9 Congruence and Therapeutic Presence

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Congruence is probably the most complex of Rogers' three therapist offered conditions, yet the least explicated. As Rogers developed his ideas, he came to see genuineness as the most basic of the conditions (Rogers and Sanford, 1984) Possibly because of it's later emergence as a central element, it has not received as much attention as the other conditions, particularly empathy. We will discuss the concept of congruence and suggest that to be clearly understood, congruence needs to be seen as being a process embedded in an appropriate network of beliefs and intentions. We will in addition suggest that it is this tacit framework of intentions and beliefs that informs the therapist in how to be skillful in communicating congruently. We will also review the concept of presence and discuss it's relation to congruence, suggesting that therapeutic presence be viewed as an encompassing concept that acts as a pre-condition to congruence and possibly as a pre-condition to therapeutic effectiveness in humanistic therapies in general.

CONGRUENCE

Of the three therapist offered conditions, congruence often has been the most troublesome to the general disciplines of psychology and psychiatry. It has been misinterpreted either as being a license for the therapist to openly express all of his or her feelings or needs in an undisciplined manner, or has been viewed as a condoning what psychodynamic therapists would view as negative counter-transference. In the sixties and seventies being authentic, self-disclosing and encountering, often was proclaimed as central to good therapy by a number of humanistic therapists — without much further specification of what authentic meant or how it was therapeutic therapists (Schutz 1970). This rightfully led to the concern among many that unbridled openness could be destructive. These misunderstandings of what is meant by therapeutic congruence require the clarification of this concept and an explication of some of its underlying assumptions.

Lietaer (1993) pointed out that congruence or authenticity can, at an initial level of analysis, be broken into two separate components. These are 1) The ability to be aware of one's own internal experience, and 2) transparency, the willingness to communicate to the other person what is going on within. Rogers (1961), in using the notion of being 'real' with other people, appeared to emphasize both dimensions. By being congruent he meant not only being aware of one's own

internal experience but also of sharing it with the other. Thus congruence clearly has two components — an internal component involving awareness of one's own flow of experience and transparency, an outer component, that refers to explicit communication. It is with this latter component of openness and honesty that much of the controversy around congruence has raged.

The claim that being transparent *is* therapeutic requires, in our view, the specification of the set of preconditions and beliefs, intentions and attitudes that are needed for this aspect of congruence *to be* therapeutic. To simply teach young or novice therapists that they should be congruently transparent is not always helpful. This is because being transparent presumes a certain level of personal development and certain intellectual and value commitments. Congruence thus does not stand alone as a therapeutic ingredient. In our view, therapeutic congruence, as well as involving awareness and transparency, also requires that the therapists' internal experience arises out of attitudes, beliefs and intentions related to doing no harm to clients and to facilitate their development. This is the psychotherapeutic equivalent of a Hippocratic Oath.

In Person Centered therapy congruence has always been seen as being a part of a triad of therapeutic attitudes along with empathy and unconditional positive regard. In dialogical Gestalt therapy, the emphasis on therapists genuineness or authenticity is based on Buber's (1958) I-Thou relationship in which a genuine meeting of client and therapist involves, among other things, the therapist's presence and non-exploitiveness. The Rogerian attitudes of a willingness to understand the client and the prizing of a client's experience, and Gestalt notions of presence and non-exploitiveness, all entail intentions that are necessary for congruence to be therapeutic. To be facilitatively congruent, therapists thus need to be committed to understanding and respecting their clients. They need to operate both with a genuine desire not to have power over their clients and with a belief in the therapeutic importance of accepting their clients' experience as valid. Finally they need to be fully present and in contact with their clients as well as themselves. These intentions both precede being facilitatively congruent and are themselves important aspects of therapeutic congruence.

Varieties of congruence

One of the major purposes of congruence in psychotherapy is to help establish trust. As Rogers said, when we are 'real' with each other, this facilitates trust and communication (Rogers 1961). But of course, being real is in and of itself very complex and needs further clarification. In a post modern era, in which constructivist notions highlight how much is either psychologically or socially constructed (Neimeyer and Mahoney, 1995), notions of what is real become fuzzy. Being one's real self, for example, has always been a problematic idea because it implies there is such an entity as a real self, rather than seeing that the self is a process of construction (Greenberg and van Balen, 1998; Whelton and Greenberg, 2000). Being congruent, however, when seen as a process of awareness and openness in the moment, escapes the problem of claiming some greater ontological validity for certain aspects of self. Being real in facilitative relationship thus implies that the therapist does not hide relevant feelings and thoughts and

at particular times communicates certain present and persistent feelings or thoughts in certain ways to help build trust and openness in the dyad. This, however, is not done manipulatively or strategically. Rather it is done from the therapist's experience in the moment of a genuine desire to help. It is important to emphasize that the *doing* aspect of congruence involves an expressive intention rather than a goal oriented one.

