IMMEDIACY

Immediacy is a crucial and foundational skill of the professional therapist. Those who are beginning the practice of counseling often find immediacy difficult to master because it is one of the more complex skills. Carkhuff and Pierce (1977) place this skill at the highest level of helping because

it focuses on "the here and now" in the counseling relationship. Immediacy is also described as the ability to be "emotionally present." Crabb (2009) has used the words "relational holiness" to describe authentic and emotionally present relationships. Immediacy can also refer to biblical concepts, such as "speaking the truth in love," which brings honesty and altruism together in a conversation (Eph. 4:15).

Description. Most people do not practice immediacy in their relationships with family, friends, or career. When they experience relational tension or conflict, many individuals try to avoid making waves by swallowing their feelings and becoming increasingly distant over time. In contrast, immediacy involves being emotionally open with clients, and it incorporates some self-disclosure. It may also encompass exposing a hunch about a perceived discrepancy between what the client feels and says. Appropriate self-disclosure makes a connection, communicates understanding, and helps clients disclose their own feelings (Clinton & Ohlschlager, 2002).

Purpose. Immediacy in the therapeutic environment enables the counselor to access some of the hidden undercurrent of what the client is really trying to say. It is rare when individuals—especially those in the early stages of counseling—are truly in tune with their emotions and have the ability to self-assess their internal world. As counselors provide immediate feedback throughout the session, their self-disclosures will be much more challenging and powerful for their clients. Immediacy helps clients understand the feelings buried underneath the dialogue.

Types of Immediacy. There are three types of immediacy in counseling: counselor, client, and relationship (Cormier, Nurius, & Osborn, 2009). *Counselor immediacy* occurs when counselors are able to interject their thoughts and feelings throughout the counseling process as they occur "in the moment." *Client immediacy* happens when the counselor provides feedback to the counselee about a behavior or feeling as it develops. In *relationship immediacy*, the counselor discloses thoughts or feelings about how he experiences the therapeutic relationship.

Conclusion. The use of immediacy is vital to the counselor because it helps to heal the emotional world of the client, which is one of the main goals of therapy. Counselors who tend to ignore the skill of immediacy may contribute to a somewhat stagnant counseling relationship and environment. Immediacy involves a delicate boldness on the counselor's part to gently extract the concealed meaning of what the client is saying. Immediacy helps the counselor discover what lies beneath the surface and exposes the root of the problem in the client's life.

Ryan A. Carboneau

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SELF-DISCLOSURE

Description. Self-disclosure is the communication of personal revelations or information about the self to another. It is the basis upon which relationships develop mutuality and intimacy. All counseling is built around relationships. Self-disclosure is, therefore, essential to the counseling process because "it is the most direct means by which an individual makes him- or herself known to another" (Sue & Sue, 2008,

p. 83). Self-disclosure by the client is a core value and expectation in any type of therapy. However, counselor self-disclosure, when the counselor shares personal information about the self with the client, is a complex skill requiring intentionality as well as genuineness.

Counselor self-disclosure has been differentiated between *self-disclosing statements*, which focus on counselor cognitions and emotions related to the immediate therapeutic endeavor, and *self-involving statements*, in which the counselor discloses personal factual information (Cashwell, Shcherbakova, & Cashwell, 2003).

History and Rationale. Counselor self-disclosure has historically been a controversial issue tied to concerns about transference and countertransference. At one time it was considered to be detrimental to clients in all cases and unethical for counselors to bring themselves into the therapeutic frame in any way. This was driven largely by psychoanalytic modalities in which the therapist facilitated essential transference by remaining aloof in order to provide the necessary "blank slate" upon which clients could project their image of past significant individuals (Kottler & Shepard, 2011, p. 90). With the advent of Rogers' focus on genuineness and mutuality in the counseling relationship, counselor self-disclosure became more widely practiced as a form of immediacy designed to enhance the relationship (i.e., *self-disclosing statements*). In the latter part of the 20th century, the consumer-rights movement began to dictate certain aspects of therapist self-disclosure through informed consent requirements (i.e., *self-involving statements*). It is now unethical not to disclose a certain level of therapist information minimally including qualifications, credentials, and relevant experience. (For more information, see American Counseling Association [2005] and American Association of Christian Counselors [2004].)

Application. Both types of self-disclosure by the counselor have now become accepted parts of the minimal skill set required for effective therapy (Ivey, Ivey, & Zalaquett, 2010, p. 331). Research has consistently shown that self-disclosure generally enhances counselor attractiveness, which facilitates client trust and openness (Cashwell et al., 2003). However, it is a skill that requires intentionality and significant care in its use.

The guiding principle for appropriate self-disclosure is that it should always be for the client's benefit. Careful reflection on one's motives for the disclosure, the potential effect on the client and the therapeutic relationship, the genuineness of the data, and the timing of the disclosure is essential. Self-disclosure does not burden the client with the counselor's material but facilitates the client's exploration and trust, and it models openness.

