

Two Rogers and Congruence: An Opposing View

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Abstract

This article offers counterpoints to “Two Rogers and Congruence: The Emergence of Therapist-Centered Therapy and the Demise of Client-Centered Therapy” (Frankel and Sommerbeck, 2005) contained in the book *Embracing Non-directivity: Reassessing Person-Centered Theory and Practice in the 21st Century* (Levitt, 2005). I argue that Rogers’ early work included the idea of genuineness along with an empathic acceptant attitude. I submit that the concept of congruence was created before the Wisconsin Project as a core condition of client-centered therapy based on sound research and experience and was not added because of failures. Rogers and his co-workers did not make a category error. Finally, I assert that the nondirective attitude remains valid embedded in client-centered therapy.

Summary of Chapter

“Two Rogers and Congruence: The Emergence of Therapist-Centered Therapy and the Demise of Client-Centered Therapy” (Frankel and Sommerbeck, 2005) asserts that Rogers initially developed a model of therapy that was based primarily on the therapist providing empathic understanding and unconditional positive regard (Rogers-1). Rogers and his co-workers moved away from this model as a result of working with non-motivated clients in the Wisconsin Project who happened to be schizophrenic. In so moving, Rogers and his co-workers included a new concept in their model—congruence—because of the failure of the Wisconsin Project and, as such, Rogers committed a category error distorting client-centered theory. Finally, the category error implies that the non-directive attitude no longer applies in client-centered theory.

The Early Years

Frankel and Sommerbeck (2005) propose that Rogers-1 did not include “congruence as an independent therapeutic agent” in his early work

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(p. 40). They use *Client-Centered Therapy* (1951) as an example of Rogers' early work, and they point out that congruence and genuineness are not included in the subject index of this book. While this point is most definitely true, there are a number of other notable words and phrases, such as empathic understanding and unconditional positive regard, which are not in that subject index. I submit that the precursors to these words and phrases are in the book, but not in their final form. Frankel and Sommerbeck (2005) go on to write:

Rogers-1 is not encouraging a dry, artificial, formal therapeutic relationship which denies the genuineness of the counselor. Of course a counselor may not understand or accept the client-centered framework, and may thus be empathic in a mechanical and inauthentic way. Rogers profoundly believed that empathy and unconditional positive regard were all that was necessary to set in motion the client's capacity to realize all that was best in him or her (p. 50).

This passage is interesting for two reasons. First, it is apparent that the genuineness of the counselor is important. Otherwise, the authors would not have included this statement in the chapter. How important is genuineness? Well, this is what Rogers had to say about it in *Client-Centered Therapy* (1951):

I trust it is evident from this description that this type of relationship can only exist if the counselor is deeply and genuinely able to adopt these attitudes. Client-centered counseling, if it is to be effective, cannot be a trick or a tool. It is not a subtle way of guiding the client while pretending to let him guide himself. To be effective, it must be genuine. It is this sensitive and sincere "client-centeredness" in the therapeutic relationship that I regard as *the third characteristic* (my italics added) of nondirective therapy which sets it distinctively apart from other approaches (pp. 420-421).

It seems clear that Rogers believed that genuineness ranked on the same level as empathy and acceptance as a fundamental characteristic of the therapeutic relationship *in 1951*.

The passage by Frankel and Sommerbeck is also interesting because of the meaning the authors (2005) infer when using the word "genuine." They infer that "genuine" means authentic, and not artificial. I believe that this use of the word "genuine" aligns with the way Rogers used it throughout his career.

The Chronology of Congruence

Frankel and Sommerbeck assert that Rogers and his co-workers moved away from this model as a result of working with nonmotivated clients in the Wisconsin Project who happened to be schizophrenic. In so moving, Rogers and his co-workers included a new concept in their model—congruence. It is my understanding that Rogers and his co-workers began work on the Wisconsin Project in 1957. Yet in 1954, three years before the project started, Rogers gave a speech at Oberlin College in Ohio in which he spoke about the importance of genuineness. He said:

One brief way of describing the change which has taken place in me is to say that in my early professional years I was asking the question, How can I treat, or cure, or change the person? Now I would phrase the question in this way. How can I provide a relationship which this person may use for his own personal growth?...What is this certain type of relationship I would like to provide?...

