CONGRUENCE AND ITS RELATION TO
COMMUNICATION IN CLIENT-CENTERED
THERAPY

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ABSTRACT. The purpose of this paper is to discuss Carl Rogers' concept of congruence and its relation to communication. In the communication context, the concept of congruence is sometimes misunderstood as simply "matching"—matching symbolization to experience, or matching subjective symbolization to communication while its theoretical definition has been given insufficient attention. Communication in relation to congruence also has been misunderstood to involve saying what one is thinking or feeling in the moment.

Lack of attention to the theoretical definition of congruence, and the practice of misidentifying congruence as candor, lead to distortions in client-centered therapy and in person-centered group situations. In individual and other forms of client-centered therapy, the distortion shows up when therapists systematically state their own reactions to or thoughts about clients and justify the practice as a form of living the therapeutic attitude of congruence in the relationship. In regard to peer groups, the distortion appears when interpretations, accusations, and insulting communications are justified as "being congruent." It is necessary to grasp the theoretical definition of congruence in order to have an accurate picture of client-centered therapy (Haugh, 1998). In particular, according to Rogers, communications relating to congruence have specific restrictive and therapeutically relevant characteristics.

I shall attempt a partial exegesis of Rogers' writings on the concepts of congruence and experience. Understanding Rogers' definition of experience is necessary for understanding congruence. I shall also explain a theoretical basis for client-centered therapists (and practitioners of other applications of the person-centered approach) to adopt an attitude that leads to particular forms of communication relating to their congruence.

THE MEANING OF CONGRUENCE

The meaning of congruence in Rogers' writings changed somewhat over the years, and the different versions can provide rationales for different interpretations and applications of the concept. In effect, the precise meaning of congruence remains somewhat ambiguous. Additionally, Rogers' theory of therapy (1957, 1959) and his theory of interpersonal relationships (1959) present different functions of congruence. Thus, Rogers provided the
grounds for different interpretations of the concept and for different roles for congruence in psychotherapy and in work with groups within the client-centered framework.

Rogers did not use the term congruence or incongruence at all in his 1951 book, which introduced client-centered therapy. He did define adjustment and maladjustment in terms that he later used in his definitions of congruence and incongruence. Rogers (1951) defines adjustment in his chapter presenting a theory of personality and behavior in his proposition XV:

Psychological adjustment exists when the concept of the self is such that all the sensory and visceral experiences of the organism are, or may be, assimilated on a symbolic level into a consistent relationship with the concept of self (p. 513).

Proposition XIV expresses Rogers' definition of maladjustment:

Psychological maladjustment exists when the organism denies to awareness significant sensory and visceral experiences, which consequently are not symbolized and organized into the gestalt of the self-structure. When this situation exists, there is a basic or potential psychological tension (p. 510).

In the definitions above (and later ones) of congruence, Rogers refers to a person's openness to awareness of all organismic valuing experiences occurring at a given moment such that the person can accurately symbolize the experiences. The meaning Rogers gives to experience, in both definitions, involves sensory and visceral events that are amenable to consciousness. Experience does not refer to events that are inevitably and permanently unconscious.

The term "adjustment" and the term "congruence," appear to refer to the same phenomena. They refer to the capability for, and the activity of, accurate symbolization of experiences in awareness. In Rogers' theory of therapy (1957, 1959), congruence is defined differently from adjustment only in the sense that congruence refers to more temporary and situational states. In the theory of therapy, congruence is characterized as one of the three qualities that the therapist experiences in order to contribute to clients' therapeutic change.

In Rogers' generic theory (1957, 1959), the role of congruence is stated in the third of his six necessary and sufficient conditions for therapeutic personality change as follows: "The second person, whom we shall term the therapist, is congruent or integrated in the relationship" (1957, p. 96).

Rogers explains therapeutic congruence as follows:

...the therapist should be, within the confines of this relationship, a congruent, genuine, integrated person. It means that within the relationship he is freely and deeply himself, with his actual experience accurately represented by his awareness of himself. ... It should be clear that this includes being himself even in ways, which are not regarded as ideal for psychotherapy. His experience may be "I am afraid of this client" or "My attention is so focused on my own problems that I can scarcely listen to him". If the therapist is not denying these feelings to awareness,
but is able freely to be them (as well as being other feelings), then the condition (congruence) we have stated is met (1957, p. 97).

This explanation of congruence emphasizes the therapist's personal as well as personality integration, in the context of the therapy relation. Keeping this emphasis, Rogers (1959) defines congruence:

...when self-experiences are accurately symbolized (in awareness), and are included in the self-concept in this accurately symbolized form, then the state is one of congruence of self and experience....terms which are synonymous...(are) integrated, whole, genuine (1959, p. 206).

Congruence is thus theoretically defined in terms of Rogers' distinction between self and experience, not in terms of the therapist's behavior. In the theory of therapy, in both the first and second published forms, Rogers (1957, 1959) asserts that for successful therapy to take place only the therapist's conditions of unconditional positive regard and empathic understanding must be perceived by the client. (Thus, they must be communicated or expressed by the therapist.) In neither theoretical statement is it posited that the client must perceive the therapist's congruence. This implies it need not be communicated, although it is a necessary condition for therapy.

Congruence is a condition for therapy in the sense that it must be a state or condition within the therapist. This state permits the therapist to succeed in his intentions to experience unconditional positive regard and empathic understanding in relation to a client. It does so by permitting the therapist to experience an unconflicted and undistracted dedication to acceptant empathy.

The state of congruence also refers to the therapist's subjective, inner condition as one that results in an appearance of authenticity or transparency. The therapist's integrated, authentic appearance facilitates the client's clear and trustworthy perceptions of the therapist's attitudes of unconditional positive regard and empathic understanding.

Congruence refers to wholeness and integration within, or of, oneself. The congruent therapist's openness to accurate awareness and symbolization of experience is the "ground" or "field" which underlies and coexists with the salient "figure" of the attitudes of unconditional positive regard and empathic understanding. Rogers states the connection between congruence and the other two therapeutic attitudes as follows: "... for therapy to occur the wholeness of the therapist in the relationship is primary, but a part of the congruence must be the experience of unconditional positive regard and the experience of empathic understanding" (Rogers, 1959, p. 215).

In order to understand how congruence in client-centered therapy functions in real therapy practice it is important to understand Rogers' general position about the continua of the three therapeutic conditions. Roger (1957) asserts that the three therapist conditions, which are all subjective states and attitudes, are not absolutes, but occur on continua. His theory predicts that to the extent the therapist experiences these three therapeutic attitudes while with the client, and if the client perceives the unconditional positive regard and the empathic understanding, to that extent the client will experience therapeutic change.
The therapist (or other kind of practitioner) experiences the therapeutic attitudes only to some degree, not absolutely, in a relationship. The totality of all of the therapist conditions occurs more or less frequently, but not constantly, in any given therapy encounter. The conditions must be present to some degree for therapy to be effective, and the specific degree required is probably dependent upon the needs of the individual client.

