

# The Multifaceted Nature of Congruence within the Therapeutic Relationship

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## Abstract

*The aim of this paper is to highlight the holistic nature of congruence. An overview of previous writers on congruence is offered. The metaphor of a diamond is used to symbolise the complex and multifaceted nature of congruence where the brilliance of the diamond comes from its entirety as well as the integrity of each facet. Each facet is examined individually. The significance of looking at congruence as a whole is emphasised in relation to accessing, via the actualising tendency, a greater healing potential and beyond to something greater - an interconnectedness with the universe.*

Rogers' concept of congruence evolved over time. His descriptions of congruence vary in different publications and confusion can result if they are drawn from writings on congruence in different contexts ie therapeutic relationships, interpersonal relationships, large groups, families, and so forth. I am only addressing congruence within the therapeutic relationship and all quotes used are taken from writings about the therapeutic relationship.

## Historical overview of the concept of Congruence

### Rogers' position

In his early writings Rogers focused on the therapist developing certain attitudes that related to respecting and valuing the client's ability and right to self direct. The therapist's task was to lay aside his own frame of reference and step into the internal frame of reference of the client, seeing the world and

the client from the subjective view of the client (Rogers, 1951). He talks about the therapist '... providing deep understanding and acceptance' (Rogers, 1946, p. 420).

In his 1951 book, *Client-Centered Therapy*, Rogers does not explicitly talk about congruence or genuineness as a necessary attitude. However, he does quote from his 1946 publication where he makes it clear that the type of therapeutic relationship he was describing could only exist '... if the counsellor is deeply and genuinely able to adopt these attitudes.' and later in the same quote he speaks of being genuine as the third characteristic of non-directive therapy (Rogers, 1946, p. 421).

While Rogers was working at the Chicago Counselling Center in the 1950's he was influenced by Oliver Bown and Eugene Streich. As a result of these associations Rogers further developed his view that therapists need to be real and genuine and enter more fully and personally into the therapeutic relationship (Raskin, 1996). In 1954 Rogers discussed the significance of therapists finding their 'genuine reality'. This meant that therapists needed to be aware of their feelings as much as possible; not present an outward attitude whilst holding a different attitude more deeply, and express their genuine attitudes and feelings. 'It is only by providing the genuine reality which is in me, that the other person can successfully seek for the reality in him.' (Rogers, 1954 in Rogers, 1961, p. 33).

Rogers' 1957 paper '*The Necessary and Sufficient Conditions of Therapeutic Personality Change*.' is considered to be one of his primary theoretical statements. He proposed that the second condition is that '... the client is in a state of incongruence, being vulnerable or anxious.' (Rogers, 1957, p. 96). And incongruence refers to ' a discrepancy between the actual experience of the organism and the self picture of the individual insofar as it represents that experience.' (ibid.). In his 1959 statement Rogers explains that when an experience perceived by the self structure is incongruent with the self structure, then the organism either distorts the meaning of this experience or denies it into awareness.

Juxtaposed to condition two is Rogers' third condition which proposes that the therapist 'is congruent or integrated in the relationship.' (Rogers, 1957, p. 96). Rogers explained this to mean that 'when self-experiences are accurately

symbolised, and are included in the self concept in this accurately symbolised form, then the state is one of congruence of self and experience.' (Rogers, 1959, p. 206). To be congruent is for *experiences* to be *accurately symbolised* into *awareness*.

The self concept or self structure needs to be constructed with enough flexibility to allow this openness to experience to occur.

### **The Relative Importance of Congruence**

In 1959 Rogers raises the question of the relative importance of congruence. His (conservative) view is 'that for therapy to occur the wholeness of the therapist in the relationship is primary, but a part of the congruence of the therapist must be the experience of unconditional positive regard and the experience of empathic understanding.' (Rogers, 1959, p. 215). Later he makes a clearer statement concerning the primacy of congruence. 'I regard it as highly important, perhaps the most crucial of the conditions' (Rogers, 1967, p. 92) and in the 1980's he says 'Genuineness appears to be the most basic: the other two are important but probably less so' (Rogers and Sanford, 1984, p. 1378).

### **Is Congruence an internal state or does it have an external element?**

In both of his 1957 and 1959 theoretical statements, Rogers defines congruence in relation to experience and awareness. Both of these elements are describing the therapist's *internal* state. Elsewhere, Rogers (1954, 1961, 1967, 1980, 1984 and 1986), writes about congruence involving experience, awareness *and* the therapist's behaviour and communication. In 1954 he wrote

'This means that I need to be aware of my own feelings, insofar as possible, rather than presenting an outward facade of one attitude, while actually holding another attitude at a deeper or unconscious level. Being genuine also involves the willingness to be *and express, in my words and behaviour*, the various feelings and attitudes which exist in me.' (Rogers 1954, in Rogers, 1961, p. 33, italics added).

