

# Congruence in theory and practice

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L'engagement du thérapeute –  
un moteur du changement thérapeutique?

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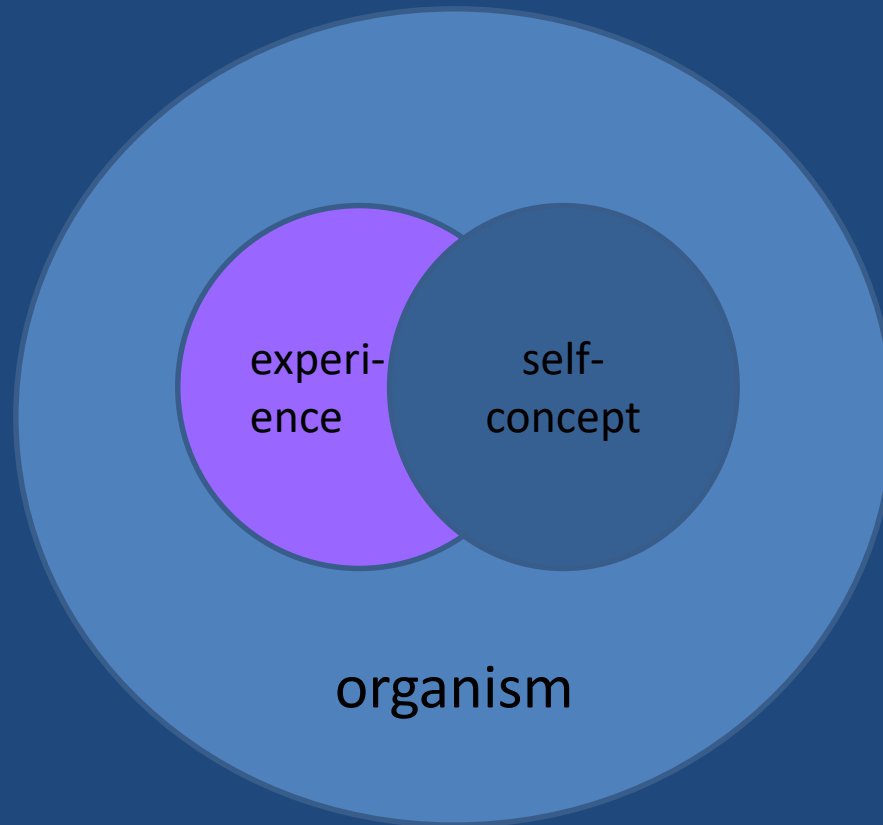
St. Martin-de-Londres

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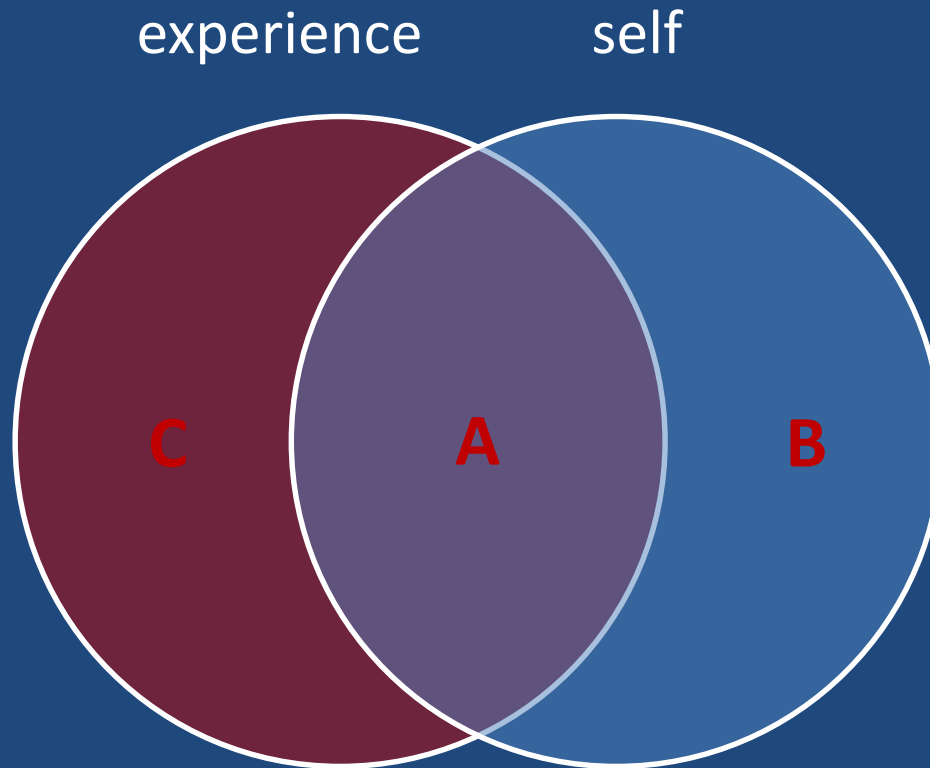
- Clarification of terms and concepts
- Congruence and communication
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# Congruence: Intrapsychic level