In practice, the coexistence of congruence, unconditional positive regard, and a pure intention to empathically understand (with some inaccuracies in specific understanding from time to time) may function as effectively for many clients as does the pure intention fulfilled by perfectly accurate empathic understanding. In any case, Rogers’ theory does not require absolute constancy of the therapeutic conditions for effective therapy to take place. In fact, Rogers does not consider constancy of the therapeutic conditions to be a human possibility. He states, for example, in relation to congruence:

It is not to be expected that the therapist is a completely congruent person at all times. Indeed if this were a necessary condition there would be no therapy. But it is enough if in this particular moment of this immediate relationship with this specific person he is completely and fully himself, with his experience of the moment being accurately symbolized and integrated into the picture he holds of himself. Thus it is that imperfect human beings can be of therapeutic assistance to other imperfect human beings (Rogers, 1959, p. 215).

Given the inevitable imperfections of therapists in providing the therapeutic conditions, a question then arises. If a therapist has a choice about it when functioning imperfectly, which therapeutic condition has priority over the others?

Rogers asserts that the most important therapeutic condition, the one to be given priority, is congruence (1959, p. 215). In practical terms, the therapist should attend to his feelings if he realizes he is functioning imperfectly. If at moments the therapist is not unconditionally accepting or not empathically understanding, he should attend to these experiences and allow accurate symbolization of these experiences in his awareness.

For example, a therapist’s congruent experience during a therapy session may include experiences of failing to empathically understand. A lapse in empathy might occur because the therapist is distracted from the client’s internal frame of reference. Alternatively, such a lapse might occur because the therapist is experiencing a personal agenda for the client. The therapist’s experience of congruence during a session might include experiences of feeling judgmental or critical or disapproving instead of feeling unconditional acceptance towards his client. In the instance of judgmental feelings, Rogers’ opinion is that the therapist should remain open and attentive to his own experiences. The therapist should accurately symbolize them to self, rather than deny such experiences to awareness or distort them in awareness and, as a consequence, become incongruent. Denial or distortion in awareness of experiences results in the therapist being unintegrated and not whole, not congruent, in the therapy relationship.

In therapy practice, momentary distractions or momentary judgmental thoughts and reactions, if accurately symbolized in awareness, can be recognized and accepted by the
therapist who gives priority to his own congruence. They are simply moments during which one of the therapeutic attitudinal conditions are not experienced. They are instances of personal fallibility and are material for introspection or consultation.

For example, a therapist is distracted from empathic attention to the client and the client’s narrative by preoccupation with a family problem. Consequently, the therapist is not engaging in empathic understanding of the client at those moments. The client, however, may be continuing to perceive the therapist as empathic. The therapist becomes aware of being distracted, accepts the lapse and refocuses attention empathically towards the client. In this scenario, the therapist has temporarily failed to empathically understand, has remained acceptant towards the client, is self-acceptant, and is congruent. To the extent that there was a lapse in empathic understanding, the therapist did not experience all of the therapeutic conditions. The therapy is assumed to be less effective for that client during the moments of lapse.

The most important thing to keep in mind concerning congruence is that it is a relation, not an entity or a content of experience. Rogers refers to congruence in terms of an integrated state or wholeness of the person. That is a holistic way of referring to how crucial aspects of the person are related to each other. The theoretical definition of congruence as accurate representation of experience by inner symbols is about the relation between the contents of experience and the symbols representing the contents. The congruence is the relation, not the contents. Similarly, as congruence is a state, it is a state defined by the relation between parts of the person.

**CONGRUENCE IN REGARD TO COMMUNICATION**

The issue of congruence in regard to communication arises practically in certain situations. One situation is when the therapist is congruent but not experiencing unconditional positive regard or empathic understanding. For example, the therapist experiences irritation in reaction to something the client has said. This experience is contrary to unconditional positive regard. Under what circumstances and in what way should the therapist tell the client about his nonacceptant feelings? Rogers acknowledges “the puzzling matter as to the degree to which the therapist overtly communicates this reality in himself to the client” (1957, pp. 97-98). He further remarks: “Certainly the aim is not for the therapist to express or talk out his own feelings, but primarily that he should not be deceiving the client as to himself” (p. 98).

The aim is to **not deceive** the client. But the therapist also does not want to interfere with the client’s own narrative and self-exploration or become the focus of the interaction if it is not for the client’s benefit. There are two practical variables in this issue, particularly if the nontherapeutic experience occurs only briefly. One has to do with the extent to which the particular therapist’s inner reactions are telegraphed in facial expressions, in other gestures, or in tone of voice. The second is the extent to which the particular client is attuned to the therapist’s nonverbal expressions.

In the case of many therapists, their momentary distractions or preoccupations or momentary unacceptant reactions cannot be perceived or detected by an observer: they remain private. The therapist may be inhibiting expression or not. An inhibited therapist
may be perceived as transparent. Obscurity of inner reactions, however, need not result from the therapist's trying to inhibit or control his expressiveness. The therapist who does not telegraph momentary inner states may be relaxed and unguarded. Such a person simply does not tend to manifest brief or undramatic vicissitudes of inner life when self-acceptant about them. Even the highly attuned client is unlikely to be able to perceive such passing inner reactions, if the therapist who has private reactions remains self-acceptant and congruent when experiencing counter-therapeutic subjective reactions.

Authenticity does not require the therapist to be free of the variety of evaluative reactions that are characteristic of subjective experience. Nor does it imply that the therapist's inner experiences are not inherently private in the therapy context. The contents of subjective awareness are fleeting, evaluative, and varied. There could be no personal authenticity if it required a simplicity and constancy of inner reactions. Logically, authenticity must involve a person's having acceptance toward, and perspectives on, the inherent variety and the evaluative nature of subjective life (Bargh, Chaiken, Raymond & Hymes, 1995; Bargh, 1997).

The second variable is the degree of client attunement to therapist expressiveness. For example, the therapist frowns slightly, realizing he does not understand something the client is expressing. The client perceives this and interprets it as disapproval, or at least as a puzzling contrast to the acceptance she is accustomed to and upon which she depends in the therapy relationship. The interaction that occurs subsequent to this situation depends upon the client's ability to question the therapist or upon the therapist's awareness of his own expressive display. Sometimes a client feels able to ask about the therapist's feelings. The therapist, in aiming to be consistent with Rogers' dictum "that he should not be deceiving the client as to himself," might respond by disclosing his inner experience.

An alternative situation occurs when a client does not ask the question. In this situation, the therapist is aware that the spontaneous, expressive behavior was likely to be perceived and experienced by the client as disturbing to the client. Then, in aiming to be consistent with the general client-centered aim to communicate clearly to clients, as well as with Rogers' dictum to not deceive, the therapist might choose to disclose inner experience. The reason would be one of wanting to be clear and unambiguous to the client. The therapist wants to correct for the ambiguity that may have been created.