...I have found that the more that I can be genuine in the relationship, the more helpful it will be. This means that I need to be aware of my own feelings, in so far as possible, rather than presenting an outward façade of one attitude, while actually holding another attitude at a deeper or unconscious level. Being genuine also involves the willingness to be and to express, in my words and behavior, the various feelings and attitudes which exist in me (Rogers, 1961, pp. 32-33).

Rogers goes on to list unconditional positive regard (UPR) as the second condition and empathic understanding (EU) as the third. Apparently, Rogers considered genuineness to be a fundamental principle of a therapeutic relationship well before the Wisconsin Project began. This idea of genuineness was the precursor to congruence as a core condition of therapy. In an electronic message dated November 2005, Jerold Bozarth reported that copies of Rogers' "A Theory of Therapy, Personality and Interpersonal Relationships, as Developed in the Client-Centered Framework," which included congruence as a core condition of therapy, was written (but not published) as early as 1956. In his 1959 paper, Rogers wrote:

This is a basic concept which has grown out of therapeutic experience, in which the individual appears to be revising his concept of self to bring it into congruence with his experience, accurately symbolized...Thus, 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 (pp. 205-206).

In this statement, Rogers uses the term congruence without a reference to genuineness, emphasizing the importance of accurate symbolization of self and experience. Rogers included congruence in his theory of therapy well before the Wisconsin Project began.

The Basis for Congruence: Success or Failure

Frankel and Sommerbeck conclude that Rogers and his co-workers included the concept of congruence in their model of therapy because of difficulties working with unmotivated, schizophrenic clients in Wisconsin. Frankel and Sommerbeck (2005) infer that Rogers and his co-workers rationalized away the failure of EU and UPR by adding a new and flawed concept to the theory—congruence. This inference leads one to believe that congruence is not a necessary and sufficient condition of successful therapy. Instead, it is an add-on to rationalize unsuccessful therapy. Yet Rogers, in the same speech in 1954, states otherwise:

So I am going to try to state very briefly and informally, some of the essential hypotheses (conditions) regarding a helping relationship which have seemed to *gain increasing confirmation both from experience and research* (my italics added) (Rogers, 1961, p. 33).

I suppose we can argue about whether or not he was being accurate here, but I choose to take his statement at face value. I believe that he includes congruence in his model of therapy, because it correlated with positive outcomes, not added because of negative outcomes.

The Question of a Category Error

Frankel and Sommerbeck state that Rogers made a category error by including congruence in his model of therapy and that this error undermines the theory. The authors write, “Rogers-2 and Bozarth imply that the ‘person’ of the therapist is somehow distinct from the therapist as if there were a natural antipathy between personalities and social settings (roles)” (p.53). Further, Frankel and Sommerbeck assert that Rogers and his co-workers make the category error because “distinctions were made between the real person and the artificial therapist; between a real relationship and a therapeutic relationship” (p. 52). The authors base this assertion on Gilbert Ryle’s definition of a category error, which they define thusly, “You would be making a category error if you treated the name of a class of things as if it

were a member of that class itself” (p. 41). Frankel and Sommerbeck then provide the reader with an example of a category error. In the example, one would be committing a category error if one treated the category of dog as if it existed on same level as a collie, cocker spaniel, or a bulldog.

Frankel and Sommerbeck (2005) then explain that the category error type that concerns them “substitutes acting as a genuine human being for the category of dog and acting as a psychoanalyst, person-centered therapist, acting as a friend, acting as a spouse, acting as a son or daughter for the particular breeds” (p. 41). Further, they explain that Rogers committed a category error because “when you describe all the ways a person relates to other people, you have described how a genuine person acts. It is thus a category error to consider acting as a genuine human being as a way of acting in addition, or opposed, to acting as a therapist” (p. 41).

I submit that the authors’ assertion that Rogers committed a category error with respect to congruence as a core condition of therapy by using the word “genuine” is inaccurate, misleading, and inappropriate. With respect to congruence, Frankel and Sommerbeck base their argument of a category error on a definition of the word genuine that is not the one intended by Rogers in his theory. As a result, the charge of a category error is inaccurate, misleading, and inappropriate.

Inaccurate, Misleading and Inappropriate

Rogers includes the word genuine in some passages to help the reader understand the concept of congruence. For example, in his 1957 paper (mentioned above) he wrote:

The third condition is that 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 is the opposite of presenting a façade, either knowingly or unknowingly (Rogers, 1989, p. 223-224).

