

Personal Presence in Client-Centered Therapy¹

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***Abstract.** This paper presents two conceptions of "presence" found in Rogers' writings about client-centered therapy. The first conception is a naturalistic one emphasizing the openness and immediacy of the therapist in the relationship. The second builds on the first, adding an element of spirituality or mysticism. Expressing my rejection of Rogers' second conception, I discuss the phenomena of presence and compare Rogers' spiritual or mystical interpretations to my own naturalistic interpretations of similar experiences. Finally, I describe a small pilot study of presence that shows the concept can be meaningful to clients.*

Overview of the Concept of Presence in Client-Centered Therapy

Over the course of his career, Carl Rogers ascribed two different meanings to the concept of "presence" in client-centered therapy² (CCT). The two conceptions have different implications for the practice and the development of theory. The first meaning Rogers gave to presence does not refer to the term but is implied by condition numbers one and six in his explicit (and generic) theory of therapy (Rogers, 1957). This conception refers to the therapist being in a relationship with his client. It also refers to the therapist's feelings of being all there, completely engaged and absorbed in the relationship with the client (Rogers, 1965, p. 23; 1977a, p.1 & p.21). The therapist is not distracted, nor preoccupied, but is focused on the client, empathically interested in the client, and congruent in relation to the client. This first meaning of presence emphasizes the idea that the therapist is there with the client, a genuine companion, "face-to-face" (Schmid, 1998). Additionally, the therapist is personally integrated and authentic - is what he or she appears to be.

Late in his life, Rogers posited presence as a cause of therapeutic change. During an interview of him concerning the role of self in therapy, Rogers (in Baldwin, 1987) said: "When I am intensely focused on a client, just my presence seems to be healing ...[w]hen my self is very clearly, obviously present...and I think this is probably true of any good therapist (p. 45).

In his late writings, Rogers also referred to presence as a cause of healing in groups as well as in individual therapy. Concerning a large group experience in South Africa, Rogers (1987) wrote dramatically: "My understanding and my presence helped them to drain the

infection, the festering pus out of their internal wounds, and to let the healing process begin (p. 11).

The second meaning Rogers gave to "presence" emerged in the last twenty years of his life. He injected supernatural elements into the concept that had not been included in his earlier use of the term (e.g., Rogers, 1980a). This second meaning is based on the first meaning of presence, but adds spiritual or mystical elements.³ Rogers (in Baldwin, 1987) said:

...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. At those moments it seems that my inner spirit has reached out and touched the inner spirit of the other. Our relationship transcends itself, and has become part of something larger. (p. 50)

Rogers expressed this spiritual or mystical direction in several of his writings (e.g., Rogers, 1980a, p. 129). Granted, statements in his writings, such as "the transcendental core of me" (p. 129), could be interpreted as metaphors.

This writer and others, however, believe Rogers' statements such as "...experiences in therapy and in groups...involve the transcendent...the spiritual" (p. 130) make it clear that he intended us to understand he was interpreting certain experiences as supernatural. He was expressing a new spiritual or mystical direction in his thought and in his feelings about therapy (e.g., van Belle, 1990; Hart, 1997; 1999; Schmid, 1998; Wood, 1998). Rogers' spiritual or mystical interpretation of his own therapeutic experiences appears to have emerged, in part, out of his work with large community meeting groups (Rogers, 1980b). In discussing groups he refers to a "transcendent aspect" (p. 196), with "overarching wisdom of the group" (p. 196). He also refers to "the presence of an almost telepathic communication" (p. 196). He comments that his "relationship with others in the group transcended itself and became part of something larger" (p.197). Also, he described "awareness of together being part of a broader universal consciousness" (p. 197). These and other statements suggest Rogers' intellectual movement was toward what van Belle (1990) terms "mystical universalism," involving belief in a supernatural reality.

Although Rogers was not conducting individual psychotherapy with regular clients during the final twenty years of his life, he gave frequent demonstrations of his way of doing individual CCT for training groups. During that last phase of his life's work, sometimes he interpreted one-to-one therapy as involving spiritual or mystical experiences as indicated in the quote above. Despite my great admiration for Rogers, I reject his mystical or spiritual interpretations of presence and his mystical or spiritual interpretations of experiences in therapy. I believe this development in Rogers' thought is interesting biographically. In my opinion, however, it should be ignored in the further development of client-centered or person-centered theory and ignored in the practice of client-centered therapy. I think Rogers' mystical or spiritual interpretations of therapy may lead to serious damage, even destruction, of the nondirective and client-centered essence of CCT.