A relaxed and congruent therapist is unlikely to telegraph momentary and fleeting, nontherapeutic, subjective feelings or thoughts into his involuntary expressive behavior. The congruent therapist, however, might choose to communicate about such thoughts or feelings if they happen to have been involuntarily expressed and perceived by a client. The aim in communicating about them would be to correct for an appearance of ambiguity that might have confused or disturbed the client. The characteristics of such communications are extremely important and will be discussed later.

Therapists may also have persistent nontherapeutic experiences when interacting with their clients. Rogers (1957) addresses these situations. Referring to the therapist, he states: "At times he may need to talk out some of his own feelings (either to the client, or to a colleague, or supervisor) if they are standing in the way of "(acceptance and empathy)..." (p. 98).
Much later, in an interview (Baldwin; 1987), Rogers dropped mention of talking first with colleagues or supervisors and stated:

When I am with a client, I like to be aware of my feelings, and if there are feelings which run contrary to the conditions of therapy and occur persistently, then I am sure I want to express them... (to the client) (p. 46).

These statements, particularly the latter one, appear to imply that Rogers (or any therapist choosing to follow Rogers’ theory and guidance) can responsibly say what he is thinking or feeling to his clients (as that is usually understood) when persistently not experiencing unconditional positive regard or empathic understanding. This meaning seems very unlikely given the fundamental value of respect and acceptance towards clients that underlies client-centered work.

Rogers’ statement “I am sure I would want to express them” does not necessarily mean he would simply say what he thinks or feels to his clients under the circumstances of persistent non-therapeutic feelings. The reason for his wanting to express his feelings to his clients must have to do with fostering the therapeutic relationship and benefiting the client under these imperfect therapist conditions. In this light, it would seem that Rogers’ statement “I want to express them” refers to having an interaction with the client that might correct for or compensate for the lapse in therapeutic conditions.

Rogers is referring to new moments in the relationship that occur after the therapist’s counter-therapeutic experiences: for example, in respect to annoyed reactions to a client or after becoming distracted. The new moments include the therapist’s accurate symbolization in awareness (i.e., congruence about the counter-therapeutic experiences) and some communication about the contents of that awareness. They also include the therapist’s therapeutic intentions to acceptantly and empathically understand. In these new moments of intention to voice feelings, the therapist would aim to be consistent with a fundamental part of the therapeutic theory: “...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).

At the moments of addressing the client to disclose his counter-therapeutic feelings, he would also be in touch with both the counter-therapeutic subjective reality and his more pervasive attitudes of acceptant empathy. Or at least he would be in touch with his intentions to relate to the client with acceptant empathic understanding. The therapist’s manner of addressing the client would be influenced by those intentions. Thus, the thoughts and feelings would not be communicated in an undisciplined manner (one that might hurt or threaten the client).

There are several possible beneficial consequences that may result when the therapist chooses to communicate persistent counter-therapeutic feelings to his client. First, the communication process that ensues between therapist and client can, and often does, dispel the therapist’s discordant feelings, distraction, etc. For example, imagine the situation when the therapist has been feeling annoyed by a client who has corrected the therapist’s empathic responses. Perhaps the therapist is interpreting the client to be critical of the therapist for
not having accurately understood. Something in the client’s tone of voice seems to the therapist to betray an unspoken irritation or criticism. If the therapist’s annoyance is persistent and he consequently chooses, as Rogers would, to acknowledge those feelings, the interaction might lead to clarification of the client’s behavior.

The client’s ambiguous behavior might reveal the client’s own frustration about not communicating more effectively. If this is what the therapist learns from the client, reoccurrence of the client’s previously annoying behavior can be given the correct interpretation-- the client’s discomfort with self. As a consequence of that knowledge, the therapist no longer perceives criticism and is not annoyed. The therapist also has a better general empathic understanding of the client as a result of the interaction.

Therapist disclosure of counter-therapeutic feelings specifically may result also in a deeper empathic understanding of the client’s feelings about the therapist. Using the same example, the therapist’s disclosure leads to the client’s disclosure that she has been feeling irritated at the therapist, but not because of his inaccurate responses. Assuming the therapist’s capacity for an acceptant understanding of this fact, it might well lead to an opening up of feelings and thoughts about the therapist and the client’s disappointed expectations of the therapist. Or it might lead down another path, towards the client’s phenomenology of expectations and disappointments. There are many possibilities, but in any case, the therapist’s empathic knowledge of the client may be deepened as the result of his disclosure of annoyance. Additionally, renewed understanding dispels the therapist’s annoyance.

Another beneficial result that may be served by a therapist’s disclosure of counter-therapeutic feelings is that the disclosure may contribute to the therapist’s transparence. Rogers introduced the term “transparent” to refer to the therapist’s congruent, acceptant, and understanding presence that makes possible the client’s perceptions of him as whole, authentic, and trustworthy (Rogers, 1961, pp. 49, 339). Lietaer (1993) interprets transparency as referring to the therapist’s self-disclosing communications. I differ with Lietaer and interpret the concept of transparency similarly to Haugh (1998), as a characteristic perceived by the client that is likely to result from the therapist’s congruent state. It most often does not involve therapist self-disclosures, although it may involve them. Rogers (1980) stated that a therapist is transparent when the therapist: “...is openly being the feelings and attitudes that are flowing within at the moment....the client can see right through what the therapist is in the relationship; the client experiences no holding back on the part of the therapist” (p. 115).

The value of the therapist’s transparence in clients’ perceptions is its contribution to the therapist’s perceived trustworthiness and dependability. Transparency contributes to the client’s perception of the therapist’s authenticity when the therapist appears to be acceptantly empathic. Returning to the earlier example of the client’s experience of the therapist’s disclosure of annoyance (assuming this is done in a therapeutic manner), because it reveals a negative response, it may reassure the client that the therapist’s negative feelings, if and when they come up, will be brought out. Thus, the client can trust the authenticity of the therapist’s appearance of acceptance.
At about the same time (circa 1961) that Rogers introduces the term “transparence” as an aspect of congruence, he somewhat shifts the meaning of congruence to a looser definition, to that of matching. Rogers (1961) states: “...(congruence) has been developed to cover a group of phenomena...to indicate an accurate matching of experiencing and awareness. It may be still further extended to cover a matching of experience, awareness and communication” (p. 339).

His point is clear. Rogers states that the term congruence refers not only to accurate symbolization in awareness of experiences, but also to communication that accurately represents the accurate symbolization of experiences.

Rogers has included the idea of matching communication to inner symbolization into the meaning of congruence. This is along with the prior matching of symbolization in awareness with experience that was implied by the idea that inner symbolization accurately represents experience. The term “matching” could always have been used loosely in respect to the relation between experience and symbolization in awareness. “Matching” is colloquial for accurate symbolizing of experience.

Previously, Rogers (1959) emphasized the theoretical bases of congruence in his theories of personality development, disintegration, and reintegration. Also, in the therapy context, communication springing from congruence was limited to special circumstances of fleeting nontherapeutic experiences and especially to circumstances of persistent feelings counter to acceptance or empathic understanding. The contents of congruent experience were not referred to as congruence.