Consonance of **experience** and **awareness**



# Experience and self of psychotherapist/counselor: intrapsychic level



**A:** congruent

**B:** distorted symbolization of experience

**C:** experience not in awareness (denied, incomplete)

# Aspects of congruence

- theoretical **concept** (for others only to a certain extent perceivable)
- not a content but a **relation** (experience – self – furthermore communication)
- **intra-psychic dimension = state of being**
- to symbolize experiences accurately is a **functional quality**

# Aspects of congruence

- on a **continuum** (from less to more congruent) = not always and not in every respect – **sufficiently is enough**
- it is not possible to have all experiences present → **available on demand**
- **generalized capacity** vs. specific experience in a situation
- according to theory of therapy **starting point for the therapist**
- **therapy goal for client**

# Congruence: Interpersonal level

Transparency and communication

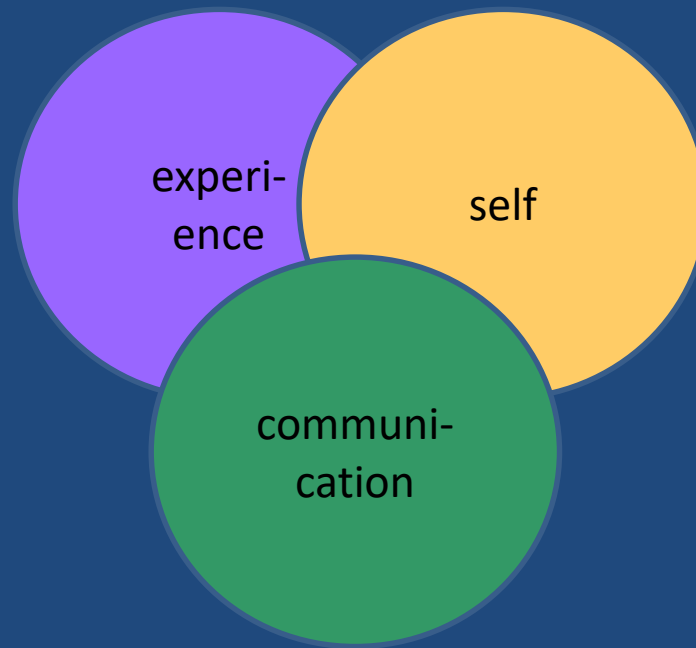
# Transparency

- Via (explicit) communication congruence (in the meaning of inside = **to be**) becomes a transparent **behavioral phenomenon** (outside = **to do**)
- **ability of the therapist** to communicate in such a way that the client receives the congruent message, above all unconditional positive regard and empathic understanding, not necessarily verbally (→ condition 6)