The word “genuine” is in this excerpt. Since words often have more than one meaning, it is important to reference the same meaning the author intended when he chose the word. In this case, Rogers used the word genuine to mean “free from hypocrisy or pretense” (Mish, et al., 1990, p. 512), which can be inferred from the last sentence Rogers uses in the above brief passage. In fact, this is the same meaning Frankel and Sommerbeck subscribe to when they write about “genuineness” from the perspective of the so-called Rogers-1. The authors used words such as “authentic” and “not

artificial” to describe “genuine” in Rogers-1. Moreover, it is consistent with the meaning that Rogers used when writing about “genuineness” throughout his career.

However, in naming the broad category for the category error, Frankel and Sommerbeck chose a different meaning for the word “genuine.” They use the definition “having the reputed or apparent qualities or character” (Mish, et al., 1990, p. 512). We know this because the authors write, “When you have described all the ways in which a person relates to other people, you have described how a genuine person acts” (p. 41). Frankel and Sommerbeck provide themselves with the means to charge Rogers with a category error by changing the meaning of the word “genuine” from “free from hypocrisy or pretense” to “having the reputed qualities or character.” Using this definition, the authors assert that a human being has the apparent qualities or character as each of his or her sub-categories, such as a therapist, a friend, or a spouse. While their choice of definition represents a valid meaning for the word “genuine,” it is not the one Rogers used in his theory of therapy.

To reiterate, Rogers wrote, “The more the therapist is himself or herself in the relationship, putting up no professional front or personal façade, the greater is the likelihood the client will change and grow in a constructive manner” (Rogers, 1980, p. 115). A person is genuine because he or she is free from hypocrisy or pretense. A therapist could knowingly or unknowingly present a personal façade or professional front to her client. Another therapist might not present a personal façade or professional front to her client in the therapeutic relationship. Yet both would still be human beings. Frankel and Sommerbeck (2005) make an error of attribution by changing the meaning of the word genuine from the original intention of Rogers. In essence, the authors create the category error by changing the meaning of the word. As a result, the charge of a category error is not only inaccurate, but also misleading and inappropriate.

Congruence at a Base Level

Frankel and Sommerbeck (2005) reject congruence as a core condition of therapy and go on to discuss the timing and function of non-empathic behavior by the therapist. This discussion includes an analysis of some of Rogers’ responses from his videotape with Gloria (1965). As a proponent of client-centered therapy, as defined by Rogers in 1957 and 1959, I believe that the therapist’s congruence can and should be examined in its own right. Ironically, the videotape of the “Gloria interview” provides the

components necessary to examine therapist congruence. In an address Rogers made in 1958, he identifies the areas that would serve as an investigation of a therapist's congruence. He said:

Can I be expressive enough as a person that what I am will be communicated unambiguously? I believe that most of my failures to achieve a helping relationship can be traced to unsatisfactory answers to these two questions. When I am experiencing an attitude of annoyance toward another person but am unaware of it, then my communication contains contradictory messages. My words are giving one message, but I am in subtle ways communicating the annoyance I feel and this confuses the other person and makes him distrustful, though he too may be unaware of what is causing the difficulty. When I fail to listen to what is going on inside of me, I fail because of my own defensiveness to sense my own feelings, then this kind of failure seems to result (Rogers, 1961, p. 51).

Rogers further delineates the essence of congruence as a core condition in the last sentence that Frankel and Sommerbeck (2005) deleted when quoting Rogers in *A Way of Being*:

Thus, there is a close matching, or congruence between what is being experienced at the gut level, what is present in awareness, and what is expressed to the client (Rogers, 1980, p. 116).

Videotape of a therapy session between client and therapist provides the observer with physical characteristics of communication that are needed to assess congruence. Videotape captures both the verbal and nonverbal behaviors of the therapist and client in the therapy session. Viewing a videotaped session allows the observer the opportunity view the nonverbal behaviors while listening to the dialogue between client and therapist in the session. Frankel and Sommerbeck provide an analysis of the Gloria tape, but do not mention his nonverbal behavior. I assert that an appropriate analysis of Rogers' congruence in the Gloria interview would determine whether Rogers' subtle, nonverbal communications are in concert with his verbal expressions. It would assess whether or not Rogers appeared to be putting on a "professional front" or "personal façade" (Rogers, 1980, p. 115). To me, this sort of analysis would provide a good indication of Rogers' congruence in the interview. My recollection from the half dozen times I have seen the video is that Rogers' verbal and nonverbal communications were consistent, indicating that he was, in fact, congruent for most of the interview.