CONGRUENCE IN THE THEORY OF INTERPERSONAL RELATIONSHIPS

Rogers' shift to the term “matching” in regard to congruence coincides with his second published discussion of his general law of interpersonal relationships (1961, pp. 338 - 346). He had not used the term, but his remarks carried the sense of “matching” in the earlier statement of that theory (1959, pp. 234 - 240). In the earlier statement of that theory the matching meaning is revealed when Rogers refers to the congruence of distorted perceptions with the self-structure by a vulnerable person, in his discussion of a deteriorating relationship (1959, p. 236 - 237): “Since X is vulnerable, he tends to perceive Y’s responses as potentially threatening. ... Hence he tends to perceive them in distorted fashion, in ways which are congruent with his own self-structure” (p. 237).

In this matching usage of the word “congruent,” Rogers implies that conditions of worth, affecting the self-structure, may result in distortions of a person’s perceptions of external reality. This usage of congruent can appear to be legitimately extrapolated into the idea that whether or not the symbolizations in awareness are distorted (in relation to experience), communication can be viewed as congruent communication when it matches symbolizations. This idea can be extended further to the view that saying whatever it is a person symbolizes to self at a given moment is an act of being congruent. It may be that this portion of Rogers’ writings is what has led to the distortions in practice mentioned in my introduction.
Rogers also appears to be using the term “congruent” to mean matching (without using the term) in the first publication of his “tentative law of interpersonal relationships” (1959, p. 240) a few pages after the last quote above. Rogers states the law, in part, as follows:

The greater the communicated congruence of experience, awareness, and behavior on the part of one individual, the more the ensuing relationship will involve a tendency toward reciprocal communication with the same qualities, mutually accurate understanding of the communications, improved psychological adjustment and functioning in both parties, and mutual satisfaction in the relationship (p. 240).

Rogers’ wording in this statement is slightly ambiguous in so far as it suggests that the contents of experience, awareness, and behavior are congruent. This is not what Rogers must mean. Congruence always refers to a relation and careful reading of his wording suggests Rogers meant “congruence” as the relation between experience, awareness, and behavior. In the basic therapeutic meaning of congruence as “integration” or “wholeness,” the meaning has to do with a harmonious and effective relation between various aspects of the person. In the strict definition, congruence refers to the accurate relation between the contents of experience and the symbols in awareness. In application to behavior, congruent communications refer to communications that accurately represent inner symbols-- again a relation.

Note that communication of congruent experience is being given a leading role in Rogers’ theory of interpersonal relationships. This is a deviation from the role of congruence in psychotherapy. In therapy, congruence is viewed as the most important therapeutic condition, but is meant as a description of the therapist’s inner, subjective state or condition while he is acceptant and empathically understanding.

Returning to congruence in the interpersonal law, Rogers’ theory predicates the possibility of distortion in a person’s interpretation of external reality. Distortions may occur as a consequence of conditions of worth or as a consequence of the experience of threat. Perceptions of external reality also may be simply in error from the perspective of consensual validation. Regardless of the consensual validity of perceptions, persons are congruent if their symbols in awareness are accurate to the experienced perceptions. Accurate symbolization in awareness of distorted perceptions of external reality are nonetheless congruent.

Rogers’ view of human nature recognizes the powerful influence of personality and of immediate emotional influences on persons’ interpretations of external events. Nevertheless, human nature is adaptive to external reality and consequently needs means to correct for distortive tendencies. In effect, humans have scientific natures, according to Rogers (1961). In the extreme of his view Rogers commented: “Science is not an impersonal something, but simply a person living subjectively another phase of himself” (p.223).

Persons make inferences or make interpretations of external events and then test their perceptions by taking some action that tends to validate or qualify the original perceptions. Congruent symbolization in awareness, followed by congruent communication, promotes accurate understandings between persons.
Obviously, Rogers cannot be using congruence to mean simple matching in the interpersonal theory. Rogers' general law of interpersonal relations must be employing the strict meaning of congruence between experience and awareness. The theory refers to an unrestricted accuracy of awareness in respect to experience that permits accurate symbolization.

It should be understood that accurate and undistorted perceptions of inner experience say nothing, however, about the accuracy or adequacy of the perceptions and interpretive processes involved in generating experiences in relation to consensual reality. Nor do they require true knowledge of the intentions of another person whose behavior is being perceived. Whatever they are, the interpretive factors in perceptions that lead to subjective experiences determine the qualities and affective valences of experiences.

Consequently, it may be said that experiences and their accurate symbolizations are experientially true whether or not they spring from the realities of situations from a consensual viewpoint or the viewpoint of the intentions of a person whose behavior is being perceived. Regardless of the adequacy status of a person's perceptions in respect to external criteria for truth, if a person's self-concept is flexible and open to experience, that person will be able to accurately symbolize his or her experiences in awareness. Or, if the person's self-concept is restrictive, then certain experiences will be denied to awareness or distorted. Respectively, the person is congruent or incongruent. This is quite apart from determinations of consensual reality or reality from another person's perspective.

Another reason for interpreting Rogers' meaning of congruence in his law of interpersonal relationships as strictly within his theory, not as simple matching, has to do with the fact that his interpersonal theory is designed to foster better understanding, improved adjustment, and mutual satisfaction among people. How is it possible that in this context Rogers could be advocating the behavior of saying what one thinks and feels in a given moment? Such behavior often includes judgments, criticisms, insults, accusations, interpretations of other people, etc. All of these behaviors are generally recognized as destructive. They are usually destructive to communication, to personal well-being, and to satisfaction between people. Could Rogers be naive? No, he most likely means something else by congruent communication.

Understanding Rogers' view of communications in relation to congruence requires clarification of his usage of experience in that context. It also requires understanding of his views about the processes involved in accurate symbolization of experience.

THE COROLLARY CONCERNING CONGRUENT COMMUNICATIONS

Rogers' conception of congruence between experience and awareness, and between these two elements and communication, has a particular and not always recognized meaning. Rogers (1961) states:

There is an important corollary of the construct of congruence, which is not at all obvious. It may be stated in this way. If an individual is at this moment entirely congruent, his actual physiological experience being accurately represented in his
awareness, and his communication being accurately congruent with his awareness, then his communication could never contain an expression of external fact. If he were congruent he could not say, "That rock is hard"; "He is stupid"; "You are bad"; or "She is intelligent." The reason for this is that we never experience such facts. Accurate awareness of experience would always be expressed as feelings, perceptions, and meanings from an internal frame of reference. I never know that the rock is hard, even though I may be very sure that I experience it as hard if I fall down on it. ... If the person is thoroughly congruent then it is clear that all of his communication would necessarily be put in a context of personal perception. This has very important implications (p. 341).

Rogers' corollary introduces the idea of an attitude of personal perceptions that has direct implications for the nature of congruent communications. To understand the implications specifically for the nature of the communication that might follow from this corollary, we need to understand Rogers' meaning of experience and the meaning of "always be expressed as feelings, perceptions, and meanings from an internal frame of reference".

