

THERAPEUTIC GENUINENESS

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One of the conditions postulated by Rogers in 1957 was congruence, or integration in the relationship. By this he meant that "within the relationship [the therapist] is freely and deeply himself, with his actual experiences accurately represented by his awareness of himself. (30) This condition has since become known as genuineness. In this section we examine the nature of genuineness, how it can be measured, and some examples of how it works in a counseling relationship.

The Nature of Genuineness

Therapists who are genuine are "for real," open, honest, sincere. They are involved in the relationship and not simply mirrors, sounding boards, or blank screens. They are real people in real encounters. And that is the reason why the exact nature of the relationship cannot be predicted or controlled in advance. They are freely and deeply themselves, without facades, not phony. They are not thinking and feeling one thing and saying something different. They are, as the existentialist would say, authentic, or, to use Jourard's term, transparent. (31) They are not playing roles. Berne writes:

If the therapist plays the role of a therapist, he will not get very far with perceptive patients. He has to *be* a therapist. If he decides that a certain patient needs Parental reassurance, he does not play the role of a parent; rather he liberates his Parental ego state. A good test for this is for him to attempt to "show off" his Parentalism in the presence of a colleague, with a patient toward whom he does not *feel* parental. In this case he is playing a role and a forthright patient will soon make clear to him the difference between being a reassuring Parent and playing the role of a reassuring parent. One of the functions of psychotherapeutic training establishments is to separate trainees who want to play the role of therapist from those who want to be therapists. (32)

Genuineness appears to have become the major emphasis of many approaches to psychotherapy. The major theories have given it a more important place. Even psychoanalysis, in which the therapist is a rather ambiguous figure, a blank screen, has moved from this position to the acceptance of the therapist as a real person. If there is one thing that unites many of the apparently extremely diverse innovations in psychotherapy, it is the concept of genuineness—doing one's own thing.

There is a real danger here, however, involving a misinterpretation of genuineness as supporting an "anything goes" policy. Genuineness is not always therapeutic. It is

unlikely that a highly authoritative, dogmatic person is therapeutic. Carkhuff and Berenson comment on this problem:

However, a construct of genuineness must be differentiated from the construct of facilitative genuineness. Obviously, the degree to which an individual is aware of his own experience will be related to the degree to which he can enable another person to become aware of his experience. However, many destructive persons are in full contact with their experience; that is, they are destructive when they are genuine. The potentially deleterious effects of genuineness have been established in some research inquiries. Hence the emphasis upon the therapist's being freely and deeply himself in a nonexploitative relationship incorporates one critical qualification. When his only genuine responses are negative in regard to the second person, the therapist makes an effort to employ his responses constructively as a basis for further inquiry for the therapist, the client and their relationship. In addition, there is evidence to suggest that whereas low levels of genuineness are clearly impediments to client progress in therapy, above a certain minimum level, very high levels of genuineness are not related to additional increases in client functioning. Therefore, while it appears of critical importance to avoid the conscious or unconscious facade of "playing the therapeutic role," the necessity for the therapist's expressing himself fully at all times is not supported. Again, genuineness must not be confused, as is so often done, with free license for the therapist to do what he will in therapy, especially to express hostility. Therapy is not for the therapist... Under some circumstances, the honesty of communication may actually constitute a limitation for the progress of therapy. Thus, with patients functioning at significantly lower levels than the therapist, the therapist may attend cautiously to the client's condition. He will not share with the client that which would make the client's condition the more desperate. (33)

Genuineness does not require that therapists always express all their feelings; it only requires that whatever they do express is real and genuine and not incongruent. And at a minimal level, genuineness is not being insincere, dishonest, phony, or incongruent. Genuineness is not impulsiveness, though the two appear to be equated in the minds of many, instructors as well as students.

Truax and Mitchell make an important point (and Carkhuff and Berenson would appear to agree in their comment just quoted):

From the research evidence and an examination of the raw data itself relating genuineness to outcome, as well as collateral evidence, it is clear that what is effective is an absence of defensiveness and phoniness--a lack of evidence that the therapist is not genuine. In other words, it is not the positive end of the genuineness scale that contributes to therapeutic outcome. Instead it is a lack of genuineness which militates against positive client change. The highest levels of the genuineness scale do not discriminate between differential outcomes. The scale itself and the evidence concerning genuineness would be more precise if we dropped the term genuineness and called it instead by some negative term that would include both defensiveness and being phony. (34)

This is an important point, in view of the increasing emphasis on being genuine. It would appear that the great effort to be genuine is leading to the phenomenon of phony genuineness. This may be an explanation for inconsistent results with the genuineness scale in some studies (such as Bergin and Garfield's [35]).

