



New Trends  
in Psychology

## Communication Skills in Psychology

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**Abstract:** For more effective interaction, the psychologist must have interpersonal and relational skills. For example: the ability to structure the dialogue, the ability to provide easy-to-understand information, maintaining adequate eye contact. Interpretation of information – attribution of meaning, is the tool used in all therapies and can be evaluated as deep, superficial and of medium depth. The psychologist must be impartial, curious, watch how the other person thinks and behaves. As psychologists we are not allowed to make premature interpretations, we check the intention, the beliefs of the other.

**Keywords:** psychotherapeutic process; client; skills; communication techniques; objectives

### 1. Introduction

Among the communication skills we find:

Focusing the communication between client and therapist on aspects, problems, of an immediate nature;

Improving the customer's decision-making ability. Ensuring an appropriate, safe environment.

Gaining the customer's trust and respect. The use of empathic communication, such as: listening, encouragement; paraphrasing, reflecting feelings, summarizing, facilitating the patient's expression of what is communicated to him, clarifying information that cannot be understood, the possibility of expressing emotions: fear,

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anger, anxiety, restlessness: non-verbal encouragement such as nodding, and verbal encouragement - yes, good, go on, really, sure, naturally, normally. To facilitate communication, verbal and non-verbal language is used, using a suitable verbal flow, intonation and appropriate tone. It is intended to use a language adapted to the will, according to training, but also cultural and spiritual preferences, avoiding specialized terms, jargon-type language. Evaluation of the information revealed by the client, repetition of important information (they may also be communicated in written form). For more effective interaction, the psychologist must have interpersonal and relational skills.

For example: the ability to structure the dialogue, the ability to provide easy-to-understand information, maintaining adequate eye contact, at regular intervals during the dialogue, maintaining an open posture, face and gaze towards the interlocutor, indicating listening and interest, arms not crossed, relaxing attitude, resorting to non-verbal communication by nodding, repeating the patient's last statement, appropriate use of silence, which allows the patient to organize his thoughts, feelings, empathy towards the client, asking short and clear questions, on understanding the client, obtaining informed consent, helping the client cope with anxiety, giving lifestyle advice, identifying risk factors, etc.

## **2. The Goal of the Psychotherapist**

The goal of the psychotherapist: Direct guidance by giving instructions, only if the client asks and if the therapeutic relationship has been achieved in the form of homework.

Providing information (specific to the problems presented/general) that is important both for awareness and for increasing affection; when we feel the human need to be informed; we speak the customer's language; we give the information a special character (of "secret"); if it makes sense; if it is invested with authority (such as "British researchers").

Interpretation of information – attribution of meaning, is the tool used in all therapies and can be evaluated as deep, superficial and of medium depth.

Its purpose: it consists in detecting the causes, it provides meaning, it is a reason to interpret what it experiences. When we offer interpretation, we respond to the person's need to oppose his uncertainty (for there is a human need for coherence, for meaning, for certainty which undoubtedly opposes uncertainty). In other words,

there are mechanisms for reducing uncertainty, such as: reflexive mechanisms, rationality mechanisms and suggestive mechanisms.

### **3. Therapeutic Communication Techniques and the Role of the Psychologist**

Active listening: the psychologist mobilizes his full attention in order to understand the client's message, observing the following rules: he stands facing the patient who is speaking, looking him in the eyes, adopts a relaxed attitude, does not distract the interlocutor with sudden movements, approves when he reveal important things.

The psychologist must be impartial, curious, watch how the other person thinks and behaves. To intervene when appropriate, to accept the rhythm of the other when the other is ready to speak. Normalizes, then returns when ready. He can say: "You know, at one point you told me about...". Acceptance is the willingness to listen to a person's message, without showing doubt even in the case of differences of ideas, is tolerant, does not interrupt the conversation, repeats to check that he understood, will make sure that his non-verbal messages correspond to the verbal messages. Questions represent the way of direct communication and initiate verbal interactions that proceed in a certain logic, and are related to the topic under discussion.

Paraphrasing is rendering the client's message in his own words to ensure correct understanding.

Clarification when a misunderstanding arises.

Focus = centering the message on a specific topic.

Communication of information necessary and in accordance with the client's requirements.

The quiet offered to organize thoughts.

The power ratio, borders, alliances are observed.

Teach the client how to express their needs without emotion or anger.

How to process and work on unresolved issues.

To provide safe environment.

Identification of periods of homeostasis. Identifying factors that maintain homeostasis.

Developing assertive communication skills: learn to express their needs, find optimal solutions in a secure environment, look at the problem through the eyes of everyone involved in the system.

Identifying dysfunctional patterns.

Analyze family functionality.