THE MEANING OF EXPERIENCE

The concept of experience, as a noun, is complex in Rogers' most precise theoretical writings. He indicates he is referring to something synonymous with the whole phenomenal field (Rogers, 1959, p. 197) which includes all perceptions, thoughts about these perceptions, the person's responses to his perceptions including thoughts, sensations, feelings, and personal meanings. He describes experience as "All that is present in immediate awareness or consciousness" including "...memory and past experience" (p. 197). He also includes "...events of which the individual is unaware, as well as all the phenomena which are conscious" (p. 197). The many elements that are aspects of experience also include the person's assessment of what is real and judgments about what is good or bad in moral or ethical terms. This plethora of elements that are included in the term "experience" as phenomenal field suggests Rogers' definition is similar to the common English definition: "Anything observed or lived through; an actual living through an event; personally undergoing or observing something or things in general as they occur; individual reaction to events, feelings, etc." (Webster, 1979, p. 645). In Rogers' and in general usage, experience refers to something happening in or to an individual. In addition, it is from the individual's point of view or frame of reference.

Rogers, however, also appears to give experience a second, much stricter and narrower meaning. Rogers writes of an individual being "entirely congruent" and "... his actual physiological experience being accurately represented in his awareness" (1961, p. 341). Although experience is influenced by memory and past experiences, Rogers specifies that these influences are "...active in the moment...restricting or broadening the meaning given to various stimuli" (Rogers, 1959, p. 197). Also, experience "includes events of which the individual is unaware" (p. 197). But it does not include events such as "neuron discharges" that are not directly available to awareness through introspection. He further states that he has used phrases such as "sensory and visceral...[and] organic" to convey what is referred to by experience. Experience in Rogers' narrower definition, of events that are amenable to awareness and symbolization, is apparently being differentiated from relatively complex thoughts or cognitions that are part of the wider definition of the term.
The stricter and narrower of Rogers’ usages of the term experience seems to refer to physiological events that can be sensed. He uses the words “sensory” and “visceral.” He is referring to perceptible physical events occurring in the individual’s body that can be felt at moments with immediacy. Also, they are pregnant with implicit meanings, which can be identified and symbolized through a process of introspective attention.

The particular qualities of feeling that appear to be basic in Rogers’ stricter usage of experience are those in dimensions of satisfactory/unsatisfactory, safe/threatening, pleasurable/unpleasurable. These are qualities of the inherent human capability to organismically value perceptions in respect to their organismic meanings and as signaling well-being or ill-being for the individual. Recent research by Bargh et al. (1995) suggests that all perception is evaluatively tinged as pleasing or displeasing. His findings indicate that the simplest perceptions are not neutrally experienced. The research supports Rogers’ conception of the organismic valuing process. It appears that this process is the basic object of awareness in the narrower meaning of experience, in respect to congruence.

Experiences, in Rogers’ stricter usage, can be more or less complex experiences in the sense that adequate symbolization of their basic qualities can bring about more or less complex awarenesses through the introspection process. Examples of relatively simple verbal symbolizations of basic experiences are: “I’m scared,” “I’m elated,” “I’m bored,” “I’m disgusted,” “I’m comforted,” “I’m joyful.” Basic or primitive experiences such as “I’m scared” may be elaborated through introspection into more complex experiences and understandings about the situation that provokes a basic reaction of fear. Through introspection, the statement “I’m scared,” might become: “When you moved towards me so fast, and seemed so angry, I was afraid you were going to hit me. I felt sick and weak and scared. I still feel afraid of you. I don’t want to be near you.”

Translating basic affective experiences into subjective language or speech will use the language and discriminations available to individuals according to their culture, education, and level of language development.

Introspection of experiences, still referring to Rogers’ strict usage, may depart from the immediate character of the experiences in the process of understanding the circumstances of the experience and its implications. Memory of the stimulating situations, identification of the particular perceptions, discrimination of their evaluative qualities, assumptions and interpretations that were intrinsic to the perceptions, and historic associations may fill out the person’s understandings of the basic affective experiences. Similar cognitive and associative processes may be brought into the exploration of the implications to the individual of the experiences. Whatever processes are brought into the introspection process while attending to the basic experience or sequence of experiences, the person is plumbing her own phenomenology and using her own criteria for assessing reality.

All experiences and all thoughts about things intrinsically exist from a person’s idiosyncratic perceptual framework. Persons make distinctions, however, consciously or unconsciously, about what is “out there” in contrast to what is due to the variable of oneself. These distinctions are relevant to understanding Rogers’ (1961) idea that a communication of accurate awareness of experience never involves a statement of external fact, and that it
would always be expressed as “feelings, perceptions, meanings from an internal frame of reference” (p. 341).

Developments in awareness concerning an experience are likely to occur through introspection. The congruent voicing of the experience, nevertheless, must involve a conscious discrimination of the experience as an affective event with its personal meanings as distinguished from the opinions and ideas the person may have about events and persons that are part of the context for the experience. For example, a person might voice his congruence concerning an experience as follows: “I feel very angry with you, so angry I feel like hitting you because you told that story about me.”

This statement could be a communication that matches the person’s accurate symbolization in awareness of the experience. It also includes the circumstances the person perceives as arousing his anger, because the point of the communication is not only to let his feelings be known, but to engage in conversation that might bring about some restitution (for example, an apology) or result in some kind of more satisfying experience with his friend in the future. The communication notably does not include interpretation of the friend’s motives or character. Presumably the element “told that story” is consensually valid.

Often, however, an experience is evoked by an event that involves a more complex interpretation of the situation. For example, a person sees an acquaintance coming towards her on the street. As they pass, the acquaintance seems to glance at the person and goes on her way. Later, when they meet again, the person says to the acquaintance:

I was very hurt when you didn’t greet me the other day. At first I was afraid you might be angry with me because I haven’t called you in a while. But then I got angry because you ignored me. And I’ve been stewing about it ever since.

The person has interpreted the acquaintance as deliberately ignoring her. The behavior of passing without greeting, however, might or might not have been that. The statement “ignored me” is an interpretation of intentions. The attribution of “ignored” is stated as a fact about the acquaintance, which is not consistent with Rogers’ dictum about communications related to congruence. If the last statement were modified to say, “But then I got angry because it seemed to me you saw me and ignored me,” it could be considered a communication that voices the person’s accurate symbolization of the experience. In the modified statement there is only a tentative interpretation of the acquaintance’s behavior, and the speaker acknowledges the interpretive factor in the perception.

In the modified statement the person translated the “ignore” perception into the consensual observation “you didn’t greet me” and distinguished the consensual observation from the interpretation of it: “It seemed to me you saw me and ignored me...”. Communication that is intended to be about congruent experience often might need to be first processed to discriminate spontaneous interpretive elements (that would result in assertions of fact such as “you ignored me”) from the affective experience and from the consensual elements in the stimulating or contextual perception. An attitude of personal perceptions is not always easy to realize.