In 1984, Rogers and Sanfords present two changes in how congruence is conceptualised. In a *Theory of Therapy*, the second condition is expanded to include the therapist's communications. 'The therapist is congruent (or genuine or real) in the relationship, his picture of himself and the way he communicates matching his immediate experiencing.' (p. 1382). The fifth condition is additionally modified so that *all three conditions* should be perceived minimally by the client. 'The client perceives to some minimal degree the realness, the caring and the understanding of the therapist.' (p. 1382).

So by researching some of Roger's writing on congruence we are left with a dilemma. His theoretical statements (Rogers, 1957,1959) suggest that congruence is defined as an internal state of the therapist involving the congruence of their experiencing with their awareness, but his other writings (Rogers, 1954, 1961, 1967, 1980, 1984, 1986) suggest there is also an external element - the therapists behaviour.

The significance of the relative importance of congruence to empathic understanding and unconditional positive regard (UPR); and the issue of whether congruence is defined solely as the internal state of the therapist, or is defined by both internal state and the therapist's is relevant as it will inform the therapist's clinical practice ie how the therapist is going to be with the client and what he is going to do.

Rogers sometimes emphasises that the therapist should only express his feelings when they are appropriate; or persistent; or limiting the therapist's experience of empathic understanding and UPR (Rogers 1959, 1967). At other times he stresses the necessity to express 'negative attitudes' in order to promote the realness of the relationship, 'the therapist is being herself, not denying herself' (Rogers and Sanford, 1984, p. 1381). It is as if sometimes he is suggesting caution to the therapist and at other times he is promoting the therapist being themselves, being whole, being real and spontaneous - 'It is when the therapist is natural and spontaneous that he is most effective' (Rogers, 1967, p. 186).

## **Current Perspectives on Congruence**

Since Rogers, various writers have defined congruence in different ways emphasising a different part from Rogers writings related to their specific theoretical position. This results in them having a different stance with regard to the place of congruence in therapeutic practice.

### **Lietaer's Position**

According to Lietaer (1993), genuineness has two parts. The 'inner part' refers to the therapists awareness of his experiencing. Lietaer calls this congruence. The 'outer part' refers to the therapists 'explicit communication' which he calls transparency (p. 18). Quoting Gendlin (1970), Lietaer (1993) explains that from 1955 to 1962 a shift occurred in the client-centred understanding of congruence that 'allowed the therapist to bring in something from his own frame of reference, as long as he kept returning to the client's experiential

track'(p. 32). Lietaer views this as a significant shift away from the therapist only expressing feelings that interfere with maintaining their attitudes of empathic understanding and unconditional positive regard. This then meant the therapist had freer expression of their experiences of the client and the therapeutic relationship, if the therapist thought doing so would facilitate the client's experiential process.

### **Brodley's Position**

For Brodley (1998) congruence is defined ' in terms of Rogers' distinction between self and experience, not in term's of the therapist's behaviour or

communication.’ (p. 85) Brodley defines congruence as ‘an integrated whole, authentic state of the therapist in which he is capable of accurate symbolization in awareness of all experiences.’ (p. 101). Her conclusion that congruence need not be communicated by the therapist follows primarily from Rogers’ (1957, 1959) theoretical statements concerning congruence not needing to be perceived by the client. Congruence is a state ‘within the therapist’ (p. 85), says Brodley, and its significance is in permitting ‘the therapist to succeed in his intentions to experience unconditional positive regard and empathic understanding.’ (p. 85).

She suggests that ‘(U)ntherapeutic experiences’ (p. 87) and ‘counter-therapeutic feelings’ (p. 89) usually do not have to be expressed to the client. The congruent therapist who acceptantly allows these experiences into awareness will not show discrepancies in their (verbal and non-verbal) behaviour. As long as the client is not aware of the therapist’s ‘untherapeutic feelings’ there is no reason to distract the client from their own exploration. Although the therapist may chose to communicate congruently these untherapeutic feelings or thoughts occasionally, Brodley advocates a conservative approach.

### **Bozarth’s Position**

Bozarth (1996) asserts that genuineness is ‘an attitudinal development that enables the therapist to be more able to achieve the ongoing *experiencing* of empathic understanding and unconditional positive regard towards the client. It is, for the therapist, a way to prepare him or herself as a maximally receptive therapist.’ (p. 48). Bozarth’s position is based on Rogers’ 1959 statement concerning congruence as a therapist quality rather than a quality in relation to the client, or that the client must perceive, or that the therapist must communicate or express.

In an earlier paper Bozarth states that when the genuine therapist is ‘... absorbed in the frame of reference of the client’ and lets go of a desired direction for his client, the therapist will allow more ‘intuitive’ or ‘idiosyncratic’ responses to emerge ‘... and the presence of the therapist takes on progressively more importance.’ (Bozarth, 1992, p. 18). For Bozarth the significance of congruence is that it enables the therapist to trust the client’s process completely and step very deeply into the client’s frame of reference not knowing where that will lead him or what his response might be at any time.

### **The Different Conceptualisations of Congruence**

The following questions arise from the differences in the literature on congruence.

