis. The model presented here was created by AH.

AM-B was the principal supervisor for AH's PhD thesis and provided input and advice on the development of this article.

## Competing Interests

The authors declare that they have no competing interests.

## Bio

Dr Alec Hamilton is a school and private practice-based psychologist with over 30 years of experience supporting teachers, parents and students. Alec believes that the most critical factor in teaching and counselling is the relationships people make with each other and the stories they build together. He has spent a significant part of his working life assisting people to build positive relationships, relationships that promote growth and development. When individuals are provided with opportunities to grow, they can realise their potential as powerfully competent people who live positive and rewarding lives. Alec has also taught in education and counselling programs at Deakin University, The University of Alberta, Canada and The University of the Sunshine Coast.

## Footnotes

<sup>1</sup>Psychology, Counselling, and Psychotherapy were combined as many of the same articles were found in the search results.

<sup>2</sup>In the paper, the term 'relationship' will be used to represent the type of relationship developed within the professions and which is often described as a 'therapeutic relationship'.

<sup>3</sup>Osterman and Shwartz-Barcott (1996) use both 'transcendent' and 'transformative' interchangeably: 'Whether one calls this caring communion, spiritual transcendence, or transcendent present, ...presence ...is an essential ingredient in the transformation'. To our minds 'transformation' more accurately captures this field of presence within relationship-based disciplines.

<sup>4</sup>The searches based on 'Health Science' produced no articles that were not included in the professional groups represented and the term was dropped from the analysis.

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