**THERAPEUTIC CONGRUENT COMMUNICATIONS**
The basic context and concern for this discussion of experience and congruent communication is, of course, client-centered psychotherapy and person-centered peer groups. In these situations, the therapist (in the former) and the participants (in the latter) are attempting to create an interpersonal environment that is therapeutic and that may promote growth for themselves and others. Rogers’ theory of therapy asserts that congruence, unconditional positive regard, and empathic understanding are attitudes that, when experienced often and together in the context of a relationship create a therapeutic and growth-enhancing climate. Recall that Rogers’ early statements of his theory did not assert or imply that the contents of congruent experiences are definitely to be communicated in therapy. Congruence was presented as a condition of wholeness and integration, wherein the therapist is able to accurately symbolize experiences in awareness.

Differently, Rogers’ theory of interpersonal relationships gives congruence a communication function. This theory applies particularly to situations where both or all parties involved are participating in order to represent themselves as well as to function constructively in relation to other persons. Thus, this theory seems to apply to person-centered peer groups because participants function in such groups to represent themselves as well as to provide therapeutic conditions for others. Insofar as participants in a person-centered group are functioning as individuals serving their own purposes (exploring problems, raising issues, expressing reactions to other participants), the general theory of interpersonal relationships can be appropriately applied.

The attitude of personal perceptions cannot influence all communications that serve group participants’ momentary personal goals. Communications that act out destructive impulses may occur in therapeutic or group situations although they are errors in respect to the purposes of those situations. Destructive intentions are contrary to the attitude of personal perceptions as a corollary of congruence. Some participants in group settings may communicate with a form of personal perceptions while experiencing destructive intentions. This may be confusing and augment the destructive impact. If, however, participants have constructive intentions and wish to self-disclose or comment from their personal perspectives, then an attitude of personal perceptions implemented by appropriate forms would apply. In any case, constructive or otherwise, communications in therapy or in groups cannot accurately accounted for or be justified on grounds of congruence.

Rogers’ corollary about the nature of congruent communication was incorporated by Gordon (1984) and by Guerney (1977) in their interpersonal training programs. Gordon developed techniques for congruent communications in his training of people for constructive family and professional conversations. Guerney (1977) developed techniques for teaching the role of the “expresser” to family members. Both psychologists probably understood Rogers’ corollary in terms of an attitude of personal perceptions, but their approaches focused upon and taught techniques.

Rogers illustrated empathic understanding in many demonstration interviews and discussed empathy in many of his writings. In several demonstration therapy interviews Rogers communicates from his frame of reference. He self-discloses or makes observations about his client in some interviews in response to their questions and does so, on occasion, spontaneously. Rogers illustrated his theory of therapy by publishing interviews and by
filming demonstrations. He did not, however, explain or classify the occasions for, or the form of, communications that would be consistent with his theoretical concept of congruence in the context of psychotherapy or peer groups. More recently, Lietaer (1993) has ventured to put forward some reasons the client-centered therapist might self-disclose, make comments, or give feedback in the context of his discussion of transparence. The writer (Brodley, 1998a) has also ventured to clarify reasons for such responses in client-centered therapy.

In some studies of Rogers’ therapy behavior (Brodley & Brody, 1990; Brody, 1991; Nelson, 1994; Brodley, 1994; Bradburn, 1996; Diss, 1996), several rating categories have been employed to cover a variety of statements made from the therapist’s internal frame of reference. Some responses captured by these categories might be viewed as instances of Rogers’ communicating congruently.

Although congruence has not been employed as a category of therapist behavior in this writer’s studies, in client-centered work there are two categories that may include responses that can be interpreted as congruent communications. The first category contains responses in reaction to certain kinds of clients’ questions or requests. The second is a category of responses from the therapist’s frame of reference that are unsolicited by the client, spontaneous, and unsystematic. Some responses within these categories may conform to Rogers’ conception of communications that express the therapist’s congruence. They may communicate some of the contents of the therapist’s accurately symbolized experience.

The first category of responses are ones in reaction to clients’ questions or requests when the appropriate response requires the therapist’s introspection to determine his immediate feelings. An interaction illustrating this follows:

Client: What do you feel about what I just said?

Therapist: You want to know my personal reaction about what you told me or about my reaction towards you?

Client: Both, I guess. I’m afraid your feelings about me will be different now you know I did that. I’m afraid you’re disgusted by me.

Therapist: I don’t feel disgusted at all. My feelings aren’t changed. I do feel a deep sadness that you want to hurt yourself.

Client: Don’t you feel it’s sick?

Therapist: I don’t feel that. My thought about it is it’s something that has come out of your suffering. Although it hurts you, it also relieves you.

Client: It’s really hard to believe you aren’t disgusted with me.
Certain statements from this interaction seem to express the attitude of personal perceptions and may be considered congruent communications: “I don’t feel disgusted,” “My feelings aren’t changed,” and “I feel a deep sadness.”

The second category of responses, which may express some of the contents of the therapist’s experiences in a congruent manner, consists of responses unsolicited by the client but which are reactive to something emotionally unusual or intense that has happened to the client. The responses are spontaneous, unsystematic, and emotionally expressive. Examples are as follows:

The client has arrived at the session and announced her much-loved mother died. The therapist responds, “Oh, I’m terribly sorry!”

The client reports she just got the job she was hoping for. The therapist responds, “I’m so glad! Congratulations!”

The client vividly describes a horrible accident. The therapist responds. “Ohhh, my god!”

The responses “I am terribly sorry” and “I’m so glad” are communications that match the therapist’s accurate symbolizations in awareness of the two experiences. “Ohhh, my god!” expresses, but does not verbally represent, the inner experience. Presumably, at the time, the experience is not expressible in articulate language. They all seem to be congruent communications that conform to Rogers’ corollary.

**A THEORY OF ATTITUDES**

Client-centered therapy and the person-centered approach, in its various applications, are based on a theory of attitudes (Brodley, 1997). Understanding the theory, one realizes that the development of practitioners is a development of their character, especially as attitudes express character. Development of the ability to practice in a client-centered way requires students to reflect upon their implementations in the light of Rogers’ (1951) philosophy of the person. The student experiments with implementations of the therapeutic attitudes and observes the effects both from the inside and the outside. How does he feel about engaging in the behavior of the experiment? How much does the experiment appear to conform to the concepts of the theory? How does the experiment impact the client (or participant, or student, as the case may be)?

Implementations of the therapeutic attitudes are not the attitudes themselves. They may, however, effectively express the attitudes. It has been an understandable mistake to identify attitudes with behavior. But it should be recalled that an attitude is always a subjective experience, either an intention or a state of mind that shapes communication and other behavior.

In the case of unconditional positive regard, its attitudinal nature is so obvious and salient that it seems strange to refer to implementations at all. The expression of unconditional positive regard is rarely in most client/person-centered therapeutic relations
communicated by explicit statements such as “I accept you and care about you regardless of your...” (filling in the dots with some behavior about which the client feels self-hatred).

