Chapter 5

Immediacy:
Direct, Mutual Talk

In The

Skilled Helping Relationship
Introduction To Immediacy

Many, if not most, clients who seek help have trouble with interpersonal relationships. This is either their central concern or part of a wider problem situation. Some of the difficulties clients have in their day-to-day relationships are also reflected in their relationships with therapists. For instance, if they are compliant outside, they are often compliant in the helping process. If they become aggressive and angry with authority figures outside, they often do the same with therapists. Therefore, the client’s interpersonal style can be examined, at least in part, through an examination of his or her relationship with the therapist. If therapy takes place in a group, then the opportunity is even greater. The package of skills enabling therapists to explore their relationship with their clients has been called “immediacy”.

Types of Immediacy in Helping

Three kinds of immediacy are reviewed here:

1. Immediacy that focuses on the overall relationship — “How are you and I doing?”

2. Immediacy that focuses on some particular event in a session — “What’s going on between you and me right now?”

3. Self-involving statements.

Relationship Immediacy:
Relationship immediacy involves an honest and concrete discussion about the realities of the current relationship. The relationship is evaluated or reviewed, and relationship strengths and weaknesses are examined by exploring the respective feelings, hopes, and frustrations of the parties involved.

In the following example, a 20-year-old man is talking to a therapist. He has looked for a job but has met constant rejection. The therapist has become aware of her personal defensiveness toward the client. She has recognized that she’s become increasingly directive with her client, and wonders if the client elicits the same reaction from others. This is the fourth interview.

Client: I don’t know what the point is in looking for a job. There aren’t any jobs anyway. I’ve done everything I can to find work. Coming to see you seems like a big waste of my time. You can’t do anything for me.
Therapist: Let’s put the job to the side for a minute. Can we talk about you and me for a minute? (the client nods) Here’s what I think is the problem. Tell me if you think I’m on the right track. I feel that I’ve become “parental” with you, that I’ve got in the habit of telling you what to do. My hunch is that you resent coming here.

Client: You’re right. You’re always coming on like you’re on a big authority trip or something.

The therapist has risked herself and an important process has begun. She and the client now can review and renegotiate their relationship. Perhaps there are similarities to other relationships that the client needs to consider. Perhaps the client often puts himself in a dependent role in relationships. Later in the conversation, the therapist might make this connection:

Therapist: So, when you’re relating to someone in authority, you’re saying that you get uptight and insecure. I’m wondering if you find others doing the same things I’ve been doing.

Examples of useful leads for relationship immediacy are:

• I wonder if we have been completely honest with each other...
• I’m concerned about some of what I see happening between us. I’m feeling...
• Let’s look at you and me. I’m wondering how we can improve our relationship.
• You’ve talked about how positive our relationship is. What do you think we have that is missing in your relationship with your supervisor?

Here-and-Now Immediacy:
Here-and-now immediacy involves sharing and discussing with another about what’s happening (feelings and perceptions) in the “here-and-now,” at this moment in this conversation. The focus of here-and-now immediacy is the current interview or encounter, not the whole relationship.

Here are some therapist statements that are characteristic of here-and-now immediacy:

• I’m sorry. I wasn’t listening very well. Could you go over what you just said?
• I wonder if I said something wrong when I mentioned your father. We were moving right along, but now I’ve noticed that there may be some tension between us. Right now I’m feeling...
When you . . . I . . .
Are things a bit tense between us right now?

Therapists should discipline themselves to use “I” statements when reporting feelings. Statements of the type, “You make me feel . . .” are much more likely to be interpreted as accusatory and to evoke defences. On the other hand, “I” statements show that the therapist is prepared to take responsibility for feelings without blaming the client.

Self-involving statements:
Self-involving statements are present-tense, personal responses to the client. They can be positive in tone; for example, “I like the way you’ve begun to show initiative both in discussion and outside. I thought that telling your boss a bit about your past showed guts.” This self-involving remark is also a challenging statement, because the implication is “Keep it up.” Clients tend to appreciate positive self-involving statements. In fact, “During the initial interview, the support and encouragement offered through the therapist’s positive self-involving statements may be especially important because they put clients at ease and allay their anxiety about beginning therapy”.

