

Psychotherapy Guidebook

REALNESS THERAPY

Charles McArthur

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DEFINITION

Year by year, as we develop, we each give away pieces of our authenticity. We are hostages of family constraints and confined to the actions permitted by our culture. To survive, we have denied our own realities, sometimes before we knew them. For the neurotic, the psychotic, and the character disordered, too much that was precious has been forsworn. Such patients' realities surface intermittently, as their disowned, fragmented selves come back to haunt them. Ironically, these haunted people must learn to embrace their own, often very scary, ghosts, in order to exorcise them and reclaim authenticity.

The job of the realness therapist is to midwife the patient's denied realities, to conjure up and speak in behalf of the patient's ghosts and so, by gentle means, enable the patient to exorcise them. Only then can the patient take full possession of his self, the core of being we all have but so seldom know. The therapeutic relation becomes the kind of special place we all might gladly find where, by vindicating our own lost reality instead of continuing to deny it, by quietly letting it have its say, we might discover and recover what

was once our birthright: a self of our very own.

Metaphor? No, more like an operational definition. All therapists elect those techniques that express their therapeutic metaphor. It is their metaphors that differentiate them.

HISTORY

If someone had come to existential psychology by way of formal study of the underlying philosophies, mastered the psychodynamic awareness of Freud and his modern descendants, watched the human farce with the eye for motives of a professional writer, lived a lifelong adventure story, then settled into the compassion that ennobles passion in maturity, that someone would be the inventor of Realness Therapy. That is the history of Dr. Paul Stern. Born in Germany, he attended the universities of Brussels and Zurich, then, emphasizing psychology more than philosophy, did graduate work at the University of California in Los Angeles and Harvard, where he took his Ph.D. In between, there was a war, life on three continents, and writing that ranged from intellectual pieces to covering Hollywood antics. After a short stint in Harvard's student health services, Dr. Stern began private practice in Cambridge, where his Center for Humanistic Therapy teaches the realness orientation, as will his new Centers in New York City and Greenwich, Connecticut.

TECHNIQUE

The ritual aspects of therapy create a stable, trustworthy situation in which patient and therapist can risk emotional “trips.” Realness Therapy has quite usual ground rules, though with supportive variations. The patient’s willingness to risk his realness must be matched by the therapist’s readiness to be available when badly needed. The lonely trip into one’s inner self must not be made unattended.

The therapist unswervingly takes the side of the patient’s disowned remnants of self: his fantasies, visions, intuitions, and dreams. He helps the patient to embrace them, then to withstand their impact, and so at last to make them part of his lived reality, which then becomes richer. The consulting office gives officially disapproved realities sanctuary, where two can share “a charmed mystery tour” of inner space.

The basic truths of lost selves are always simple — simple as deepest feelings. The therapist emboldens the patient to toss aside the complexities of logic, the strictures of common sense, the systematization of our world by Cartesian or Freudian cosmologies. (Complexity, Dr. Stern points out, is our worst culturally patterned disorder.) The patient is transported to surreal landscapes where the rules of common sense are suspended. There is a magic that therapy practices on space and on time. The un-lived past replaces the empty present. There are bolder and bolder leaps “in a multidimensional life

space no longer subject to the astringent laws of Newtonian physics.” The patient is on a self-trip.

Yet all this is done without announcing the itinerary ahead in doctrinaire interpretations. To the objection “But I don’t know if all that was real,” the therapist says, “Never mind; let’s hear about it!” To the observation that “When I awake my dream seemed to make no sense after all!” the therapist may say, “Yes, but how did it feel while you were dreaming?”

Gently. Above all, the therapist says these things gently. In a sanctuary, one must suffer no abuse. Of the violent therapies that seem part of our Zeitgeist and seem also to “work,” Stern tartly remarks, “So does torture!”

Realness Therapy runs counter to those in which the well-trained patient is taught to pour his feelings into a plaster cast of systematization. There is, Stern points out, “no pre-arranged highway” to this patient’s reality. At any one crisis, there is no correct road for the therapist to take. Indeed “the notion of the correct road itself may be absurd.” He tries to encourage the therapeutic trip along whatever road the patient seems readying himself to take. If that dead-ends, they must seek another. The roads are many. The patient will show them both many wonders along each way.

If that sounds easy, regard this description of a realness therapist:

Of course, whether the person in therapy can reach his goal and gets hold of his own reality depends, in the end, on the realness of the therapist. The demands on him are enormous. In order to do his job of midwifery well, the therapist ought to be a paragon of contradictory virtues. He ought to be sensitive but robust, kind but not easily seduced, warm without being seductive, a seer of ghosts who has his feet firmly on the ground, flexible as Proteus yet endowed with integrity. He ought to have the improvising touch and the radar antennae of the artist who discovers and makes visible what is invisibly present rather than indulging in arbitrary invention. He simply cannot go by the book and the rules of orthodoxy, but must improvise his way over an ever-changing, only partly mapped terrain full of pitfalls that make continuous demands on his ingenuity.

APPLICATIONS

Every one of us has the right to a self of our own. Realness Therapy therefore has a general application. The limitations are of human resource rather than of method: every helper finds a limit to how many and how heavy his cases may become. While clearly a treatment of choice for neuroticism, Realness Therapy has more than usually constructive things to say to the psychotic and the character disordered. It shares with some existential approaches a view of violence as attempted reclamation of the self. This leads to treatment with respect, something not often offered to violent individuals.

Above all, it views not only psychosomatic, but “purely” somatic ills as outcroppings of the unreclaimed self and seeks to free us from being dehumanized by an anachronistic Newtonian medical paradigm.