Unconditional positive regard is almost always transmitted indirectly or by non-verbal expression. The trust clients develop, that they are accepted by their therapist, is stimulated by the therapist’s empathic understandings that do not shy away from the painful or socially unacceptable material that the client discloses. The client’s perception of the therapist’s acceptance is also transmitted indirectly by the absence of judgmental statements and by a tone of voice and manner that are shaped by the acceptant attitude.

Although there may be rare examples of direct communication of unconditional acceptance, it is so infrequent that there is no class of responses that can be pointed to as implementations or techniques to communicate acceptance. Empathic responses, or responses that attempt to address clients’ questions, can be shown to be imbued or saturated with acceptance. But these are not statements of acceptance and are certainly not, themselves, the attitude.

With respect to the empathic attitude, there are direct communications--implementations or techniques-- that express the attitude. These are primarily empathic understanding responses. There are also some comments expressed from the therapist’s frame of reference that communicate empathy. These responses are not, however, themselves the empathic attitude.

Client-centered therapists become more able to implement their acceptant, empathic attitudes as they develop. Their implementations become more purely expressive of the therapeutic attitudes. Therapists also become more confident in their ability to respond accurately and naturally. Their clients perceive them as more accurate in their understandings. Clients less often correct the therapist and more often make comments that the therapist understands “exactly.” In this process of personal therapeutic development, maintaining congruence and experiencing the attitudes of unconditional positive regard and empathic understanding become highly consistent qualities in therapists’ personality makeup, at least in relation to clients.

There are a number of familiar interpretations and misunderstandings that are held about the concept of empathic understanding as an attitude and as a practice. Some such misunderstandings about empathic understanding are that therapists are: “saying back what the client is saying;” “picking up on and responding to feelings;” “focusing the client to be more attuned to her experiencing;” “trying to respond to what is just beneath the surface.” These are common misunderstandings of the empathic attitude, particularly among teachers who are acquainted with theory but who have not developed themselves as client-centered therapists. It usually takes students quite a lot of trying to implement the concept, then observing effects of the implementations on practice clients, and introspectively reflecting upon their own experiences, to develop a functional understanding of the concept. Much more time and practice are needed in order to have the conceptual clarity to teach empathic understanding to others.

Empathic understanding has been given a great deal of attention in the training of therapists. Even so, there remains a significant range of different interpretations or
understandings about it. Rogers’ concept of congruence is more difficult to understand and
difficult to live in relation to clients, students, and others. The question even remains as to
whether it is accurate to say it is implemented at all in the context of therapy. It certainly is
not being implemented when the therapist is experiencing acceptant empathic
understanding: it is, rather, a state or condition of the therapist underlying those attitudes.

In the context of acceptant empathic understanding, therapist disclosure of personal
feelings and thoughts usually would be a distraction to the client’s work. When would the
therapist appropriately self-disclose? When would one not? For what purpose would the
therapist disclose? Frequent self-disclosures would result in the therapists’ feelings
dominating the conversation, and it would no longer be therapy.

**CONGRUENT COMMUNICATIONS**

Congruence, as Rogers defined it in his theory of psychotherapy, is an integrated,
whole state of the therapist in which he is capable of accurate symbolization in
awareness of all experiences. In respect to communication, the voicing of personal
experiences while maintaining an attitude of personal perceptions may be referred to as
“expressing congruent communications” or as “communicating congruently.” These terms
avoid the suggestion that congruence refers to the contents of experience or the contents of
communications.

The idea of congruent communications, itself, is a fiction or at least a generous
inference. It is very difficult to determine with certainty one’s own congruence. Conditions
of worth do not promote full and accurate awareness, and conditions of worth are ubiquitous.
Much less may the congruent state of another be determined with any certainty. In any case,
congruence should be distinguished from communication of the contents of experience.
Congruent communication may be better thought of as honest communication that also
expresses the attitude of personal perceptions. This might avoid confusion of congruence, a
relation, with contents.

Congruent communications of self-experiences refer to communications voiced
explicitly from the therapist’s frame of reference. Also, they refer to personal feelings and
personal meanings rather than statements purporting to be statements of facts. Congruent
communications usually would also include some description or statement of the perceptions
that set the stage for the revealed experiences. These descriptions or statements of
perceptions would also explicitly refer to their source in the evaluations or interpretive
processes of the speaker.

The following is an example of communication of a therapist’s experiences in a
therapy session. The therapist is unusually tired and realizes that the client is becoming less
articulate. This calls the therapist’s attention to the fact that he has been less attentive and
has been less closely following the client for a few minutes. In order to be authentic in
relation to the client (“not be deceiving the client as to himself”) and to correct for this lapse
in his empathic understanding, the therapist undertakes the following conversation:

Therapist: Have I seemed to be less attentive than usual?
Client: Yes, I guess so, but I wasn’t so sure about what I was trying to say, either.

Therapist: I’m feeling tired and I just realized I’ve not been tuned in to you as well as I usually am. I’ve been a bit distracted.

Client: Maybe I was making it harder because I wasn’t very coherent.

Therapist: I really Don’t think I experienced you that way, I just feel kind of tired and vaguely distracted. I am very sorry about that-- I am aware of it now, so I think I can listen better, more like I normally do. Would you be willing to go on with what you were telling me?

Client: OK....

The client may have been losing her train of thought because she was aware of the therapist’s distracted presence. In the example, the client also blames herself for the therapist’s unusual behavior, even when he explains it has to do with his tiredness. This phenomenon is very common. Clients often feel at fault when the therapist appears to deviate from acceptance or empathy. One of the reasons the therapist might choose to self-disclose his problem could be to try to prevent misunderstandings.

In the example, the particular parts of the interaction that show congruent communication are the therapist’s statements “I’m feeling tired,” “I’ve not been tuned in to you,” “I’ve been distracted,” “I’m very sorry,” “I am aware of it now.” The other elements of the self-disclosure express the therapist’s intentions and wishes and are also important for the therapeutic character of the interaction.

Another example of a communication of the therapist’s experiences takes place in a person-centered peer group. One participant has been the focus of criticisms by several persons in the group, but has also been defended by some others.

Participant: I’m very confused right now. So many people have been saying things about me. Some of the comments were criticisms and accusations, but I also heard some support. So many things were said so fast, I’ve been sitting here having a whole lot of different feelings. I know I feel hurt and angry but a bit touched and grateful, too. I don’t know what all else. I’m confused and upset. More than anything, I guess, I’d like to get out of here.

She communicates her experiences, in terms that appear to express the attitude of personal perceptions, in the following: “I’m very confused,” “...having a whole lot of feelings,” “I feel hurt and angry but a bit touched and grateful,” “I’m confused and upset,” and “I’d like to get out of here.”

Congruent communication of experiences requires responses that are explicitly from the speaker’s frame of reference. They are largely affective responses, as well. Reference to
the stimulating circumstances are often part of the whole statement, but they are expressed carefully to avoid assuming general agreement about the interpretation of events and to avoid interpretation of other persons’ motives.