The naturalistic meaning of presence, however, is relevant to understanding CCT. It may also lead to some research. In this paper I shall not explain my concerns about Rogers' mystical or spiritual ideas which I have written about elsewhere (Brodley, 2000 in press).

Instead I shall describe certain events that I view in a naturalistic light - ones similar to those that Rogers referred to as spiritual or mystical. I shall discuss the naturalistic meaning of personal presence and the role of natural presence in therapy. I shall also describe a short pilot study based on the idea of naturalistic therapeutic presence.

Naturalistic Presence

Naturalistic presence can be viewed as a determinant of therapeutic change apart from the mystical context in which Rogers expressed it. From the early phase of Rogers' (1951) theory of therapy, clients' perceptions of the therapist were crucial to therapeutic effectiveness. Naturalistic presence is a concept that extends and elaborates on the crucial role in CCT of clients' perceptions of the therapist.

In remarks made very late in his life, Rogers described being present as a basic goal for himself as a therapist. Even then he expressed the idea of presence in terms of his non-spiritual theory of the "necessary and sufficient conditions" (Rogers, 1989) for therapeutic change. He said:

I think that if the therapist feels "I want to be as present to this person as possible. I want to really listen to what is going on. I want to be real in this relationship," then these are suitable goals for the therapist....The goal has to be within myself, with the way I am. (Rogers in Baldwin, 1987, p. 47)

Rogers' goal of being present fits into basic and naturalistic client-centered theory. CCT includes the concept of naturalistic personal presence. The therapeutic benefit of presence results from the way the therapist lives, exudes and expresses the totality of the therapeutic attitudes. These attitudes come across as an aspect of the therapist's self in interactions with the client over time. The basic meaning of presence to Rogers is the therapist being in the relationship with the client. She or he participates wholeheartedly, experiencing the therapeutic attitudes and directing attention toward the client to empathically understand the client from the client's internal frame of reference. Presence is spontaneous. It involves no intentions or deliberate actions to produce an image.

Natural Phenomena

I have had experience as a client-centered therapist for over forty years. When reading late Rogers, I notice that every situation in individual therapy, group therapy or encounter groups that Rogers describes as having a spiritual or mystical aspect all sound familiar to me. His experiences seem like experiences I have had many times while doing individual therapy, and with groups. However, I do not interpret my similar experiences as spiritual or mystical. Instead, I perceive and interpret these experiences naturalistically. I interpret no spirituality, no transcendent reality, nor any kind of supernatural reality or mystery in the experiences. Where Rogers interprets "transcendence," I see normal human experiences, devoid of any supernatural implications. They are down-to-earth experiences that occur under certain conditions.

For example, some individuals in a group may come to have the feeling or impression that the group members are thinking in harmony. They may feel an emotional connection

among all the persons who are present. Rogers quotes a participant who said people “felt, and spoke for one another..., without the usual barricades of 'me-ness' or 'you-ness'” (Rogers, 1980, p. 129). This is a kind of experience that occurs from time to time in large groups that have many of the following characteristics. Many of the participants share similar humanistic values or ideologies. They have been hashing out conflicts over many hours together. They have resolved some differences; they understand each other better. Some people have probably expressed emotionally intense experiences in the group that the others have witnessed. They may have described past personal sufferings. They may have cried, shouted, showed rage. They have expressed compassion towards the suffering of other participants. The group members are probably tired, stressed from the lengthy, often intense, discussions and elated by the extent they have overcome some conflicts. It is not a surprise that some people may have unusual feelings after such experiences. Their imaginations are aroused. Especially if the group has been going on for many hours for several days.