- 1) Does congruence include the therapist's behaviour, their expression or communication of their congruence or does it only relate to the internal state of the therapist?
- 2) Is congruence only to support or deepen or facilitate the therapist development of empathic understanding and unconditional positive regard?
- 3) What is appropriate verbal expression of congruence?
- 4) Does the client need to perceive the therapist's congruence?

According to Haugh (1998), one possible reason for confusion regarding the concept is Rogers' linking congruence with authenticity, genuineness, realness and transparency. Haugh suggests that the word congruence be used to define the condition of congruence and that authenticity, genuineness, realness and transparency are seen as the outcomes of congruence (Haugh, 1998).

This brings clarity to what to call what but whether you call a therapist's communication and behaviour congruent or authentic, real, genuine or transparent does not really matter. What's significant is how the therapist is, their behaviour and what they chose to say, how this is received by the client and the impact this then has on the therapeutic relationship.

The definition that I find closest to my own understanding of congruence is 'the therapist is openly being the feelings and attitudes that are flowing within at the moment. There is a close matching, or congruence, between what is experienced at the gut level, what is present in awareness, and what is expressed to the client.' (Rogers, 1986, in Kirschenbaum and Henderson 1990, p.135).

Ellingham has suggested the problem resides in the Cartesian-Newtonian language used to define congruence (Ellingham, 1999). Indeed, some of the writings on congruence do seem to use this dualistic/modernistic language (Rogers, 1957,1959; Brodley, 1998,1999 and Lietaer, 1993). Yet when reading Rogers' experiences in the therapeutic relationship (Rogers, 1961, 1967, 1980, 1986 and 1987) it is apparent that he is endeavouring to capture something hard to express - something inexpressible in dualistic and linear terms. My calling congruence multifaceted and writing about it's different facets is an attempt to express it's non-dualistic and holistic nature. In a paradoxical way seeing and understanding its many facets also means we can catch a glimpse of the significance of the whole concept.

When the therapist is whole, real and congruent within the therapeutic relationship and the concept of congruence is seen in a holistic, non-dualistic way there are two results. The first is that there is an *openness for the actualising tendency not only within the client but within the therapist and in the therapeutic relationship thus giving access to immense healing potential*. The second is that any separation of the therapist's behaviour or communication from their state of being becomes an arbitrary split that serves no useful purpose. The question of

whether a therapist should or should not communicate their experience can shift to a more complex proposition: *How a therapist is whole, real and congruent will be determined by who the therapist is, who the client is, the quality of the therapeutic relationship, where they are in the therapy process and what is happening for the therapist and the client at that moment.*

## **The multi-faceted nature of congruence**

The concept of congruence is complex. Imagine a diamond. It has many facets. Each facet, carefully and sensitively cut is important in creating the diamond. Yet the integrity of the diamond comes from more than the skill with which each facet has been cut. Similarly, congruence is multifaceted, each facet needs to be honed and developed, all are needed to make up the whole and within the whole is something extra that goes beyond the separate facets.

### **1) The Core**

#### ***Being myself.***

This is the core of congruence - all facets stem from this. My being includes who I am at my very core, my soul and spirit, my identity and my personality.

This is my uniqueness. My intention is to bring the whole of my unique being into the therapeutic relationship rather than hiding behind a professional mask. People whom we trust, says Rogers '... are being what they *are*, ... we are dealing with the person himself, and not with a polite or professional facade.' (Rogers, 1967, p. 91). Being congruent in this way means that no two individuals will ever look alike. How much of myself I am able to bring into the therapeutic relationship will depend on my psychological maturity.

#### ***Psychological maturity***

Psychological maturity is about knowing ourselves, knowing our issues and blind spots, taking responsibility for our own behaviour and experiences, being a separate autonomous person whilst also being interrelational; acknowledging the separateness of the client and their right to be different from the therapist. Our self structure needs to be flexible enough to allow most of our experiencing to be accurately symbolised into our awareness ie our denial and distortion of experiences is minimal. Rogers' emphasises the need for this openness rather than defensiveness so that the therapist's communication conveys no ambiguity (Rogers, 1958 in Kirschenbaum and Henderson, 1990).

We need to be able to recognise when our client's concern's touch our own issues and conflicts; to assess when our issues impinge on the therapeutic relationship,

and to contain our conflicts during the therapy hour. Then we need an openness rather than a defensiveness, to reflect on that issue either alone, with a friend, colleague, therapist or supervisor. Developing our psychological maturity I believe is particularly important for the person-centred therapist. Rogers says '... the more psychologically mature and integrated the therapist is, the more helpful is the relationship that he or she provides. This puts a heavy demand on the therapist as a person.' (1980, p. 148).

Psychological maturity is related to the capacity for unconditional self regard. Openness to experiencing and accurate symbolisation of experience into awareness occurs only when we have unconditional self regard for that experiencing (Rogers, 1959).