Formal self-disclosure as part of informed-consent procedures is now mandated ethically and legally, but spontaneous forms of therapeutic self-disclosure are largely driven by theoretical orientation, client need, and counselor personality. Some theoretical modalities would not advocate for or be enhanced by the use of the counselor's self-disclosure (e.g., psychodynamic), whereas others would essentially require some form of self-disclosure (e.g., immediacy reflections).

The timing, content, and comprehensiveness of self-disclosing or self-involving statements require careful attention. Recognizing when a self-disclosure may assist a client is a skill that develops with experience and practice. Learning how to keep self-referencing content appropriate, brief, and client-focused is part of the art of therapy. This involves learning to use one's self appropriately in many varied counselor-client relationships. Too much time spent on a self-disclosure may take away from its effectiveness by reducing the focus on the client. The goal is to provide just enough information

to enhance the client's understanding or facilitate client disclosure. Recognizing client need and structuring the self-disclosure to meet that need is a complex task but one that can be used productively and powerfully.

Related Issues. Cultural and social variables must also be carefully considered in any self-disclosure. Research generally shows positive results for increased counselor disclosure when working with culturally diverse clients (Cashwell et. al., 2003). With some culturally diverse clients, the use of direct, active interventions are more likely to be beneficial because they provide more personal information (self-disclosure) about the therapist. Likewise, self-disclosure may need to be modeled for a culturally diverse client in order to facilitate the necessary trust and experience (Sue & Sue, 2008).

Appropriate use of self-disclosure in counseling requires self-awareness and integrity. Honestly assessing motivation and creating authentic boundaries around interactions are parts of developing therapeutic skill. Therapy is an intimate endeavor, yet one with explicit boundaries that need to be carefully maintained and facilitated. How and what we share of ourselves is critical to the process.

Scripture has much to say about our speech. It should be used for building others up (Eph. 4:29), it is never perfect (Jas. 3:2), and it should be guided by the heart and promote instruction (Pr. 16:23). Proverbs 17:27-28 stands out: Silence and restraint of words is valued. When it comes to counselor self-disclosure, this principle may be of significant assistance. When in doubt, refrain from disclosure. Consider carefully before sharing, and be willing to err on the side of self-silence rather than self-disclosure.

Miriam Stark Parent

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TRANSFERENCE AND COUNTERTRANSFERENCE

Description and Definition. Transference is defined as "the way in which the patients' view of and relationships with childhood objects are expressed in current feelings, attitudes, and behaviors in regard to the therapist" (Mills, Bauer, & Russell, 1989, p. 112). Countertransference operates in the opposite direction and is defined as "the therapist's internal or external reactions that are shaped by the therapist's past or present emotional conflicts and vulnerabilities" (Gelso, 2011, p. 5). Originated in psychoanalysis traditions, however, it is acknowledged that transference and countertransference are present in all types of treatments (Gladding, 2009; Gelso).

Gladding (2009) discusses that transference can be direct (e.g., a client says, "You remind me of my mother") or indirect (e.g., a client says, "This therapy is ineffective"). It can be positive (e.g., a client admires the counselor) or negative (e.g., a client accuses the counselor). Countertransference can take several forms: a constant urge to please the client, overidentification with the client's feelings and problems, compulsive advice giving, and a desire for a social relationship with the client (Corey, Corey, & Callanan, 2007). It is critical for therapists to become aware of such feelings and work through their own conflicts as part of ongoing training and supervision. Therapists' unresolved

conflicts may lead not only to unproductive services but also harmful relationships to the clients (Gladding).

History. Freud constructed the concepts of transference and countertransference based on his observation that clients' unconscious conflicts that originate in early relationships become repeated in the relationship between the patient and the therapist (Gabbard & Westen, 2003). Conceptualizations and uses of transference and countertransference have changed over the years. In classical psychoanalysis, the therapist's role was viewed as neutral and passive. It was believed that the client's unresolved conflicts were projected onto the therapist's neutral state. In modern psychodynamic theory, the therapist's contribution to this experience is acknowledged and is now considered as an intersubjective process cocreated by client and therapist (Gelso, 2011). The focus of the relationship has shifted from the relationship with childhood objects to the here-and-now relationship with the therapist. Therapists use this here-and-now relationship to clarify, examine, and modify maladaptive interpersonal conflicts rather than merely observe and provide interpretations of the client's past relationships (Mills et al., 1989). As transference has been accepted as coconstruction, several views were presented as to what extent the client contributes to the therapist's countertransference. Gelso argues that while clients may stimulate the therapist's issues, countertransference is fundamentally rooted in the therapist's emotional conflict and must be dealt with appropriately.