Congruence, like empathy, (cf. Bohart and Greenberg, 1997, Greenberg and Rosenberg, 2000) is not a unitary phenomenon. Rather it includes a variety of intentions, beliefs and attitudes and manifests in a variety of experiences and behaviours that differ at different times. We need to recognize that although congruence is a holistic concept, it refers, in therapy, to a complex, multifaceted, phenomenon that is embedded in a network of attitudes, beliefs and intentions that results in doing different things at different times.

When I am being congruent, as well as being open to my experience, I am also *doing* different things at different times depending on the person I am with, the situation and the specific in-therapy context in which I am being congruent (cf. Wyatt 2000). Being present or fully attuned to the moment is a necessary guide, both to being open to my own experience and to knowing how to respond to the unique interplay of person, situation and context. Different situations call forth different congruent actions. These can, and need to be, specified further if we are to clearly understand what is meant by therapeutic congruence.

For example, being congruent may involve the therapist saying what she is feeling in her body at the time. It may involve speaking of a feeling that has been persisting over time, and actually is not being felt at the moment, in any visceral way. Or being congruent may involve the therapist saying something that spontaneously captures her sense of the moment. Also, the current or general feelings being expressed congruently may range from compassion to anger, from threat to joy, and depending on which feeling is being felt, it will be expressed in a very specific way with it's own expressive intentions. Anger, for example, may be expressed in order to set boundaries and to assist in resolving the feeling of being wronged; compassion may be expressed in order to share it and to comfort; fear is probably often expressed in order to inform the other of one's reaction to him or her.

In addition to disclosing what one is feeling, being congruent may involve saying what one is thinking, disclosing an image, sharing a past experience of one's own, or commenting on the interaction between persons. The intentions here may be to convey one's understanding or deal with a relational difficulty. A highly integrated and/or well- trained therapist, dedicated to helping, will produce congruent responses of a different kind and quality than will an undifferentiated or egocentric therapist or a novice. Being therapeutically congruent thus can be seen to involve a complex set of interpersonal skills as well as the intra-personal skill of awareness.

We suggest that the communicative aspects of congruence involve the ability to translate intra-personal experience into certain types of interpersonal responses, such that these responses will be consistent with certain implicit intentions. The deeper level intentions include, in addition to valuing and understanding the other, the intentions to facilitate the others development, to be accepting and non-critical of the other, to confirm the others experience, to

focus on their strengths and, above all, to do the other no harm. These intentions, and more, are what determine whether congruence is therapeutic. If one had a genuine desire to harm, being congruent would not be therapeutic.

To acknowledge the tacit intentions underlying congruence does not mean that congruence is not a spontaneous emergent experience in which one feels whole. Feeling whole when being congruent results from the therapist's intentions and actions being integrated and forming a coherent whole. In a congruent state, intentions are not in opposition and do not conflict with each other — neither does one intention or experience obscure or suppress another, opposing one.

Being congruent — the internal awareness component.

Being aware of one's own flow of internal experience and connecting with the essence of one's feeling, is a central component of congruence (Rogers, 1954). The internal awareness component is the easiest aspect of the concept to endorse as universally therapeutic. In our view it is always therapeutic for the therapist to be aware of her own feelings and reactions as this awareness orients her, and helps her be interpersonally clear and trustworthy. This inner awareness and contact naturally flows from the experience of therapeutic presence. Therapeutic presence is important in the practice of experiential therapies. As we will elaborate later, therapeutic presence involves, among other qualities, being receptively open and sensitive to one's own moment by moment, changing experience; being fully immersed in the moment; feeling a sense of expansion and spaciousness; and being with and for the client. These and other aspects of presence will be discussed more explicitly in the next section. Throughout this paper we assert that therapeutic presence is thus essential to congruence.