Identifying emotions and managing emotional mechanisms.

Establishes the level of self-differentiation, for the client to discover their authenticity/individuality in the system.

Summarizing the main ideas. Homework. The customer makes the change. Example theme: hunt for the other's qualities, what would you like in the other? What did you like? To know the starting point. An atmosphere of safety is created, and the connection with the family is made, they begin to explore resources, achievements that favor changes in the problem and change the situation. This can be a theme if we are talking about divorce.

#### **4. The Therapeutic Process**

When we begin a therapeutic process, which involves communication, interaction, we must clarify our purpose. Formulation of the problem, objectives, hypotheses, the problem it comes with. We observe dyads, the friendship relationship where a couple comes, support each other, where one tells a story, the other helps the one telling the story to feel understood.

We observe the story if it is a parallel process behind the actual communication. Is it the need of the psychologist, the need of the client? Why am i here Let's keep in mind what the other wants and what we want. We need concrete, punctual things: How? Where? When? Who? What the? We must pay attention to small problems, insignificant to us, be vigilant. For the other they are important.

We observe the difference between people, of attitude, of opinion, the impact, the consequences of these differences. The impact of rhythm on the other. The psychologist asks: I wonder how the rhythm is, how it works? It can be of structure, of personality, or defense mechanism, of consequences. For example: the mother takes over everything, the father comes back, as a result, he blasphemates. Why do they go from nest to nest? What does he mean? We check for normalization of

differences when there are differences in understanding. Or as cognitive consequences, we need to unbalance the system when we are ready to intervene. When we take something out, we put something else in its place. We pay attention to the functionality in the family, we look for and find solutions. If they eat compulsively, it means that there is an emotional problem, or it is about the loss of an attachment. In this case, we teach the client to manage his emotion.

We observe what they communicate through non-verbal language, sadness, frustration, anger, anger, disappointment, what the look conveys. Verbalize: what do you feel? On a scale of 1 to 10, how much? Repeating the exercise decreases the emotion. I observe behavioral cues, and I verbalize: I notice that you frowned, changed your tone, held your arms, etc. To get the other person to open up I wonder what emotions this conveys?

Cognition can be altered by emotion, and sometimes emotion is more important. Our message is tainted by fears, anxieties and personality structures. If I am cognitively dominated, I expect a cognitive message from the other, not an emotional one. You teach the client to check, to ask questions of the partner about what he feels, what he wants to convey. If he smokes, wants to socialize with others, we are oriented towards the habit. The more he thinks, rationalizes too much, the more the client gets stuck in dysfunctional thoughts.

As psychologists we are not allowed to make premature interpretations, we check the intention, the beliefs of the other. What is he thinking it is not necessary to get hung up on the theory, the past, the explanations of the discussion partner. The story helps us to achieve the client's goals. We ask him: What do you want? I want this. Our role is to bring out the emotions as well. When the story is too cursive, we ask for confirmations, not changes. Stories are built by them. What does this mean to you? What does this awaken in you? You take out the story, you add something. We can put pressure, power. They also come to us and we pay attention to what other rationalizations they connect with. Why do you think I'm different from others? What specific qualities does the client see in me? We have some characteristics inside us, we bring out needs that we bend to. Most of the psychologists can be found in the story. You are amazed by the suffering, or by the emotion!!! It is a generalization, or a similitude.

When they come up with a theme, we turn to ourselves and ask what messages they convey for us. Those who need to come, as a rule, the cases come on their own. What does the client need from me? I ask him: what do you expect from me? We look for mechanisms to get out of the story. Belief, thought, awakens an emotion, an information. I show the landmarks and close, I notice the vulnerability. It is necessary to hear cognitively, but also emotionally. I observe cognitive dominance in the client. I ask him: Have other customers felt.... Is it a form, does it also apply to you? You become curious and put the problems in the customer's hands.

### **5. Objectives Pursued in Communication**

They are positive, growth objectives, formulated in the first person, and aimed at increasing the quality of life: I want.... What does the client want? The clearly formulated reason for coming to the office is interesting. What are his expectations? Over time we will notice that it changes. The objective is formulated specifically, punctually, well defined, positive. Goals are for self, then for others.

### **6. Conclusions**

If a psychotherapist does not have a vocation for the profession, and the necessary qualities such as: a high degree of self-acceptance, respect and trust in others, inner balance regarding the ability to regulate the intensity of inner feelings, availability, patience, empathy, warmth, authenticity, confidentiality, ethics regarding the guarantee of the physical, sexual, social and psychological integrity, of the client's dignity during the therapeutic process, communication skills are useless in his relationship with the patient. They only use if all the conditions listed above are met. The satisfied client values and confirms the authenticity of the therapist.

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