### *Personal style of the therapist*

As unique individuals, therapists need to allow their personal style to

develop. Every person-centred therapist will appear different despite their shared belief in the actualising tendency and their commitment to genuine, empathic understanding and unconditional positive regard. Lietaer points out that 'Rogers thus emphasizes respect for each therapist's personal style. He does not want to put him in a methodological strait-jacket which would not suit his nature.' (Lietaer, 1993, p. 21). Rogers explains 'It is when the therapist is natural and spontaneous that he seems to be most effective.' He continues

Thus our sharply different therapists achieve good results in quite different ways. For one, an impatient, no-nonsense, let's put the cards on the table approach is effective, because in such an approach he is most openly being himself. For another it may be a much more gentle, and more obvious warm approach, because this is the way *this* therapist is. Our experience has deeply reinforced and extended my own view that the person who is able *openly* to be himself at that moment, as he is at the deepest levels he is able to be, is the effective therapist. Perhaps nothing else is of any importance. (Rogers, 1967, p. 185-186)

Congruence also requires a harmonious relationship between the therapists theoretical orientation and their personal style. A person-centred therapist's way of relating to a client is not based on using interventions, techniques or skills, but arises from her congruent embodiment of the conditions and who she is as a person. Rogers described how focusing on empathic reflection as a technique led to 'complete distortions' of person-centred therapy and a travesty of empathic understanding as an attitude (Rogers, 1975, p. 3). As soon as a therapist tries to *do* the conditions they are stepping out of the Person-centred attitudinal way of

being into a skill-based way of working. Yet if the therapist is *being* the attitudes then what might normally be considered a technique or intervention incompatible with the Person-Centred approach, will be experienced as an embodiment of one of the attitudes (Bozarth, 1984; Lago, 1998 personal communication).

## 2) The Facets

### *Being open to my moment to moment experiencing.*

When congruent, the structure of my self concept is fluid (or wide) enough that I accurately symbolise most experiencing into awareness. Some

experiences will arise from who I am as a person; others from who the client is; and still others from the interaction occurring between us. Experiences may also result from other aspects of the environment, for instance, the noise of traffic outside, the colours in the room, and so forth. I can access my experience to determine its potential significance for my client. Some of my experiences will reveal empathic understanding and unconditional positive regard for my client. Others will direct me elsewhere - for instance to the discomfort in my arms and shoulders following a heated disagreement with my partner, or the coldness I feel when with a client when previously the room felt warm. These awarenesses may tell me something about how my client is feeling or how I am responding to my client, or about myself separate from my client. Feeling uncomfortable or vulnerable may indicate an incongruence of mine has been touched by the client's exploration.

Natiello refers to this openness of the therapist as being a part of an 'authentic, connected therapeutic relationship' (1997, p. 7) that she believes is linked to the positive outcome of therapy. She refers to an openness to experiencing the client's frame of reference and also the therapist's own experiences in relation to the client or the therapeutic relationship (see also Rogers, 1959 and Brodley, 1998).

A therapist's willingness to talk about their own experiences will mean the therapist is open to the experience of being vulnerable. If a therapist can successfully balance vulnerability, openness to learning, having their issues touched, *and* maintain professional and ethical practices, there are several advantages. A therapist's openness and acceptance of personal vulnerability may facilitate the client's acceptance of their vulnerability. The resultant mutuality between therapist and client and the empowerment of the client appear surprising. By allowing himself to be vulnerable, and by allowing the client to teach him about his incongruence; our humanness, our sameness, the connection between two ordinary people is highlighted. As Rombauts states

Because of this kinship, it is not only me that holds a mirror to the client ..... but also the client who holds up a mirror to me, showing me what I am, feel and experience. Dormant aspects of myself, which I have barely or not at all realised in my life, can be touched upon and stirred up (Rombauts, 1984, p. 172).

The following example illustrates the benefits of this level of trust within the therapist, the client and the therapeutic relationship - from this personal opening, therapists become fully available to the actualising tendency and a greater healing potential for both therapist and client.

I had often felt frustrated with John when I could not make contact with him. In the past I had chosen to tell him about my feelings as I thought that I was picking up his unsymbolised experiences of feeling angry and although I expressed them as my own I hoped that he would recognise them and own his anger. I had stepped into the role of being the expert. Recently I realised that some or all of my anger is to do with my need for connection. When John withdraws - I miss that connection - it hurts and often I am unable to accurately symbolise my hurt or fear and only symbolise and communicate my anger. Having understood this, the next time John withdrew and I felt my frustration - I looked at *the edges of my awareness* and found my fear, my disappointment, my yearning for deep connection. The intensity of this was due to my unresolved incongruities, not to do with John, yet I felt it was important to say to John that when I looked a little closer at my frustration I also found I missed him and felt a little scared. John looked at me and quietly said 'I miss myself.'

#### ***How to be with our incongruities.***

As therapists we will at times be incongruent with our clients. Mearns and Thorne (1986) describe two types of incongruity: One is the incongruity between feelings and awareness of those feelings; the second is when the therapist is aware of their feelings but resists communicating them even though they are persistent and relevant to the client. Both types of incongruities are related to the therapist's unresolved therapeutic issues associated with their self structure.