Communication of one’s self according to the attitude of personal perceptions also avoids retaliatory remarks. Congruent communication of experiences, according to Rogers’ (1961) theory, takes place in the context of an effort to create constructive interactions. This is regardless of the character of previous interactions. Consequently it takes care and discipline and self-control.

Therapists working with clients, and participants in person-centered groups, are free to experiment with forms of self-representation. Self-disclosures are not restricted to communications about the contents of presumed congruence. However, if one truly wants to communicate congruently, then one should be guided by the meaning of the concept of congruence and the attitude of personal perceptions expressed in Rogers’ corollary.

The attitude of personal perceptions, expressed in Rogers’ corollary, does not refer to techniques. It is likely that communications expressing the attitude will be in the first person. Simply making first-person remarks, however, does not guarantee the attitude. First-person statements-- “I” statements-- may communicate congruent experiences. Also, “I” statements may refer to the speaker’s frame of reference but include accusations, interpretations, or other assertions of fact. Such statements that begin “I feel” may have a less assertive communicative quality than they would otherwise. They are, nevertheless, assertions of fact, not congruent communications.

In client-centered contexts, many other kinds of statements besides communications of congruence may be appropriate and often are necessary for adequate self-representation or for responding to others. In client-centered therapy, for example, the most frequently observed form of communication (Brodley, 1994) is the broad category of empathic following responses. This category includes pure empathic understanding responses, questions for clarification, empathic fragments, “I”-form statements where the therapist is speaking in the first person representing the client, informational following responses, and metaphorical following responses which use the client’s own metaphors. This broad form of empathic understanding is common in other applications of the person-centered approach as well as psychotherapy. All of these kinds of statement attempt to characterize what the therapist has understood as the client’s intended communications. They are expressed to find out whether or not the therapist’s inner understandings are accurate according to the client (Rogers, 1986; Brodley, 1998b).

There are responses that are comments from the therapist’s frame of reference, in addition, within the therapy context. They are not following responses. Comments from the therapist’s frame are often saturated with empathic knowledge or empathic speculation about the client. An example of this is a response from the therapist’s frame of reference that is an inference about the client’s behavior. The therapist remarks, “You seem to be sitting on the edge of your seat and ready to go” in response to a client’s description of a plan. The therapist’s attitude inquires as to the validity of the statement from the client’s frame of reference, when making observations about the client. Clients sometimes perceive empathy-
laden responses as if they were empathic following responses, although they spring from the therapist’s frame of reference.

Other comments from the therapist’s frame are self-disclosures such as, “I must be sure to stop on time, so I may be looking at the clock towards the end of the session.” Some self-disclosures may be communications of congruent experiences. They could be spontaneous reactions such as, “Tears are welling up in me,” in response to a moving poem the client has quoted. Self-disclosures could be explanatory statements such as, “I was preoccupied for a moment and didn’t hear what you were saying,” to correct for the therapist’s appearing to listen when it was not the case. The most common kind of comment from the therapist’s frame of reference is introductions for endings of empathic responses which express the therapist’s degree of uncertainty or tentativeness about the accuracy of his or her understandings. An example of this is the introduction, “I’m not sure if this is right, but do you mean...?”

In addition to these categories of statements to clients, client-centered therapists may occasionally (albeit only rarely) and unsystematically volunteer an interpretation or an explanation about the client, or ask a leading or probing question, or assert an agreement with a client. All of the mentioned categories of responses occur as therapists’ verbal communications in response to clients who are self-expressing and self-representing. They may occur, also, in response to clients’ questions or requests.

FOUR REASONS FOR COMMUNICATION OF THE THERAPIST’S FEELINGS

Responses that congruently communicate the therapist’s experiences exist in the client-centered therapist’s response repertoire. These responses are expressed from the attitude of personal perceptions. They often include therapist self-disclosures that emphasize that the therapist is expressing an opinion, an impression, or an interpretation. I shall not discuss all possible reasons for congruent communications or other therapist self-disclosures in this paper. I have presented reasons for responses from the therapist’s frame of reference elsewhere (Brody, 1998). Four situations that constitute reasons for the therapist to make such responses have been mentioned that seem clearly consistent with Rogers’ theory.

One is the situation when a client perceives, or the therapist believes the client perceives, inconsistency of meaning among the therapist’s behaviors. The reason for the congruent communication in this situation is in order that the therapist can remain clear and unconfused to the client, and be likely to have the quality of transparency.

The second is the situation of the therapist having persistent experiences that are counter to the therapeutic attitudes of unconditional positive regard or empathic understanding. This is the most likely reason for making such a response and the one Rogers mentions.

I feel conservative in respect to this rationale. I recommend considerable introspection and talking feelings out with a colleague or consultant before voicing the therapist’s problems to a client. I recommend this conservative approach to congruent communications because I think clients should not be distracted from self-direction by being presented with the therapist’s problems unless there is no other way to solve the problem. I have observed, also, that therapists who have counter-therapeutic feelings tend to be unprepared to cope
with clients' complex and unexpected reactions to disappointing information from the therapist.

The third situation occurs when the client asks a direct question or makes a request. A self-disclosure or an honest expression of the therapist's opinion is appropriate in order to be respectful towards the client and allow the client to be the architect of the therapy.

The fourth situation is where there are simply spontaneous eruptions of disclosure of the therapist's feelings. These are unsystematic, infrequent, and brief responses coming from the therapist's personal presence and responsiveness.

In all of these situations we assume the therapist remains faithful to the aim to function therapeutically. The therapist attempts to communicate his own feelings and personal meanings in ways that do not undermine or confuse the client. In situations where the therapist chooses to communicate his experiences or his opinion or perspective about something, he is also at the same time attempting to experience unconditional positive regard and empathic understanding. This attempt exists even when the context of congruent communication or the self-disclosure of opinion involves experiences that are counter to the therapeutic attitudes of acceptant empathy. Communications about personal experiences or self-disclosures of opinions in client-centered therapy require discipline.

CONCLUSION

The respectful democratic and egalitarian orientation of client-centered work is intrinsic to the therapist's character and the therapist's attitudes. These qualities influence all behavior with clients. We emphasize that we are speaking from our own perspectives and inner experiences, in contrast to speaking from the authority of our credentials or our status as therapists. We have this emphasis when making empathic responses and whenever we respond to clients from our own frames of reference. We avoid declarations of fact. Instead, we emphasize personal perspectives. We convey our tentativeness when we do express statements of fact. We give the client the anatomy of our reasoning, or give our evidence, when we make statements of explanation or interpretation. We invoke our attitude of personal perspectives when we wish to communicate about our congruent experiences. All of these efforts contribute to the client's sense of being respected as a person.

Client-centered behavior may appear spontaneous to an observer and it may feel spontaneous to the therapist. It is, however, very disciplined behavior. It appears spontaneous when the values, attitudes, and concepts about the work have become part of the therapist's character and lived attitudes. A therapist's capability to maintain a congruent state is fundamental and essential to all therapeutic qualities and endeavors.

REFERENCES


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