I also perceive normal phenomena-- nothing spiritual, nothing mystical-- in individual therapy experiences. For example, an experienced CC therapist is immersed in the phenomenology of a particular client for many hours over many sessions. The client has been expressing himself very thoughtfully and emotionally. He reveals that his awareness of things about himself and his life is increasing, becoming clearer and becoming richer. The therapist feels she is in a somewhat altered state of mind in the sessions. She feels very tuned in and connected with her client. She thinks the client is feeling the same way towards her. The interaction between them has a flowing quality. Under these and similar circumstances, sometimes a therapist may be able to mentally anticipate the client's narrative content. The therapist may find she is accurately anticipating some of the client's thoughts or emotions. Sometimes she even finds she has mentally anticipated exactly what the client says next. Or she says what the client says, simultaneously with him. Or the therapist experiences a mental image that the client subsequently describes to the therapist. These can be understood as natural phenomena. They express a close and effective therapeutic relationship based on acceptance and empathic understanding.

Rogers interprets experiences similar to the ones I have experienced while conducting therapy, as illustrating a transcendent or spiritual reality. He says he feels his and his client's “spirits touching.” I recognize and feel closeness, but I never construe the events as “spirits touching” because I do not believe in the existence of inner spirits or supernatural contact between persons. Such events, that Rogers interprets spiritually, do not appear to me (nor to some other experienced CC therapists) to be supernatural, spiritual, transcendent, mystical, magical or esoteric. I do not believe any of my therapy experiences are related to a supernatural existence. They are normal psychological events that occur commonly under certain interpersonal circumstances. They are natural phenomena that emerge among members of a group, or emerge out of the therapist and client being engaged together in a particular manner.

The therapist's strong presence is a natural result of working well with some clients. In one of my therapy relationships, my client described the experience of perceiving a sense of light glowing from my body, especially from around my head. My “glow” made him feel happy and safe, when I entered the therapy room. We had a very good working relationship. I felt a strong sense of attunement with the client and I liked the client. He felt I was helping him. The client himself did not interpret the phenomenon of my glow as spiritual. He told me he thought his visual experiences of me were only in his perceptions. He thought they were

the result of his perceptions of some of my personal qualities and his strong feelings about me.

Another client reported in a session late in our therapy, that it was the first time she was aware of anything in the room other than me. It had seemed to her that we were in a space surrounded by nothingness. Her focus had felt so totally attracted to me that she hadn't been aware of anything else for months! At that point she noticed some art objects and books in the room that had been there all along.

Another client remarked that she always experienced me as having a "joyful" expression. She said she perceived it even when she was talking about painful things and when I was understanding her pain. She told me my joyfulness gave her hope in the midst of the expression of her worst feelings. In this case I was very surprised, and concerned that my presence sometimes might give her the impression I was indifferent or distant from her. But she apparently did not take it that way. I do feel there is truth in her perceptions of me because doing therapy always makes me happy. Perhaps my happiness comes through to some of my other clients in their perceptions of my presence. Perhaps it contributes to my therapeutic effectiveness with them.

Beliefs

Belief in a mystically apprehended reality, in a religion, in spirituality, as well as in agnosticism or atheism, is a personal matter. When conducting therapy, religious or supernatural belief systems-- like all of a therapist's individual opinions, beliefs and desires-- must be discriminated from what clients are trying to communicate to us. We want to understand and respond to the client from his own perspective, unbiased by our own beliefs (Schwarz & Bonner-Schwarz, 1999). Client-centered therapy facilitates the unique individual and his idiosyncratic way of moving towards therapeutic change. As a CC therapist I want to be vigilant about my own emotional and ideological investments. I do not want them to distort my empathic understandings nor inadvertently influence my clients. It is part of basic therapeutic responsibility to protect my clients from my private interpretations of reality unless the client requests I share with him such information.

Personal Presence

Personal presence is a natural and universal phenomenon. All living persons involuntarily express or emanate a presence. A person's presence is interpreted by others as a manifestation of their self-- their individuality. Presence is made up of physically perceptible qualities of a person that are picked up by the senses of others when others observe them. Presence is a set of perceptions of physical events in and on the body of a person. The observer's perceptions blend together into an impression. An observer is probably not aware of all the details that make up their impression of someone's presence because perceptions of presence tend to be holistic experiences. Thus presence basically refers to manifestations of a person that are perceived by the senses, but it also depends upon the observer's perceptual receptivity and the meanings the observer ascribes to his perceptions. The observer generalizes his whole impression of the person's presence. It is an appearance seeming to reveal the person's self, personality or character.