This caution has apparently not been heeded, especially in group therapy or encounter groups. Genuineness has been distorted to condone therapists who react off the tops of their heads. Gendlin discusses the facilitating of therapy with nonverbal schizophrenics through the expression of the therapist's feelings. But he emphasizes the need for therapists to take "a few steps of self attention" before expressing themselves as well as to clearly identify their feelings as their own. Genuineness, then, does not mean uninhibited expression of feelings. The therapist doesn't unthinkingly blurt out such things as "You bore me," as seems to be encouraged and practiced in the name of genuineness. Rather, if therapists feel bored, they look at themselves and the relationship to see if they are contributing to the feeling. They might end up by saying: "Somehow I feel rather bored by your emotionless recital of events," or something similar." (36) This confusion is probably related to some of the puzzling and inconsistent results of research. The three basic core conditions are usually positively correlated, often quite highly. But in some instances genuineness has shown no correlation or even a negative correlation with the other two. Garfield and Bergin, in a study that led them to question the applicability of the three core conditions to other than client-centered therapy, found that genuineness correlated negatively with empathy (-.66) and with warmth (-.75). (37) None of the three correlated significantly with several outcome measures, so while it is not possible to say that empathy and warmth were therapeutic, it is obvious that genuineness was not therapeutic in this study.

Measuring Therapeutic Genuineness

Truax constructed a five-point Tentative Scale for the Measurement of Therapist Genuineness or Self-Congruence in 1962. (38) He stated that this was the most difficult scale to develop. Examination of the scale suggests that a high rating would not necessarily represent therapeutic genuineness. It was this scale that Garfield and Bergin used in their 1971 study. Carkhuff's revision of the scale to measure facilitative genuineness in interpersonal processes (39) appears to correct this deficiency.

Level 1

The first person's verbalizations are clearly unrelated to what he is feeling at the moment, or his only genuine responses are negative in regard to the second person(s) and appear to have a totally destructive effect upon the second person.

EXAMPLE: The first person may be defensive in his interaction with the second person(s) and this defensiveness may be demonstrated in the content of his words or his voice quality. Where he is defensive he does not employ his reaction as a basis for potentially valuable inquiry into the relationship.

In summary, there is evidence of a considerable discrepancy between the inner experiencing of the first person and his current verbalizations. Where there is no discrepancy, the first person's reactions are employed solely in a destructive fashion.

Level 2

The first person's verbalizations are slightly unrelated to what he is feeling at the moment, or when his responses are genuine they are negative in regard to the second person; the first person does not appear to know how to employ his negative reactions as a basis for inquiry into the relationship.

EXAMPLE: The first person may respond to the second person(s) in a "professional" manner that has a rehearsed quality or a quality concerning the way a helper "should" respond in that situation.

In summary, the first person is usually responding according to his prescribed role rather than expressing what he personally feels or means. When he is genuine his responses are negative and he is unable to employ them as a basis for further inquiry.

Level 3

The first person provides no "negative" cues between what he says and what he feels, but he provides no positive cues to indicate a really

EXAMPLE: The first person may listen and follow the second person(s) but commit nothing more of himself.

In summary, the first person appears to make appropriate responses that do not seem insincere but that do not reflect any real involvement either. Level 3 constitutes the minimal level of facilitative interpersonal functioning.

Level 4

The facilitator presents some positive cues indicating a genuine response (whether positive or negative) in a nondestructive manner to the second person(s).

EXAMPLE: The facilitator's expressions are congruent with his feelings, although he may be somewhat hesitant about expressing them fully.

In summary, the facilitator responds with many of his own feelings, and there is no doubt as to whether he really means what he says. He is able to employ his responses, whatever their emotional content, as a basis for further inquiry into the relationship.

Level 5

The facilitator is freely and deeply himself in a nonexploitative relationship with the second person(s).

EXAMPLE: The facilitator is completely spontaneous in his interaction and open to experiences of all types, both pleasant and hurtful. In the event of hurtful responses the facilitator's comments are employed constructively to open a further area of inquiry for both the facilitator and the second person.