Rogers' theory suggests that if the therapist who is incongruent within the therapeutic relationship remains unaware of her incongruence a negative effect on the client and the outcome of therapy will result (Rogers, 1957, 1959). However, therapist awareness through post-session reflections either alone or with a supervisor provides an opportunity to increase congruence thus improve the quality of the therapeutic relationship.

In discussion with a colleague, I realised the importance of the therapist communicating her incongruency congruently! This might even be more significant than expressing congruent communication (Haugh, 1998 personal communication). The therapist can choose to gain understanding of her incongruence away from the client and then openly and honestly share her

experience and its possible impact on the client. The therapist needs to be sensitive to where the client is in their therapeutic process. Will talking about their incongruity strongly interrupt the client's exploration or deepen it? Will the therapist's exploration of their incongruity be an expression of holding all three conditions at the same time?

I had been seeing Mike weekly for several years. He had been depressed for much of this time and occasionally out of touch with reality. He was highly critical of himself and quickly felt helpless and hopeless. In this session he talked about how different his perception of himself was from that of others. His colleagues saw him as capable and suitable for promotion; yet he felt he knew and did nothing. I initially thought I was staying with him and congruently maintaining my empathic and accepting attitude but as I became aware of my slight discomfort, I began to realise my subtle criticism towards him. My reflections were emphasising how negative he was being about himself and how he had created something with no way out. Though intending to step into his frame of reference, my reflections were contaminated by my judgmental and critical frame of reference.

I believed that my attitude of subtle criticism was at least partly responsible for his 'stuckness' so I decided to tell him about my incongruence. He responded by telling me how he felt as though I thought he should be able to change. I told him I had thought that. I realised my difficulty in staying with his impotence, his helplessness, his vulnerability was connected to issues that I had been facing in my life recently. I knew discussing my issues would take him away from his experiencing. I did decide to tell him how I felt I needed to stretch myself in some way in order to learn to be with him and accept him as he was. I felt it was as if he was in some way waiting for me to learn something. As I was talking he nodded a few times but he said he thought he must be a very difficult client. At this I wondered whether he had distorted what I had been saying to fit his negative view of himself. I said that wasn't what I had meant; rather I wanted to own my difficulties arising from inside of me.

After the session I felt good about telling him about how subtly critical I had been, but was (and remain) uncertain about the appropriateness to share my need to stretch myself, even though I know what I said was connected to my understanding and unconditional positive regard for him. Still the session was pivotal, for afterwards he came out of his depression, and began to see himself more positively, realising he was capable of changing how he was in the world. Maybe my honest communication of my incongruence, being open to being vulnerable, acknowledging my mistake with him and not needing anything from him had a significant effect - maybe he felt deeply met by another real, human being.

### *Genuine empathic understanding and unconditional positive regard*

Being congruent, being real, means empathy and unconditional positive regard will be genuine. A client's trust of a therapist's empathy and unconditional positive regard only occurs when the therapist is real and genuinely interested in her and her experiences. As early as 1946 Rogers made the point that without this genuineness, empathy becomes merely a technique and unconditional positive regard can become patronising or arrogant (Rogers, 1946 quoted in Rogers, 1951, p. 30). Brodley believes the therapist's state of congruence allows them 'to succeed in his intentions to experience unconditional positive regard and empathic understanding.' (Brodley, 1998, p. 3) Bozarth states strongly that the therapist's congruence must not interfere with the 'client's self authority and determinations,' that it is rather a preparation of the therapist to experience the other two core conditions (Bozarth, 1998). OuA therapist's congruence sets the upper limits of their ability to hold the attitudes of empathic understanding and unconditional positive regard.

### *The Therapist's Behaviour*

Behaviour is what is observable, it is the external manifestation of the internal processes of an individual. Many terms have been used when writing about therapist's behaviour - self expressiveness (Rogers, 1961), transparency (Lietaer, 1993)), authenticity, genuineness and realness (Haugh, 1998), congruent communications (Brodley, 1999), self disclosure, self involving, immediacy and the therapist's communication.

The significance of the therapist's behaviour, whether it is verbal or non-verbal, is that this is what the client observes and receives. Rogers links trustworthiness with being dependably real and goes on to ask 'Can I be expressive enough as a person that what I am will be communicated unambiguously?' (Rogers, 1961, p. 51).

A therapist's behaviour includes her own style of communicating and interacting based on her way of being and personality. It will speak to others of his realness, his need to defend or need to mask thoughts and feelings. Behaviour is part of our congruence/incongruence and will demonstrate our level of psychological maturity.

