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 literature on congruence is offered. The metaphor of a diamond is used to symbolize 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 emphasized in relation to accessing, via the actualizing tendency, a greater healing potential and beyond--to something greater--an interconnectedness with the universe.

Introduction

Rogers’ concept of congruence evolved over time. His descriptions of congruence vary in different publications, and confusion results when attempting to understand the meaning he ascribes when talking about congruence within therapeutic relationships, interpersonal relationships, large groups, families, and so forth. The present paper addresses congruence solely within 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); and “... 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
While Rogers was working at the Chicago Counseling Center in the 1950s 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’ discussion on 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 in words and behavior. “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) publication on The necessary and sufficient conditions of therapeutic personality change is considered to be one of his primary theoretical statements. He proposes that “The second condition is that the client be in a state of incongruence, being vulnerable or anxious” (Rogers, 1957, p. 221). 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” (p. 222). 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. 221). Rogers explained this to mean that “…when self-experiences are accurately symbolized, and are included in the self concept in this accurately symbolized 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 symbolized 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 his nascent theoretical work, Rogers (1959) also 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 nearly two decades later (Rogers & Sanford, 1984), he says “Genuineness appears to be the most basic: the other two are important but probably less so” (p. 1378).
Is Congruence an Internal State or Does it Have an External Element?

In both his 1957 and 1959 theoretical statements, Rogers defines congruence in relation to experience and awareness. Both of these elements describe the therapists' internal state. Elsewhere, Rogers (1954, 1961, 1967, 1980, 1984; 1986), writes about congruence involving experience, awareness and the therapist's behavior 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." (authors italics) (Rogers 1954, in Rogers, 1961, p. 33).

In 1984, Rogers and Sanford present two changes in how congruence is conceptualized. 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).

The relative importance of congruence to empathic understanding and unconditional positive regard (UPR); and the issue of whether congruence is to be defined solely as the internal state of the therapist, or is defined by both internal state and therapist behavior has significant therapy practice implications. A presentation of person-centered literature addressing this question of therapist attitude/being, and therapist action/doing, and what constitutes appropriate therapist self expression is presented below (see especially, "Varying perspectives on the significance of congruence).

In concluding this summary of the internal and external dimensions of congruence it is important to consider that Rogers sometimes emphasizes that therapists should only express feelings when they are appropriate; or persistent; or limiting the therapist's experience of empathic understanding and UPR (Rogers 1959, 1967), while at other times he even stressed the necessity of expressing negative attitudes in order to promote the realness of the relationship. In support of spontaneity he says, "It is when the therapist is natural and spontaneous that he is most effective" (Rogers, 1967, p. 186), and "[T]he therapist is being herself, not denying herself" (Rogers and Sanford, 1984, p. 1381).

Current Perspectives on Congruence

Since Rogers, various writers have emphasized different qualities of congruence, and have offered varying interpretations regarding the externality or communication aspect of congruence. These sometimes discrepant definitions represent unique theoretical contributions within the person-centered community, and reflect the diversity of practice that is seen among individuals intending to maintain a person-centered stance.
Experiential Psychotherapists 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 Lietaer calls transparency (p. 18). Quoting Gendlin (1970), Lietaer (1993, p. 32) maintained that from 1955 to 1962 a shift occurred in the client-centered definition 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." Lietaer views this significant shift away from therapist's only expressing feelings that interfere with maintaining the core attitudes, and toward freer expression of 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 behavior 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). "[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 between verbal and non-verbal behavior. As long as the client is not aware of this, then there is no reason to distract the client from their own exploration. Although the therapist may choose to communicate 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 appears to be 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 (1992, p. 18) 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.” For Bozarth, congruence is a significant condition in its enabling the therapist to trust the client’s process completely and to 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.

Varying Conceptualizations Of The Significance Of Congruence

Discrepancies observed in the congruence literature may be categorized in the following list expressed as questions:

1) Does congruence include therapist behavior, expression, communication, or does it relate solely to the internal state of the therapist?
2) Is the exclusive purpose of congruence to support, deepen, or facilitate therapists’ development of empathy and UPR?
3) What constitutes appropriate verbal expression of congruence?
4) Do client’s need to perceive the therapist’s congruence?