Negative self-involving statements are much more directly challenging in tone. Carl Rogers, the dean of client-centred therapy, recounts the following incident.

“I am quite certain even before I stopped carrying individual therapy cases, I was doing more and more of what I would call confrontation. That is, confrontation of the other person with my feelings . . . For example, I recall a client with whom I began to realize I felt bored every time he came in. I had a hard time staying awake during the hour, and that was not like me at all. Because it was a persisting feeling, I realized I would have to share it with him. I had to confront him with my feeling and that really caused a conflict in his role as a client . . . So with a good deal of difficulty and some embarrassment, I said to him, “I don’t understand it myself, but when you start talking on and on about your problems in what seems to me a flat tone of voice, I find myself getting very bored.” This was quite a jolt to him and he looked very unhappy. Then he began to talk about the way he talked and gradually he came to understand one of the reasons for the way he presented himself verbally. He said, “You know, I think the reason I talk in such an uninteresting way is because I don’t think I have ever expected anyone to really hear me.” . . . We got along much better after that because I could remind him that I heard the same flatness in his voice I used to hear.”

Carl Rogers’s self-involving statement, genuine but quite challenging, helped the client move forward. This story also points the direction in which Rogers was moving.
When to Use Immediacy

Part of the development of the skill is to know the circumstances under which immediacy might be useful:

- When a session is directionless and it seems no progress is being made: “I feel we are bogged down right now. Perhaps we could stop a moment and see what we’re doing right and what’s going wrong.”

- When there is tension between therapist and client: “We seem to be getting on each other’s nerves. It might be helpful to stop for a moment and clear the air.”

- When trust seems to be an issue: “I see your hesitancy here and I’m not sure whether it’s related to me or not. It might be hard for you to trust me.”

- When there is “social distance” between therapist and client in terms of social class or widely differing interpersonal styles: “There are some hints that the fact that I’m Chinese and you are Caucasian is making both of us a bit hesitant.”

- When dependency seems to be interfering with the helping process: “You don’t seem willing to explore an issue until I give you permission to do so. And I seem to have let myself slip into the role of permission giver.”

- When counter-dependency seems to be blocking the helping relationship: “It seems that we’re letting this session turn into a struggle between you and me. And, if I’m not mistaken, both of us seem to be bent on winning.”

- When attraction is sidetracking either therapist or client: “I think we’ve liked each other from the start. Now I’m wondering whether that might be getting in the way of the work we’re doing here.”

Immediacy Strategies

Since successful immediacy is very personal and can provoke anxiety for both the client and therapist, therapists should examine their personal capacity for intimacy. Many therapists seem uncomfortable with immediacy discussions. It has been concluded that “therapists tend to avoid immediacy issues even when raised directly by clients.” Such avoidance often leads to unhealthy counselling relationships that do not move beyond a superficial level.
Recall that difficulties clients are having in relationships may carry over to their relationship with the therapist. It is also true that therapists can bring their relationship difficulties to their relationships with clients. The implications are clear: unless therapists understand and are aware of their reactions and behaviour toward clients, they cannot function objectively. Effective therapists are engaged in an ongoing process of developing self-awareness and in working through unresolved issues in their own lives. The extent to which this process is successful determines the extent to which they can successfully interact with clients, particularly in difficult situations. That is: “If you are going to talk to a client about what is happening between the two of you, you have to know what is happening. You have to be able to read cues in both yourself and the other.”

An important component of immediacy is a capacity to deal with issues as they occur in the relationship or within a session:

“If the therapist waits until later in the session or until the next interview to describe a feeling or experience, the impact is lost. In addition, feelings about the relationship that are discounted or ignored may build up and eventually be expressed in more intense or distorted ways. The therapist who puts off using immediacy to initiate a needed discussion runs the risk of having unresolved feelings or issues damage the relationship.”

In the next and final chapter of this work manual we will look at the skill of “Confrontation”. I, like Gerard Egan, prefer to use the term “Challenge” because it is a bit less biting.