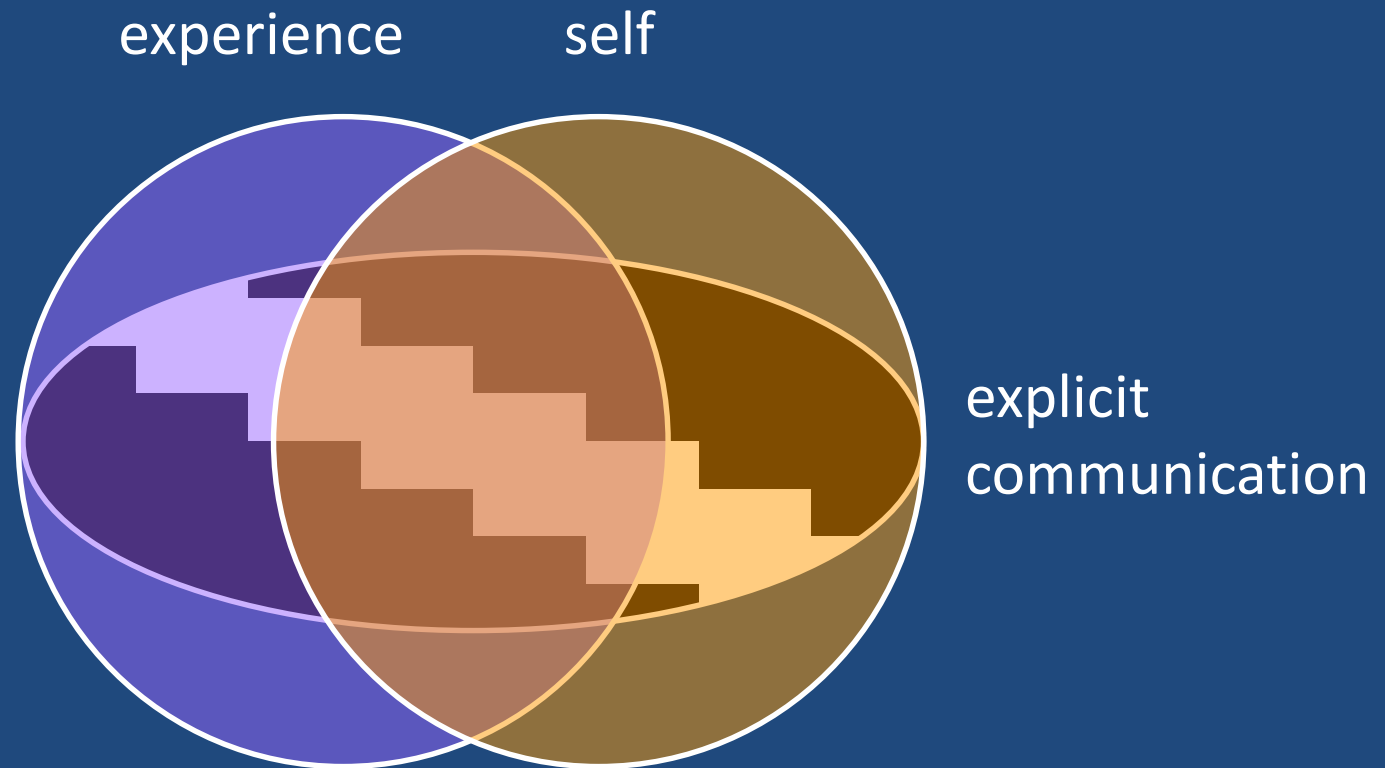


# Congruence: Extension of its meaning

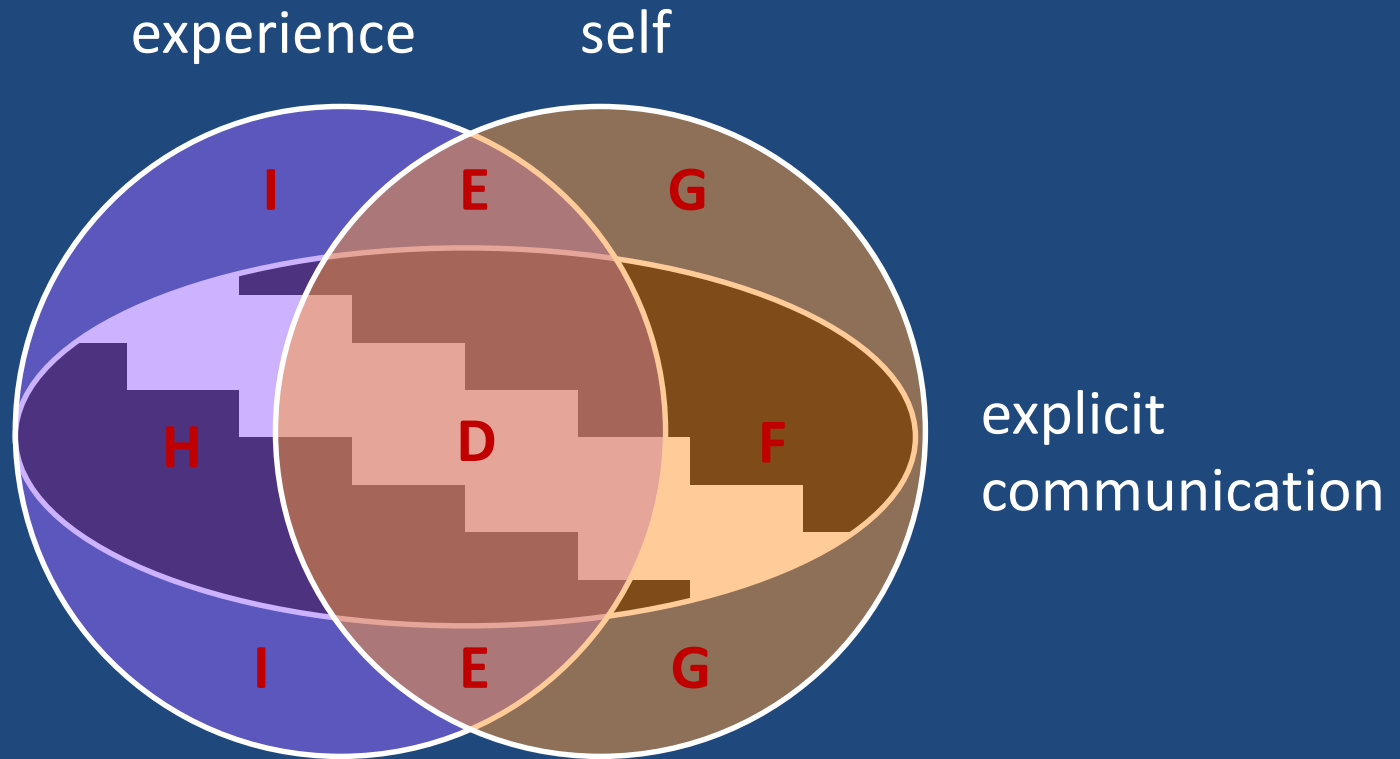
Consonance of **experience**, **awareness** and **communication** of experiences to others