Therapeutic presence in client-centered therapy

Client-centered therapeutic presence is the result of the therapist's ability to be present to the client. This means the therapist gives himself to bringing forth certain of his capabilities in the relationship. These are capabilities for self-integration and self-awareness. They are capabilities for acceptance of another person and capabilities for empathic understanding of another person. The therapist is willing and able to be completely engaged with the client. She is willing to be undistracted and deeply focused on the client in order to understand the client's inner world as the client reveals it.

These typical efforts of the CC therapist produce a presence that is perceptible, often noticed, and whether consciously noticed or not, this presence is taken in by clients. The therapist, however, does not deliberately communicate therapeutic presence. Presence is the inadvertent effect of a CC therapist experiencing, and constantly maintaining, certain attitudes and expressing behaviors that convey those attitudes.

The sixth of Rogers' necessary and sufficient conditions of therapeutic personality change (Rogers, 1957), refers to the client's perception of the therapist's attitudes of unconditional positive regard and empathic understanding. The therapist's presence, the qualities that emanate from the therapist, are the medium for the client's perceptions of those conditions. Therapeutic presence probably also includes the other qualities that are part of the whole set of values involved in CC therapy. These include the therapist's respect for the client, and trust in the client and the therapist's transference as a person in relationship with the client.

Presence not a focus for training

Therapeutic presence is important in clients' perceptions and the therapeutic benefit of the therapy. However, there is not much of a practical nature implied by the concept of presence for functioning as a CC therapist nor for training CC therapists. It may be a helpful construct in that it reminds the therapist to be present. It may remind him to develop an undefensive, open capacity that he can bring to therapy with clients. It probably does not add much to understanding how to function as a CC therapist.

Efforts to help therapists further develop the client-centered therapeutic attitudes should focus on helping them to understand the subtle meanings of the therapeutic attitudes. Training should focus on how a therapist may experience the therapeutic attitudes and on how a therapist may overcome personal obstacles to those experiences. Training should not focus therapists' attention on presenting a presence. If a therapist has developed the therapeutic attitudes and is relatively constant in experiencing them, she or he is likely to manifest a presence that has a perceptual potency to clients.

Presence in research and a pilot study of therapeutic presence

There is an implication of the "natural presence" concept for research. I doubt, however, that it contributes much to familiar methods of studying client-perceived qualities of the therapist such as those studied in relation to outcome (Rogers & Dymond, 1954). In any case, it is a slightly different angle on the issue of how the therapist is perceived by clients. Along

these lines, using the concept of “presence,” I have conducted a small pilot study using some of my own clients’ perceptions of me and their perceptions of a non-therapeutic person.

I asked eight (current and former) clients about their impressions of my presence while conducting therapy. I assumed that therapeutic presence is a gestalt or holistic impression that clients may experience and that could be discriminated into various qualities and described with words. The study’s subjects are people who have experienced me functioning as their therapist in several or in many interviews. Some have also observed me giving demonstrations of CCT in front of a class or group.

Method

First, I asked subjects to try to recall my presence as they perceived me when I was functioning as a therapist, and to write at least several words or phrases, but no more than 10 words, describing my therapeutic presence. Second, the same eight subjects were asked to produce as many as ten words describing the presence of a person with a non-therapeutic or counter-therapeutic presence. I asked them to recall a poor therapist they had experienced or observed.

Results

Responses to Therapeutic Presence.

I received in response to my inquiry about my presence 47 different words or phrases from the sample of eight clients. The subjects were all people familiar with client-centered theory, so it is not a surprise to find they use many words or phrases to describe me that relate to the therapeutic attitudes of the theory. They also use idiosyncratic words.

I. Words/phrases descriptive of my therapeutic presence that appear related to client-centered theory.

A. Words or phrases appearing to relate to Congruence:

trustworthy	calm
real	calm posture
sit and move comfortably	undisturbed
relaxed	centered
not ‘professional’	

B. Words appearing to relate to Unconditional Positive Regard:

caring	feeling
non-judgmental	never judging
sympathetic	acceptant
pleased to see me	a source of good will toward me

C. Words appearing to relate to Empathic Understanding:

interested	completely involved
attentive	empathic
remembers things about me	with me

D. Words appearing to relate to the Non-Directive Attitude:

allowing
indifferent to outcome
receptive

II. Words used to describe my therapeutic presence not related to the theory.

A. Words associated with Consistency and Reliability:

consistency of qualities	reliable
consistent	unambiguous
formal (in the sense of a	ready when I arrive
reliably structured experience	prompt (for appointments
in terms of time, space and	and in returning calls)
behavior)	

B. Other Personal Qualities:

alert	not self-focused
soft spoken	warm smile
not self-concerned	kind eyes
gentle	gentle voice
accommodating	calming
generous	

Responses to Non-Therapeutic Presence.