There has been considerable debate as to what may be considered appropriate self expressiveness for a person-centred therapist. Rogers' writings reveal

some inconsistencies regarding this. Sometimes he emphasised expressing feelings only when they are appropriate, persistent, or limiting to the therapist's experience of empathic understanding and unconditional positive regard (Rogers, 1959, 1967). Other times he emphasised the need to express feelings that 'are not regarded as ideal for psychotherapy.' (Rogers, 1957, in Kirschenbaum and Henderson, p. 224). Still other times he stressed the necessity to express 'negative attitudes' (Rogers and Sanford, 1984, p. 1381) in order to promote the realness of the relationship. He suggested caution and yet advocated for spontaneity, realness and being oneself.

Lietaer (1993) believes that Rogers views on communicating congruence changed significantly in the late 1950's. Both Brodley (1998) and Bozarth (1998) strongly contest this view. Throughout his career, Rogers promotes therapists being whole and real, to include expressing 'difficult' therapist experiences (Rogers, 1957, 1967, Rogers and Sanford, 1984, Baldwin, 1987). I believe that while he did not alter his basic theoretical statement (Rogers, 1957, 1959); Rogers appeared to become more accepting of himself as he grew older - particularly with regard to some of his feelings. Consequently, he sometimes became more self-expressive when it felt right within the relationship, for instance telling Gloria (1965) she 'seemed like a pretty nice daughter' to him.

Various guidelines have been established to help therapists decide whether or not to express their experiencing to the client. For Rogers, the answer resided in the relevance and appropriateness of the experience in the therapeutic context (Rogers, 1959, 1967). Mearns and Thorne (1986) say 'when it is in response to the client's experience' (p. 81), 'when it is relevant to the immediate concern of the client' and if it is 'persistent or particularly striking (p. 82). Lietaer (1993) and Brodley (1998, 1999) have also described careful guidelines.

The problem inherent in using these guidelines is that assessing appropriateness and timing moves the therapist into a position of expert, and out of a mutual encountering relationship. Rogers explores how actively thinking about and being directed by theory while with clients is detrimental to the quality of practice. He says '... the particular theory of the therapist is irrelevant, and if it is in the therapists consciousness at that moment, is probably *detrimental* to therapy. What I am saying is that it is the existential encounter which is important, ...' (Rogers, 1967, p. 186). Rogers clearly advocates trusting ourselves to be natural, real, and spontaneous.

In her erudite discussion of congruence Brodley (1998, 1999) distinguishes

between congruent communications, 'persistent nontherapeutic experiences' (1998 p. 88) and 'countertherapeutic feelings' (p. 89). According to Brodley, experiences need to be communicated with an intention to experience empathic

understanding and unconditional positive regard. They are expressed from the therapist's frame of reference, and involve feelings and meanings rather than made as a statement of external fact. However, some of what Brodley would call 'countertherapeutic feelings' I do not.

For example if a client speaks about asserting himself in a way in which I am unable, and I start to feel jealous and angry, my awareness of these feelings should lead me towards reflection and exploration of my unresolved issues away from the therapy session. These feelings if expressed are likely to be countertherapeutic feelings and Brodley and I agree. However, consider a different scenario wherein my client has been increasingly imploring for me to tell her what to do. I begin to feel exasperated by her apparent helplessness to self direct. I express my feelings gently, taking responsibility for them, and at the same time understanding, accepting her, telling her how I have been experiencing her and how I feel as a result. Initially she is defensive; then she starts to cry and says how tired she feels always being busy and being there for other people. She needed to be looked after by somebody. Here, my feelings of exasperation are not countertherapeutic. My realness facilitated or enabled my client to be real as well. She identifies her tiredness and deep need to be looked after. I often observe that when real feelings are discussed openly and sensitively by me - the client takes a significant step in their self directed exploration.

A student of mine left a person-centred therapist because he sought a more interactive relationship. There are some clients who need a more interactive 'dialogic' communication with their therapist. I believe that without diagnosing our client but by being centred into our own being *and* being able to step into their frame of reference we can respond to their particular or changing need with a *different* style of communicating. This is a similar idea to Bozarth's 'idiosyncratic empathic responses' (Bozarth, 1984) and Raskin's 'unsystematic responses' (Raskin, 1988).

Through ones developing congruence, a therapist is first able to be fully present for themselves. A therapist needs to be aware of and have access to their experiences, their awarenesses, their values, beliefs - their own frame of reference. Then from this authentic position they are able both to step into their client's frame of reference via their attitudes of empathic understanding

and unconditional regard, and sometimes choose to express themselves from their own frame of reference. Both their own frame of reference and their client's frame of reference are available to them.

I have a client who, when exploring something about which she feels vulnerable, I gently stay with her, genuinely checking my understanding of her experiencing and the meaning and significance of this to her. When her vulnerability is

extreme I stay very close to using her words. Other times I am highly interactive with her, telling her how I see the world, telling her about some of my related experiences. She says 'I hadn't seen it like that' or 'no that wouldn't work for me I'm different from you'. She and I move quite freely from these different ways of being with each other. I am not consciously deciding, hence not diagnosing or becoming the expert, rather following where she is via my empathic understanding and acceptance of her.