According to Haugh (1998), one possible reason for confusion regarding the concept of congruence 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 be seen as the outcomes of congruence. A late definition of congruence presented by Rogers (1986, in Kirschenbaum and Henderson 1990, p.135), appears to encompass both experienced and expressed elements—“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.”

Ellingham has suggested that the problem resides in the Cartesian-Newtonian language used to define congruence (Ellingham, 1999). Indeed, when reading Rogers’ experiences in the therapeutic relationship (Rogers, 1961, 1967, 1980, 1986 and 1987) it is apparent that he is endeavoring to capture something hard to express—something inexpressible in dualistic, 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 actualizing 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 behavior 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 experiences 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 and what is happening for the therapist and the client at that moment.
The Multifaceted Nature of Congruence

The concept of congruence is complex. Imagine a diamond with its many facets. To create a diamond, each facet must be carefully and sensitively cut. Each facet is important for creating the diamond. Similarly, congruence is multifaceted. Each facet is needed to make up the whole. Something extra exists 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 behavior and experiences, being a separate autonomous person whilst also being inter-relational. The self structure must be flexible enough to allow most of our experiencing to be accurately symbolized into our awareness (i.e., denial and distortion of experiences is minimal).

We must be able to recognize when our client’s concerns touch our own issues and conflicts; to assess whether our issues impinge on the therapeutic relationship, and to contain our conflicts during the therapy hour. We then must be open to reflecting upon our issue either alone, with a friend, colleague, therapist or supervisor. Developing psychological maturity is particularly important for the person-centered 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). Characteristics of psychological maturity include openness rather than defensiveness; communication without ambiguity; separateness that allows client and therapist to feel uniquely; security in self that allows separateness and differentness; and sensitivity so that one's behavior is not perceived as a threat (Rogers, 1958). Psychological maturity is related to the capacity for unconditional self regard. Openness to experiencing, and accurate symbolization of experience into awareness occurs only when we have unconditional self regard for our experience (Rogers, 1959).
Personal style of the therapist

As unique individuals, therapists must allow their personal style to develop for congruence to develop. Every person-centered therapist will appear different albeit their shared belief in the actualizing tendency and their commitment to 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 requires a harmonious relationship between the therapists theoretical orientation and their personal style. A person-centered therapist’s way of relating to a client is not based on 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-centered therapy and becoming a travesty of empathic understanding as an attitude (Rogers, 1975, p. 3). As soon as a therapist tries to do the conditions, they step out of a person-centered 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-centered approach will be experienced as an embodiment of one of the attitudes (Bozarth, 1984; Lago, 1998 personal communication).

2. The Facets

Openness to moment-to-moment experiencing

When congruent, my self-concept structure is fluid (or wide) enough that I accurately symbolize 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 colors 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 understandings and unconditional positive regard. Others will instruct me elsewhere. The discomfort in my arms and shoulders following a heated disagreement with my partner. The coldness I now feel with my client, when previously the room felt warm, may tell me something about how my client is feeling, or about how I am responding toward her. Feeling uncomfortable or vulnerable may indicate an incongruence of mine 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 positive therapy outcome. Congruence is a core condition of openness to experiencing the client's frame of reference as well as to one's own experiences in relation to the client or the therapeutic relationship (Brodley, 1998; Rogers, 1959).

Several advantages result from a therapist's willingness to talk about their own experiences, which requires an openness to 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 client acceptance of 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, and the connection between two ordinary people is highlighted. States Rombauts:

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 how trusting ourselves, our client and the therapeutic relationship to this degree means that we open ourselves fully to the actualizing tendency and to 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 chose to tell him about my feelings thinking that I was picking up his unsymbolized experiences of feeling angry; and although I expressed them as my own, I hoped that he would recognize them and own his anger. I had stepped into the role of being the expert. Later I realized that much of my anger relates to my need for connection. When John withdraws I miss that connection-- it hurts and rather than accurately symbolizing my hurt or fear, I symbolize and communicate my anger. Equipped with this understanding, the next time John withdrew and I felt my frustration, I looked at the edges of my awareness and discovered my fear, disappointment, and yearning for a deeper connection. The intensity of my reaction had to due with my own unresolved incongruencies; not with John. Yet I felt it was important to tell John that when I looked more closely at my frustration I also discovered that I missed him, and that I felt a little scared. John looked at me and quietly said "I miss myself."