In summary, the facilitator is clearly being himself and yet employing his own genuine responses constructively.

Examples of Genuineness

In the first example, the therapist is clearly being evasive, rather than open and honest. (40)

CLIENT: . . . So that's how I got home from C---. I was kind of lucky.

THERAPIST: Yeah, that is, that's quite a story. (long pause).

CLIENT: Can I ask you a question?

THERAPIST: Yeah, I guess so.

CLIENT: Do you think I'm crazy?

THERAPIST: Oh no--not in the sense that some of the patients you see out in the ward, perhaps.

CLIENT: I don't mean *mentally*, not--where I don't know anything, but I mean, am I out of my head? Do I do things that are foolish for people to do?

THERAPIST: Well, I'd say you do things that you might say are-foolish, in a sense. You do things that aren't . . . (Pause)

CLIENT: (Filling in for therapist) Normal.

THERAPIST: Yeah, well, they aren't usual by any means, of course.

Contrast this with the following dialogue:

CLIENT: I'm so thrilled to have found a counselor like you. I didn't know any existed. You seem to understand me so well. It's just great! I feel like I'm coming alive again. I have not felt this in so long.

THERAPIST: Hey, I'm as thrilled to hear you talk this way as you are! I'm pleased that I have been helpful. I do think we still have some work to do yet, though. (41)

NOTES

30. C. R. Rogers. The necessary and sufficient conditions of therapeutic personality change. *Journal of Counseling Psychology*, 1957, 21, 95-103. p. 97.
31. S. Jourard. *The transparent self*. Princeton, NJ: Van Nostrand Reinhold, 1964.
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33. R. R. Carkhuff and B. G. Berenson. *Beyond counseling and therapy*. New York: Holt, Rinehart & Winston, 1967, pp. 29, 81.
34. C. B. Truax and K. M. Mitchell. Research on certain therapist interpersonal skills in relation to process and outcome. In A. E. Bergin and S. L. Garfield (Eds.), *Handbook of psychotherapy and behavior change: An empirical analysis*. New York: Wiley, 1971, p. 316.

35. S. L. Garfield and A. E. Bergin. Therapeutic conditions and outcome. *Journal of Abnormal Psychology*, 1971, 77, 108-114.
36. E. T. Gendlin. Client-centered developments in work with schizophrenics. *Journal of Counseling Psychology*, 1962, 9, 205-211.
37. Garfield and Bergin, *Therapeutic conditions*.
38. C. B. Truax and R. R. Carkhuff. *Toward effective counseling and psychotherapy*. Chicago: Aldine, 1967, pp. 68 - 72.
39. R. R. Carkhuff, *Helping and human relations*. Vol. II, *Practice and research*. New York: Holt, Rinehart & Winston, 1969, pp. 319-320.
40. Truax and Carkhuff, *Toward effective counseling*, p. 69.
41. R. R. Carkhuff. *Helping and human relations*, Vol. 1, *Selection and training*. New York: Holt, Rinehart & Winston, 1969, p. 121.

Example of Genuineness

(From C. H. Patterson & Suzanne Freeman. *Successful Psychotherapy*. Northvale, N. J. 1997, p. 88)

In this example, the therapist is evasive rather than open and honest:

Client: Do you think I'm crazy?

Therapist: Well, that all depends on what you call crazy. What do you think?

Client: I think I want to know if you think I'm crazy.

Therapist: You don't know?

Client: I just want to know what you think.

Therapist: You're afraid I think you are crazy.

The therapist is avoiding a content response and not responding to (but interpreting) the feelings expressed by the client. Essentially the responses are evasive. Contrast this with the following:

Client: Do you think I'm crazy?

Therapist: No. I think you're working on some really confusing experiences . . .

Client: (interrupts) Yeah, and sometimes I feel crazy or like I don't know what to do.

Carl Rogers makes a statement in one of his films that if he is thinking about something or feeling something, he should express it because it will come out in one way or another. This is more than a fleeting thought. It is a persistent feeling or sense. The withholding of a persistent feeling can be a form of dishonesty in a relationship. Again as Patterson (*Relationship Counseling and Psychotherapy*, (1974) warns, the mediating variable is that the honesty must be therapeutic in its impact.