This way of working is characterised by the therapist:

- *being the whole of themselves in the relationship*
- *being open to their own frame of reference and their client's via their empathic understanding and unconditional positive regard*
- *having a belief in the actualising tendency within the therapist, the client and within the relationship*
- *having a flexibility to respond in different ways that arise from a complex and subtle interplay between who the therapist is, who the client is, the quality of the therapeutic relationship, the stage of this relationship and what is happening for the therapist and client in any particular moment.*

The result of this will be a release in the therapists ability to deepen their empathic understanding and unconditional positive regard. The significance of working in this way is that the actualising tendency works not only through the client but in addition through *the therapist* and *the therapeutic relationship*. This means a *much deeper healing potential* can be accessed.

Sometimes this idiosyncratic, unsystemised therapist behaviour can appear to be unusual, bizarre and even unprofessional.

- In a session with one client, I gave information concerning Building Societies who were trying to keep their existing customers due to the competition between mortgage providers. He could therefore approach them from a position of strength.
- With another client, at the end of a session I sat her down in the kitchen and gave her a bowl of homemade soup to eat.
- With Lana I did grounding exercises so that she could feel her feet on the ground and her behind on the seat before she left.

I have deliberately not given any supporting information to these events with some of my clients to emphasise the point. The therapist behaviour may well seem strange unless you believe the therapist's behaviour arose from her full, unique presence and understanding accepting interaction with a specific client arising at that particular time. Natiello writes 'Each therapeutic interaction is an unpredictable result of the spontaneous process between therapist and client' (Natiello, 1997, p. 2).

### ***Limits and concerns regarding therapist's expression***

To return to the question what is appropriate therapist self expression? Although Brodley (1999) attempts to delineate the limits regarding therapist communication, this complicated question sustains no definitive reply. Some therapist behaviour is inappropriate. There are always limits.

Our ethical codes of practice give us some guidelines to what is appropriate or not. Having a sexual relationship with a client, hitting a client, and stealing from a client I believe would never be appropriate. The person-centred philosophical position also gives the therapist guidelines for what is appropriate therapist behaviour or self expression. The fundamental philosophical position for the Person-Centred therapist is a belief in the actualising tendency. The client can be trusted to self direct. This under pins a willingness to give up the common therapeutic position of being the expert for one of mutuality. Our way of being congruent in the therapeutic relationship needs to, at best, facilitate the client's connection with the actualising tendency and at the very least, not interfere with it. Our way of being congruent needs to promote the mutuality of the therapeutic relationship.

One concern regarding incongruent self expression or inappropriate therapist behaviour is that the therapist subtly controls the therapeutic process in order to satisfy their own needs, reflecting misuse, and in extreme cases abuse of therapeutic power. Another concern is that by the therapist keeping access to their own frame of reference and sometimes expressing themselves from their frame of reference they will become an expert and the client's ability to self direct will be thwarted.

It is the responsibility of each therapist to self reflect and self monitor these concerns. In the UK it is a requirement for every therapist, even when qualified, to have ongoing supervision. I see this as vitally important for the continuing development of a therapist's congruence and an integral part of

their professional development. Most Person-Centred therapists keep present their philosophical position by emphasising the congruent therapist stepping into the client's frame of reference via their empathic understanding and their unconditional positive regard. I realise I am suggesting something riskier. To walk this riskier path the therapist needs to be committed to developing their psychological maturity by self reflection, meditation, personal therapy, trainings, supervision, large group experiences, holistic health programmes - cranial osteopathy, shiatsu, Chinese medicine, etc. Then when they are with their clients they can relax, bring their whole, real, congruent self to the existential meeting with their client.

### 3) The 'Whole beyond the Facets'

In being aware of our experiencing moment by moment, by having a flexible self structure to allow the maximum amount of our experiencing into our awareness, by working at the edge of our awareness, by being able to shift from the logical rational, view of the world to an intuitive, open, yielding view, by opening to allow the actualising tendency to flow through us, we have experiences of ourselves, our client and of the therapeutic relationship which we sometimes do not understand. We do not understand, in the ordinary sense, where the images, feelings, and words we are saying have come from.

There is a potential moment by moment of a meeting between client and therapist that taps into something which transcends the relationship between client and therapist. I think this in part is what Bozarth is drawing on when he writes about the idiosyncratic empathic response (Bozarth, 1984) and also when he emphasises the significance of the therapist 'being' in the relationship rather than 'doing' (Bozarth, 1992). It is only when we are functioning at this 'being' level that we can tap this potential. This is what I am wanting to access by feeling free to be the whole of myself in my relationship with my client: letting my congruent communications arise from the spontaneous interactions between myself and my client whilst being 'held' by something larger.

