



## **A Review of Congruence within the Theory of Person-Centred Therapy**

Congruence is one of the 'core' conditions of person-centred or client-centred therapy, the other two conditions being empathy and unconditional positive regard (UPR). Rogers held the view that it was the existence of these 'core' conditions that created a truly healing, therapeutic relationship. Congruence can be termed as authenticity, transparency and genuineness. In other words, the therapist being real, being themselves.

The three 'core' conditions are part of a wider framework of what Rogers called the 'six necessary and sufficient conditions' (Rogers, 1957, as cited in Reeves, 2018) outlined below:-

- 1) That two persons are in contact
- 2) That the first person, whom we shall term the client, is in a state of incongruence, being vulnerable or anxious
- 3) That the second person, whom we shall term the therapist, is congruent in the relationship
- 4) That the therapist is experiencing unconditional positive regard towards the client
- 5) That the therapist is experiencing an empathic understanding of the client's internal frame of reference
- 6) That the client perceives, at least to a minimal degree, conditions 4 and 5, the unconditional positive regard of the therapist for them, and the empathic understanding of the therapist.

It was Rogers' belief that these conditions were enough for constructive personality change, and that the therapist is non-directive, following the emerging experience of the client in the moment, with this being the focus of the work rather than goal-setting by the therapist.

Rogers stated in *Three Approaches to Psychotherapy* pertaining to his work with Gloria, "when I am real in this fashion (genuine) I know that my own feelings will bubble up into awareness but be expressed in ways that won't impose themselves on my client (Shostrum, 1965, as cited in Sommerbeck, 2015, p.4).

The integral aspect of congruence within person-centred theory is this latter point – not imposing onto the client what may not be facilitative. Lietaer clarifies this further by stating two 'rules of communication.' One is owning or providing I-messages rather than you-messages. In doing so, the

therapist clearly communicates that the experience and feelings are his instead of making evaluations about the client. The second rule is to have an openness to what may follow especially after an intervention offered from the therapist's own frame of reference (Lietaer, 1993, as cited in Sommerbeck, 2015).

Rogers described client incongruence as the state of affairs of a client's life prior to the call to a therapist. The widely held idea is one of some anxiety or discrepancy in the client's world. Whilst Rogers called this incongruence, different language was used among those with a different theoretical orientation. "Freudian psychoanalytic theory talks about the primary defence,; Reich (1933/1961) thinks about 'character structure'; Horney (1939) calls it 'basic anxiety'; in gestalt therapy, Perls, Hefferline and Goodman (1951/1973) see it in terms of 'interruptions to contact'; writing about group analysis, Bion (1961) talks about 'basic assumptions'; and in primal therapy Janov (1973) identifies the 'primal scene'" (Embleton Tudor, et. al., 2004, p.41). Whilst terms vary from different perspectives, this 'incongruence' may underlie the presenting problem, and in person-centred circles, it is widely recognised that client incongruence is viewed as the factor pertaining to dis-ease and the reason why clients seek therapy. It is also recognised among person-centred theorists that with the therapist being congruent and integrated in the relationship able to show their own congruence through empathic understanding of clients, that it is this that helps clients find their own congruence and authenticity. Bozarth (1998) supports this notion by stating that, in Rogers view, the counsellor's feelings, awareness of feelings and expression of feelings are the substance of genuineness, and that this reality of the therapist is required so the client can seek their own reality. Congruence, wholeness and genuineness are terms used interchangeably and capture the essence of successful therapy.

Interestingly, Sommerbeck (2015) says that therapists have no way of knowing for sure whether they are actually congruent or not. What is out of awareness of the therapist such as unconscious defence mechanisms would mean that the therapist may experience themselves as congruent, yet they are not because there are no criteria to discern between congruent and incongruent experiences. The best that anyone can ever hope for when it comes to the concept of congruence is that the therapist is being as congruent as they possibly can be in any given moment.

Brodley suggests that the meaning of congruence is ambiguous and says that Rogers used the terms adjustment and maladjustment as forerunners of congruence. She goes on to say that "adjustment and congruence.....appear to refer to the same phenomena; that is, the capability for, and the activity of, accurate symbolization of experiences in awareness" (Brodley, 1995, p.2, as cited in, Bozarth, 1998, p.73).

Rogers himself stated that congruence is "when self-experiences are accurately symbolised (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" (Rogers, 1959, p.206, as cited in, Bozarth, 1998, p.73).