How to be with 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 incongruity relate to the therapist's unresolved 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 provides an opportunity to increase congruence and thus improve the quality of the therapeutic relationship.

In discussion with a colleague, I realized the importance of the therapist communicating her incongruency congruently! This might even be more significant than expressing congruent communications (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 must be sensitive to where the client is in their therapeutic process: Will talking about their incongruity strongly interrupt the client’s exploration? Deepen it? Will the therapist’s exploration of their incongruity be an expression of holding all three conditions simultaneously?

I had been seeing Mike weekly for several years. He had become on the edge of being “psychotic” for a few weeks prior to his having six months off work for depression. He was highly critical of himself and quickly felt helpless and hopeless. In this particular session he talked about how different his perception of himself is from that of others. His colleagues saw his 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 a slight discomfort with him, I began to realize my subtle criticism toward him. My reflections emphasized 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 attitudes were probably at least partly responsible for his “stuckness,” so I decided to tell him about my incongruence. He responded by telling me he felt as though I thought he should be able to change. I told him I had thought that. I realized that finding it excruciating to stay with his impotence, helplessness, and vulnerability was connected to issues that I had been facing in my life recently. Although talking about 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 is. I felt 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 if it had been appropriate 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, realizing he was capable of changing how he was in the world. Maybe my honest communication of incongruence, being open to being vulnerable, acknowledging my mistake with him, along with 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, permits ones empathy and unconditional positive regard to be genuine. A client’s trust of my empathy and unconditional positive regard only occurs if I am 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 patronizing or arrogant (Rogers, 1951, p. 30). Brodley believes that a therapist’s state of congruence allows him “to succeed in his intentions to experience unconditional positive regard and empathic understanding” (Brodley, 1998, p. 3). Bozarth states resolutely that the therapist’s congruence must not interfere with the “client’s self authority and determinations,” and that it is rather a preparation of the therapist to experience the other two core conditions (Bozarth, 1998). Congruence sets the upper limits of ones ability to hold the attitudes of empathic understanding and unconditional positive regard.

The Therapist’s Behavior

Behavior is what is observable. It is the external manifestation of at least some of the individual’s internal processes. Many terms have been used when writing about therapist’s behavior-- 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 behavior, 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).

Each therapist’s behavior is unique to them. Each smiles, use their eyes, talks and dresses differently. When training as a counselor, I was taught to sit squarely, in an open position, with a slight lean forward, maintaining eye contact and being relaxed! I now allow myself to be free to be me-- sometimes I sit cross legged or with my knees crossed. My style is to have fairly direct eye contact. I am highly expressive facially and bodily, and my voice changes from quiet and gentle to strong and direct. If I don’t understand something I might say “I don’t get that” whereas another therapist might say “I don’t intend to interrupt you, but I’m having difficulty understanding you.” That would be congruent for the other therapist, but not for me. A therapist’s behavior includes her own style of communicating, interacting, way of being and personality. A therapist’s behavior speaks to others of his realness, need to defend, and masking of thoughts and feelings. Behavior is part of the therapist’s congruence/incongruence, and it shows his level of psychological maturity.

There has been considerable debate as to what may be considered appropriate self expressiveness for a person-centered therapist. We have seen that Rogers’ writing reveals some inconsistencies regarding this matter. Sometimes he emphasized expressing feelings only when they were appropriate, persistent, or limiting to the therapist’s experience of empathic understanding and unconditional positive regard (Rogers, 1959, 1967). Other times he emphasized the need to express feelings that “are not regarded as ideal for psychotherapy.”
(Rogers 1957, in Kirschenbaum & Henderson, p. 224). Still other times he stressed the necessity to express “negative attitudes” (Rogers & 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 1950s. Both Brodley (1998) and Bozarth (1998) strongly contest this view. Throughout his career, Rogers promotes therapists being whole and real, to include expressing “difficult” experiences (Rogers, 1957, 1967, Rogers & Sanford, 1984; Baldwin, 1987). I believe that while he did not alter his basic theoretical statements (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) that she “seemed like a pretty nice daughter.”

Various guidelines have been established to help therapists decide whether or not to express experiences to a 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 put forth careful guidelines on the issue.