I believe what I am describing here is also what Rogers has referred to as there being 'something around the edges of these conditions that is really the most important element of therapy' (Baldwin, 1987, p. 45) and by his much quoted statement about presence,

I find that when I am closest to my inner, intuitive self, when I am somehow in touch with the unknown in me, when perhaps I am in a slightly altered state of consciousness in the relationship, then whatever I do seems to be full of healing. Then simply my *presence* is releasing and helpful ... when I can relax and be close to the transcendental core of me, then I may behave in strange and impulsive ways in the relationship, ways which I cannot justify rationally, which have nothing to do with my thought processes. ... Our relationship transcends itself and becomes a part of something larger. Profound growth and healing and energy are present. (Rogers, 1986, in Kirschenbaum and Henderson 1990, p. 137).

Rogers basic philosophical stance based on the formative tendency in general and the actualising tendency in particular leads him to believe that if a person is functioning well, there is not a self-conscious awareness, ie, there is not a disassociation between experience and awareness. When there is this

congruence, then there is this openness and trust in some universal principle and then 'man is wiser than his intellect' (Rogers, 1963, p. 18).

In Rogers (1980) extrapolation of the growth hypothesis he states his belief ' . . . to knowing and sensing below the level of consciousness, to a conscious awareness of the organism and the external world, to a transcendent awareness of the harmony and unity of the cosmic system, including humankind' (p. 133) and 'participating in a larger universal formative tendency' (p. 128). It shows a 'greater complexity' (p. 128). Van Belle (1990) adds 'This is now no longer the impulse of life only but of the universe as a whole' (p. 54). At these moments our openness and belief in the actualising tendency (in the universal life force/God/the infinite - insert your term of choice dependent on your own philosophical stance on life) is so total that we suspend our rational thought. We step into a different dimension. In shamanic practices this is called shifting from the tonal (everyday existence/reality) to the nagual (the spiritual/the other) reality, (Castenada, 1968, 1973; Sanchez, 1995). If we have or can develop this ability then the healing potential that we can access is unlimited.

## **Therapists Tasks**

What I am promoting is no soft option where the therapist can

indiscriminately self disclose and meet their needs at the expense of their client. To work in this way the therapist needs to be deeply committed to her own self development - always moving towards greater congruency and psychological maturity by developing her self acceptance and self understanding. She needs to know her own needs and fears so she can minimise the impact of these in her meeting with the client. She needs to offer unconditional self regard to more and more of her experiencing so she is centred in her own experiencing. By being centred in her own experiencing at any moment she is able to empathically understand and accept her client's experiences and have access to her experiencing that originate's in who she is. She needs to develop the flexibility and trust in herself to sensitively respond in different ways arising from who she is and where her client is at that moment. She needs to develop a deep belief in the actualising tendency both in herself and her client.

*The therapists tasks include a deep commitment to develop her congruence and psychological maturity, a willingness to learn about theoretical considerations and discuss their significance in practice, reflecting with peers, supervisors and therapists about her learning edges. She needs the ability to suspend this dialogue whilst in the moment to moment encountering with the client - to trust that she is being the best she can be at any moment - and to afterwards renew the process of reflection and learning.*

## **Conclusions**

Congruence is holistic and multifaceted. Each facet of a diamond is significant but it's brilliance comes from it's whole. Congruence has a core, it's facets and the 'whole beyond the facets'. The core is related to being myself, to my level of psychological maturity and my personal style. The facets include an openness to experiencing, an awareness of experiences free of denial and distortions, the therapist's behaviour and an ability to offer genuine empathic understanding and unconditional positive regard. The 'whole beyond the facets' means a healing potential can be accessed through an openness to the actualising tendency within the therapist, the client and the therapeutic relationship and beyond into the interconnectedness within the universe.

Most literature on congruence has addressed the relevant importance of congruence in relation to empathic understanding and unconditional positive regard, whether congruence only refers to the internal state of the therapist and what is appropriate therapist self expression. Congruence's

holistic and non-dualistic nature shifts the focus. Any separation of the therapist's behaviour or self expression from their internal state becomes meaningless. There is no one 'right' answer to what is appropriate therapist self expression or when and how to communicate congruence. Focusing on the 'doing' distracts from the 'being'. *The therapist's congruence will arise from the subtle and varied interaction between who the therapist is, who the client is, the quality of the therapeutic relationship, the stage of this relationship and what is happening for the therapist and client in any particular moment.*

This is not advocating the promiscuous expression of so called 'congruence' where the therapist blurts out her (incongruent) feelings or becomes the focus or the expert. Nor is it when the expression of therapist needs directs the therapeutic process. I am supporting the *principled* use of congruence where the therapist has an openness to the actualising tendency within herself, the client and the therapeutic relationship. This openness is also for her experiencing. This allows her to be maximally receptive to her client via her empathic understanding and unconditional positive regard. She has a flexibility, a maturity and trust in herself to respond in different ways that arise out of that moment to moment encountering between client and therapist. This flexibility emerges from her own deep experiencing of herself and her client; from her extended belief in the actualising tendency to include herself and the relationship rather than within the client alone; and from her acknowledgement of an interconnectedness within the universe from which to draw and with which to connect. In so doing the therapist will access a wisdom and embrace unlimited healing potential for therapist and client.

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