# Experience, self and communication: a model



# Experience, self and communication of the therapist: a model



**D:** congruent and fully transparent

**F:** communication of distorted symbolization

**H:** autonomous body language (no awareness)

**E:** congruent but selective

**G:** inauthentic (selective, distorted)

**I:** implicit processes (unaware, cannot be observed from the outside)

# Congruence as part of theory of therapy

- two persons are in *(psychological)\** contact
- the client is in a state of incongruence, being vulnerable, or anxious
- **the therapist is congruent (or integrated)\* in the relationship**
- the therapist is experiencing UPR toward the client
- the therapist is experiencing EU of the client's internal frame of reference *(and endeavours to communicate this to the client)\**
- the client perceives, at least to a minimal degree, conditions 4 and 5 *(The communication to the client of the therapist's EU and UPR is to a minimal degree achieved)\**

Rogers (1959; written 1954); \* additions or modifications in Rogers (1957)

# Historical sketch

- Rogers (1957; 1959): Congruence as state of therapist = **intra-psychic** concept; **in accord with oneself**
- Rogers (1962): client's perception of therapist's congruence = **hide nothing and be transparent for the client**
- Rogers & Sanford (1984): **explicit communication of therapist's experiencing**

# Expressions from frame of reference of therapist

## Why?

- **Being present** to the client in a holistic way (responsivity)
- Transcending alter ego relationship → **dialogic quality** (relational experience for the client) – sign of (existential) **equality**
- **Use of the self of therapist** (expert for own experiencing) (≠ expert for the client)

# Indication for expressions from frame of reference of the therapist

## When?

- Persistent experience of not understanding and/or not valuing the client; in other words: if the therapist is preoccupied with own feelings and not with the client's feelings
- spontaneous responses (“of striking quality”) → Am I free to withhold an expression?

# Indication for expressions from frame of reference of the therapist

## When?

- if client presumes (or perceives) **inconsistencies on side of the therapist** or if therapist suspects that client is unclear about therapist (to avoid confusion of the client)
- on demand = **questions and requests** of the client
- overall: **fostering experiential processing**

cf. Brodley (2011); Mearns & Thorne (2007)



# Guidelines for T-frame responses

## How?

- in line with philosophy that **client is expert for themselves**
- **keep track with client** and anticipate if **relevant**
- **sporadic and non-systematic** (check motives and intentions) → “facilitative, non-exploitative, non-intrusive, non-dominant” (Wyatt, 2001; p. 230)
- use **language that conveys your own experiencing**
- avoid responses that may be construed as facts or comments about the client

# Guidelines for T-frame responses

## How?

- **personal style and subjective perspective** (instead of stressing own qualification or professional role)
- **tentative emphasis**
- whenever possible, **make clear** what made you bring in your frame of reference (especially if explaining or even interpreting something)

acc. Brodley (2011), Cain (2010), Mearns & Thorne (2007)

# Guidelines for T-frame responses

- **technically speaking no limit** (but ethical and personal boundaries!)
- nurtured by care, discipline, and self-control →  
“disciplined spontaneity”
- consider **vulnerability of clients and power issues** - self-determination of clients as “compass”
- in reverse: therapist might not be present enough for the client

# Techniques?

- Finke (2004) - following Carkhuff - distinguishes three typical techniques to implement the therapy principle “congruence”:
  - self-disclosure
  - immediacy
  - confrontation
  
- But, as it is an inner state, operationalization of congruence in behavioral terms is problematic! → background melody rather than systematic techniques

# Interplay with other core conditions

- congruence = unconditional positive self-regard  
→ entering the world of the client without reservation  
(= UPR)

Congruence is internal (and external), UPR external  
openness

- congruence increases self-understanding and as a consequence empathic understanding of clients → congruence of therapist is upper limit of empathic capacity!

# Conclusion

- most important aspect in theory of therapy (core condition, attitude, therapy principle)
- crucial is client's perception of a basic reliability (as average experience)
- congruence of therapist (as intra-psychic phenomenon) as much as possible - a never ending story/process
- transparency better selective according to a number of guidelines (optimum instead of a maximum)

**“Be yourself  
no matter what they say”**

**(Sting)**