The same eight subjects produced 47 words or phrases describing the presence of a person who seemed to them to be non-therapeutic or counter-therapeutic.

I. Words for non-therapeutic presence that appear related to the therapeutic attitudes.

A. Words appearing to relate to Incongruent:

scared child	insecure
emotional	defensive
threatened	secretive
phony	rigid postures
fake smile	not trustworthy
flaky	comical

B. Words appearing to relate to not showing Unconditional Positive Regard

critical	angry
demanding	demeaning
judgmental tone	judgmental
subtly making fun	flip

C. Words appearing to relate to not showing Empathic Understanding

distracted	closed
non-listening	preconceptions
re-framing	betraying an attitude
does not attend to me and what I am saying	taking up a lot of psychological space

D. Words appearing to relate to not showing Non-directiveness

confrontational	manipulative
directive	paternalistic
coaxing	pushing a perspective
too sure of the value of what is offered	

II. Words for other non-therapeutic qualities of the person.

unkind	presumptuous
arrogant	self-concerned
self-invested	self-centered
vindictive	not intelligent (simplistic)
menacing	voyeuristically observant
trying too hard	over-serious

The clients in this study, who are at least slightly familiar with client-centered theory, produce a majority of theoretically relevant descriptive words or phrases for their perceptions of both therapeutic presence and non-therapeutic presence. The descriptors of my therapeutic presence included 57% of words or phrases that appear to relate to Rogers' therapeutic attitudes. The descriptors of a therapist with a counter-therapeutic presence included 65% of words or phrases that appear to negatively relate to the therapeutic attitudes. The subjects also described my therapeutic presence, and their recollection of a person with a counter-therapeutic presence, using idiosyncratic words. The descriptors for my therapeutic presence all express positive qualities. Those for the person with a counter-therapeutic presence all express qualities usually considered negative for a therapist.

The pilot study shows that a request for descriptive words or phrases for a therapist's presence has meaning to therapy clients. Clients who are familiar with the concepts of CC theory produce many descriptors that are related to the theory. Another study might explore whether CC clients who are unfamiliar with the approach produce similar descriptors. It is interesting that seventeen percent of the words the clients used to describe my presence seem to describe consistency or reliability. These are qualities that I feel are important to me in working with clients. Future studies might examine whether clients of other therapists describe presence with words that relate to qualities their therapists consider particularly important. Client descriptors can also be compared for therapists of differing theoretical orientations.

Conclusion

In my view, client-centered clients may perceive a distinctive naturalistic therapeutic presence when the therapist is congruent and is empathically and acceptantly focused on the client. The pilot study supports the postulate cited earlier: that although therapeutic presence is a holistic perception, clients are able to distinguish their therapist's presence into aspects and describe it by words that refer to many different qualities. Some of the therapist's physical manifestations that contribute to perceptions of presence are subtle, such as emotionally stimulated changes in skin tone or temperature. Some are more obvious, such as postural adjustments. A therapist's presence may stimulate a variety of different emotional and psychological impacts. Presence is perceived when the therapist's inner attitudes are expressed in perceptible physical events, and when the client is able to interpret those stimuli into perceptions of personal qualities. Presence may significantly contribute to therapeutic impact, as Rogers suggested.

- ¹ Prepared for the Conference on Presence in Bratislava, Slovak Republic, 5-9 October, 1999.
- ² The writer views "client-centered therapy" and "person-centered therapy" as alternative terms for the same practice. "Therapy" and "counseling" are also interchangeable terms.
- ³ These spiritual or mystical elements do not appear to have changed Rogers' therapy behavior. He did slightly increase the frequency of his therapist-frame responses (Brodley, 1994) in his last 20 years, but this seems unrelated to his spiritual/mystical interpretation of some events in therapy.

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