Grafanaki (2013) iterates that Rogers omitted to provide representative examples of congruence in therapy, and over the years, there has been difficulty in reconciling the objective and the phenomenological aspects of congruence and incongruence. Grafanaki (2013) also states that research indicates that both of these constructs are not static and unitary, but highly fluid experiences affected by the quality of the interaction internally and between people at any given moment. "Congruence and incongruence are "bodily-experienced" phenomena that connect deeply with our humanity and the quality with which we engage with our worlds (inner and outer)" (Grafanaki, 2013, p.183).

Tolan (2017) cites that within the person-centred community, expressions from the counsellor's own phenomenal field or frame of reference should be rare, however, for some clients experiencing something from their therapist's frame can show their humanity and lead to greater equality and trust in the relationship. Being fully congruent, however, will mean not judging the client.

One of the integral aspects for a client in person-centred therapy is that they learn to trust their own organismic valuing process whereby the person is more able to acknowledge their experiences and trust their own valuing to an extent where they feel genuine and congruent in the expressions of their own feelings.

Tudor & Worrall (2006) state that incongruence is a disparity between experience and self with emotional, behavioural and psychological consequences. Therefore, congruence is when experience is in accord with self, and the person can accurately symbolise their experiences and integrate these into their life.

When it comes to incongruence, Tudor & Worrall note that Rogers used the term to describe a certain kind of incongruence, between specific and named aspects of a person's being: organismic versus self-picture. They define this as a precise definition and highlight Brazier as a reminder not to take "all apparent inconsistencies as evidence of incongruence" (Brazier, 1995, p.221, as cited in, Tudor & Worrall, (2006), p.194).

Speierer says that client-centred therapy is, "essentially, 'the treatment of incongruence', and that its 'aims include the reduction of experienced incongruence, the improvement of the ability to self-congruent experiencing, and the enlargement of incongruence tolerance'" (Speierer, 1996, p.300, as cited in, Tudor & Worrall, 1996, p.194).

Despite an evolving articulation of what congruence is by Rogers over the years, and an acknowledgement later on in his theoretical work that congruence pertained to the therapist's congruence 'in the relationship', it is widely recognised among the person-centred community that a therapist cannot be completely congruent all of the time. It is also recognised that the notion of congruence in therapeutic work is about helping a client move closer to their authentic, congruent self, and this is enabled by the therapist being congruent and integrated in the relationship as much as is possible. Congruence does not necessarily extend to communication on the part of therapist to client, particularly if in doing so, empathic understanding of the client's frame of reference is adversely impacted or unconditional positive regard of the client is impeded.

Ultimately, the effects on a client of experiencing congruence are a greater authenticity and genuineness with their expression of feelings, and a valuing of their self to a point where they are feeling and becoming more fully-functioning. The vehicle for this is the therapist and her ability to be authentic and genuine in the relationship, as if showcasing this congruence for the client to discover and develop, whilst maintaining empathic understanding of the client's world. For some clients, this can be life-changing and is testament to the work of Rogers and the many person-centred theorists who have developed his philosophy further over the decades.

Some areas to reflect on:-

- What is your understanding of congruence and how would you define it?
- Some theorists are highly valuing of this core condition. Where do you stand on this? Are the conditions of empathy or unconditional positive regard more important to you?
- Beyond the theoretical definitions of congruence, what does congruence mean to you personally at this stage in your counselling journey?

No matter how important this core condition is within person-centred circles, there is a widely-held view that all three core conditions are essentially one condition, because in reality, the conditions are a philosophy, attitude and way of being with a client that underpins the essence of the therapeutic relationship.

**References:-**

**Bozarth, J. (1998) *Person-Centred Therapy – A Revolutionary Paradigm*. Monmouth: PCCS Books Ltd.**

**Embleton Tudor, L., Keemar, K., Tudor, K., Valentine, J., and Worrall, M. (2004) *The Person-Centred Approach – A Contemporary Introduction*. Basingstoke: PALGRAVE MACMILLAN.**

**Grafanaki, S. (2013). Experiencing Congruence and Incongruence. *Person-Centered & Experiential Psychotherapies* [online] 12 (3): pp.183-186. Available at:  
<https://dx.doi.org/10.1080/14779757.2013.839361> [Accessed 23 March 2021].**

**Tudor, K. and Worrall, M. (2006) *Person-Centred Therapy – A Clinical Philosophy*. Routledge: Hove.**

**Reeves, A. (2018) *An Introduction to Counselling and Psychotherapy – From Theory to Practice*. 2<sup>nd</sup> ed. London: SAGE Publications Ltd.**

**Sommerbeck, L. (2015) *Therapist Limits in Person-Centred Therapy*. Monmouth: PCCS Books Ltd.**

**Tolan, J. and Cameron, R. (2017) *Skills in Person-Centred Counselling and Psychotherapy*. 3<sup>rd</sup> ed. London: SAGE Publications Ltd.**