Nondirectivity and Congruence

Finally, Frankel and Sommerbeck (2005) assert that by introducing congruence as an “independent therapy agent,” the therapist’s nondirective attitude is no longer implied in the theory (p. 40). The authors make this statement in the abstract portion of the chapter and, at least as far as I can tell, never concretely spell out their justification. The reader is left with the impression that somewhere along the line Rogers abandoned nondirectivity for congruence. Yet, there is no explanation, other than the notion that nondirectiveness is implied whenever “we speak about empathic understanding, since empathic understanding is, by definition, post-dictive and not predictive” (Frankel & Sommerbeck, 2005, p. 40). A more thorough investigation of the chapter by Frankel and Sommerbeck allows me to make a guess as to what they may mean by nondirectivity and how that view differs from my own. Frankel and Sommerbeck wrote:

Second, by consistently being empathic, the therapist in effect *informs* (my italics added) the client that he or she *will have to* (my italics added) create their own insights, their own direction, and if necessary, live with their own mistakes. (p. 48)

With apologies to Brian Levitt, who states in his own chapter of the book on nondirectivity that “dividing non-directivity in terms of intent is not logical” (Levitt, 2005, p. 8), I am compelled to point out the distinction between your brand of nondirectivity and my own. By their statement, I understand Frankel and Sommerbeck to be embracing instrumental nondirectivity (Grant, 1990). Grant defines instrumental nondirectiveness as a nondirective attitude employed to facilitate growth. It becomes apparent that Frankel and Sommerbeck advocate instrumental nondirectiveness in the phrasing used (above quote) to describe an empathic therapist. While I respect their definition and way of practicing, I am not a proponent of it. In fact, I find words and phrases such as *inform* and *will have to* actually implying directiveness. To me, Frankel and Sommerbeck are directing the client on how to be.

I believe in principled nondirectivity (Grant, 1990). Grant defined instrumental nondirectiveness as “an expression of an absence of the *intention* to make anything in particular happen, and of an openness to following the client’s direction” (Grant, 1990, p. 82). When I work with a client, I strive to fully *receive* the client. Rogers mentions this idea in a paper dated September 1957. He wrote:

Likewise, in conceptualizing the process of personality change in psychotherapy, I shall assume a constant and optimal set of

conditions for facilitating this change. I have recently tried to spell out these conditions in some detail. For our present purposes I believe that I can state this condition in one word. Throughout the discussion that follows, I shall assume the client experiences himself as fully *received* (Rogers, 1961, pp. 131).

In my view, the client-centered way of fully receiving someone means the absence of any direction whatsoever. The client has the power to decide. My default position when working with a client is his frame of reference. However, he can ask questions or opinions that involve my frame of reference. I will clarify that he wants an opinion or an answer to his question and then I will give him my perspective. After I give my opinion, I will ask if I met his needs and then move back to the default position of his frame of reference.

I think that our different stances on nondirectivity are important as it applies to the concept of congruence. Since I am not a proponent of instrumental nondirectivity, I find a reflective empathic understanding response given to a client after he or she asks for an opinion from his therapist to be unsettling. In my eyes, the therapist is directing the client back to his own frame of reference when the client wants something else. I see it as a subtle form of manipulation. I believe this type of response might be confusing to the client used to receiving nondirective therapy.

And, I think that if I consciously did this (gave an EUR when I was certain that the client was asking me a question), I would be directing the client away from his intention. Moreover, by purposely directing the client, I have ceased to accept the client in that moment. My understanding of him has become conditional, because I have a goal in mind for him.

Conclusion

This article examined assertions made in the chapter titled “Two Rogers and Congruence: The Emergence of Therapist-Centered Therapy and the Demise of Client-Centered Therapy.” A historical review of Rogers’ work indicates that he included congruence as a core condition of therapy before the Wisconsin Project began. Further, according to his writings, Rogers included it based on sound research methodology. I contend that Rogers was not making a category error when discussing the concept of congruence. The term he used was congruence, not genuineness. Furthermore, the meaning Rogers attributed to the word “genuine” as a descriptor for congruence is different from the meaning used by Frankel and

Sommerbeck (2005). As a result, their charge of a category error is inaccurate, misleading, and inappropriate.

I think an analysis of congruence as a core condition of therapy should involve an assessment of a therapist's nonverbal behavior and how that matches up with her verbal expressions. Finally, I believe that nondirectivity is not compromised by congruence as a core condition of client-centered therapy.

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