The problem inherent in using these guidelines is that assessing appropriateness and timing moves the therapist into the 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 and therapists’ expressions from their own frame of reference, Brodley (1998, 1999) distinguishes between congruent communications, “persistent nontherapeutic experiences” (1998, p. 88), and “countertherapeutic feelings” (1998, p. 89). According to Brodley, experiences need to be communicated with an intention to experience empathic understanding and unconditional positive regard. They should be expressed from the therapist’s frame of reference, and they should involve feelings and meanings rather than statement of external fact. However, some of what Brodley would call “countertherapeutic feelings” I do not. If my angry feelings toward a client are due to my own unresolved issues, then Brodley and I agree. If a client speaks of asserting himself in a way in which I am not capable, and I start to feel jealous and angry, my awareness of these feelings should lead me toward reflection and exploration away from the therapy session. These feelings are likely to be “countertherapeutic.” 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 just needed to be looked after by me. 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-centered therapist because she wouldn't interact with him enough. He wanted a more interactive relationship. Some clients need a more interactive “dialogic” communication with their therapist. I believe that without diagnosing our client, but by being centered 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. I believe this is what Bozarth refers to as idiosyncratic empathic responses (Bozarth, 1984), and Raskin refers to as 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, their 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. Another example illustrates. I have one client who, when exploring something about which she feels very vulnerable, I stay with gently, 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.

To be able to work in this way it can be put forth that:

the therapist needs to bring the whole of themselves into 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 actualizing 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, not only a release in the therapists ability to deepen their empathic understanding and unconditional positive regard. Additionally, connections with the actualizing tendency through the therapist, the therapeutic relationship and the client will
access a *much deeper healing potential*. Further instances of idiosyncratic, naturalistic responses provide evidence for the process.

- 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 emphasize the point that the therapist behavior may well seem bizarre or unprofessional unless and until you believe that what the therapist did came out of her full, unique presence and interaction with a deep understanding and acceptance of that specific client arising at that moment. 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 in theory and practice contexts, this complicated question sustains no definitive reply. Some therapist behavior is inappropriate. There are always limits.

Our ethical codes of practice give us some guidelines as 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-centered philosophical position also gives the therapist guidelines for what is appropriate therapist behavior or self expression. The fundamental philosophical position for the Person-Centered therapist is belief in the actualizing 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 actualizing 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 behavior 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 professional development and congruency of the therapist. Most person-centered therapists keep present their philosophical position by emphasizing the congruent therapist stepping into the client’s frame of reference via their empathic understanding and their unconditional positive regard. I realize I am suggesting something riskier. To walk this riskier path the therapist needs to be committed to developing their psychological maturity by self reflecting, meditation, personal therapy, trainings, supervision, large group experiences, holistic health programs (cranial osteopathy, shiatsu, chinese medicine) and so forth. Then, when they are with their clients, they can relax and 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 actualizing 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 when he emphasizes 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 actualizing tendency in particular leads him to believe that if a person is functioning well, there is not a self-conscious awareness, i.e., 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), "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 actualizing tendency (in the universal life force/God/the infinite-- insert your term of choice depending on your 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 our accessible healing potential 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 minimize 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 centered in her own experiencing. By being centered 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 originates in herself. 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 actualizing tendency both in herself and in her client.

The therapists task involves:

having a deep commitment to becoming more congruent and psychologically mature, a willingness to learn about theoretical considerations and to 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 its brilliance comes from its whole. Congruence has a core, its facets and the ‘whole beyond the facets’. The core is related to being myself, to my level of psychological maturit, and to my personal style. The facets include an openness to experiencing, an awareness of experiences
free of denial and distortions, the therapist's behavior, 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 a belief in the actualizing tendency within the therapist, the client, 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 behavior 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 blurs out her (incongruent) feelings or becomes the focus or the expert. Nor is it expression of therapists’ needs that direct the therapeutic process. I am supporting the principled use of congruence where the therapist has a belief in the actualizing tendency within herself, the client, and within the therapeutic relationship. She has an openness to her own experiencing and her own frame of reference. 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 a trust in herself to respond in different ways that arise out of that moment to moment encountering between client and therapist. This flexibility opens the therapist to draw from deep experiencing of herself and her client; from her extended belief in the actualizing tendency to include herself, from her client and the therapeutic relationship; and from her acknowledgment of a universal interconnectedness from which to draw and with which to connect. In so doing she will access a wisdom beyond her intellect alone, and embrace unlimited healing potential.

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REFERENCES


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