Treatment and Application. Transference/countertransference relationship is one of the chief transformative interventions to reconstruct the client's relational pattern (Parlow & Goodman, 2010; Jones & Butman, 1991). The goal of this intervention is to bring unconscious conflict into consciousness and to obtain deeper insights about how such past experiences still influence current relationships. Furthermore, it is used to facilitate more flexible and mature relational patterns. Working through transference is also considered a prerequisite for the establishment of a good working alliance with a client (Mills et al., 1989).

Christianity and Spirituality. How do we, as Christian therapists, respond to clients who complain, "You are not helping me!" or clients' cold and disrespectful attitude toward us? Our tendency is either to fight back or withdraw from these attacks. They might remind us of prior painful and personal relational conflicts (countertransference). Clients come to therapy after repeatedly experiencing hurtful relationships that, in part, they have created. Underneath their negative behaviors, clients hide their inner cries to be understood, trusted, respected, and loved. Parlow and Goodman (2010) remind us to serve our clients by believing they are made in God's image (*imago Dei*). One of the implications of the *imago Dei* is that God creates each person to fully receive love and openly love others and God, for God is love (1 Jn. 4:8). Yet due to the Fall and our sins (i.e., apart from perfect love), each person falls short of such full potential. Psychoanalysis is founded on the premise that in early attachment relationships, individuals' needs and love are deprived and their personalities developed around "protecting the heart rather than opening it" (Parlow & Goodman, p. 119). The hope is that such damaged bonds can be reworked in a new light or in new relationships, ones where the clients' distorted ways of loving are reengaged and reworked from within (working through transference). Parlow and Goodman say, "Transference is the set of unconscious, organizing principles from past relationships where love has gotten frozen in the person through the tension of damaging events that are repeated" (p. 119). They add, "Love in the present is blocked by lack

of love in the past." The goal of therapy is to unlock this frozen love in a safe and authentic therapeutic relationship so the clients become free to receive love and love others in the way God originally designed.

HITOMI MAKINO

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SILENCE

AN ILLUSTRATION. When I was a fairly new counselor, one of my early clients was a woman named Sandy. I'd been working with her for several months on issues of grieving because she'd lost her husband a year before. He had been on a business trip and was in a horrible car crash. His body was burned almost beyond recognition. When his body was shipped home, Sandy's father kept her from viewing it, saying that having her husband's watch and ring were all she needed to know that he was gone.

Sandy was stuck in her grieving process. We worked hard together to address her hurt, fear, and anger, but each topic proved to be a dead end. We looked at what would have been different if she could have seen his body...and just about everything else we could think of. Nothing unlocked the healing process for Sandy.

Finally, in one session, I reached the point where I didn't know where to go or what to say, so I sat in silence for what seemed like an eternity. Suddenly Sandy blurted, "I didn't tell him I loved him!" The floodgate of tears opened.

When she was able to regain her composure, I asked what she meant. She told me that just before her husband got into his rental car, they talked on the telephone and had an argument. He'd tried to smooth things over and told her he loved her, but she was too upset to respond. She hung up without telling him she loved him. Neither one of them knew it would be their last conversation.

What seemed to me to be awkward silence was actually the perfect environment for Sandy to gain insight about her pain. Finally she had the courage to tell someone her secret memory of that horrible day. It wasn't long after that session that she finished counseling and felt confident enough to move forward in her life.

DESCRIPTION. Using silence appropriately is often one of the last counseling skills we learn. The difficulty of mastering the use of silence is compounded by our discomfort with it (Guindon, 2011). We all know the adage "Silence is golden," but we also know the pain of experiencing the silent treatment. Even an introverted person can be uncomfortable with too much silence. For most counselors, silence feels very unproductive. After all, aren't we supposed to be doing something in the session? (See Ivey, Ivey, & Zalaquett, 2010.) Also, silence can be used as a power play. We must learn when to use silence effectively and when not to.

IN TREATMENT. We've all had the experience of counseling adolescents who don't want to be in the sessions and use silence as a power tactic (Grunwald & McAbee, 1999). Why

wouldn't they be silent when they feel powerless because they are being forced by a parent to come to the counseling appointment? What do we do when we run out of questions—especially when adolescents are so adept at giving one-word answers? Or what do we do when no one wants to talk in a group counseling session?

Learning to tolerate—and effectively use—silence in a session should be one of the first skills we learn. To master this skill, we need to know when silence is helpful. For many people who come to counseling, silence in a session may be the only time they have to experience quietness and reflect on what they have heard or felt. It may be the only time and the only place where they can listen to their own thoughts, discover alternatives, and reach solutions (Meier & Davis, 2011; Cormier, Nurius, & Osborn, 2009).

For silence to be helpful, it must have meaning. Jesus took the time to write in the sand when dealing with a difficult situation (Jn. 8:6,8). Silence oftentimes allows the Spirit of God to do his most deep and profound work. When you are in a time of silence, ask the Holy Spirit to offer counsel. Also ask yourself or, maybe even better, ask your client, "What does this silence mean to you right now?" The answer may open up new avenues that lead to a new and deeper level of healing for your client.

David Stoop

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