With awareness there is less likelihood of a discrepancy between verbal and non-verbal behavior and clients come to know that what they see is what they get — they learn that there are no hidden agendas. This helps the client feel safe and reduces interpersonal anxiety. This reduction in interpersonal anxiety allows clients to tolerate more intra-personal anxiety and thereby to explore more deeply. If the therapist is not aware of her feelings in interaction with her client she is unlikely to be an effective helper because she will not have access to vital information being generated in her therapy relationships — it would be like operating in the dark. We know that we are most effective in helping others when we are clear and aware of our own flow of internal experience, especially experience that is generated out of our moment by moment interactions with our clients.

Types of incongruence.

Looking now at incongruence in the dimension of self-awareness, it is important to note some of the different ways in which therapists can be incongruent. Different types of incongruence for example occur:

(1) when therapists are aware of their experiencing but deliberately not communicating. (Sometimes this is appropriate and sometimes not).

(2) When therapists are not clearly aware of what they are fundamentally experiencing because of being anxiously unclear.

(3) When therapists are completely unaware of their basic experience.

The first occurs when the therapist is clearly aware of feeling or thinking something and is deliberately not saying this. Here the therapist can be dissembling, trying to convey something he is not feeling. Then he is being phony or fake, trying either to be nice or supportive or appear interested when he is not. Another form of deliberate non-transparency is when he deliberately chooses not to say something of what he feels or thinks, because it seems like it would be distracting, or when what he is feeling seems to be more of his own 'stuff', or the timing seems wrong.

The second type of incongruence is being anxiously unclear. Here a therapist's anxiety blocks his ability to have a flow of experience. When this occurs he is usually unable to put this experience into words, especially at first. He may become aware of being threatened but is unable to process this, and his awareness becomes fused with a bodily sensed quality of tension and tingly-ness. Consciousness becomes prickly, breathing is altered and shoulders and arms tense up. He is then unable to listen clearly to his clients' words or to be in touch with his own flow of experience. The anxious body sense interferes both with attending to his client and with putting his experience into words and may dominate the therapist's awareness.

In the above examples, the therapist is clearly aware of a feeling of threat. However there are other states in which so much is happening or everything is occurring so quickly, that the therapist is not aware. It is only later that he can notice that he was threatened. Trainers can see that trainees often are not able to be aware of feeling threatened when it is occurring. In this third type of incongruence there is no awareness at the time of feeling threatened, nor of what is occurring internally. At such times the first step for therapists in becoming congruent, is to be able to recognize that they are feeling threatened. Yet other forms of this type of lack of awareness in congruence can occur. For example, a therapist can express something, in the belief that it is truly what he means, but he is unaware that certain currently unrecognized needs are influencing his expression. Another form of being incongruently unaware occurs when the therapist expresses what we have called a secondary emotion rather than a primary emotion (Greenberg et al 1993). Thus the therapist may experience and express anger without, at that moment, being able to recognize his underlying hurt. Here, the therapist expresses a secondary reaction to what was said and is not in touch with essential or core self experience.

These three forms of in-congruence — conscious nondisclosure, anxiety that prevents clear awareness and lack of awareness — all differ from one another. Each type of incongruence involves a different process of becoming congruent, even though it involves the common elements of being aware, and the ability to articulate one's own internal experience. One process involves attending to that which is known, another focusing on the not yet articulate, and another entails getting to what is core and acknowledging the previously unacknowledged.

Therapists generally are neither fully congruent nor incongruent, but are congruent to differing degrees. Thus congruence itself is a process. Another problem with the concept of congruence/incongruence is that the concept has

a realist flavor to it, suggesting that the therapist feels something explicit and is either aware or not aware of it. The situation however, is much more complex. The second form of incongruence above, for example, involves the therapist being unable to articulate in the moment what he or she is experiencing. Here the therapist is unable to construct meaning from what is going on rather than denying to awareness something already formed — it is not that he has a feeling, for example of feeling 'diminished' sitting inside fully formed, and is unaware of it. Rather he is unable, at the moment, to create a coherent description or narrative of himself in the situation (Greenberg and van Balen, 1998). Thus he is unable to articulate or configure his experience into a conscious description; he cannot symbolize his tacit experience and is not able to make sense of his experience as, perhaps, that of feeling diminished. The anxiety or threat is often a symptom of being stuck and unable to carry-forward one's experience in one's body with words. This, of course, is what Gendlin (1964) was pointing out in his concept of experiencing. We (Greenberg and Pascual-Leone, 1995, 1997, 2001 Greenberg and van Balen, 1999) have moved to the use of the word 'coherence' to replace congruence in an attempt to capture the constructive element of being genuine and to deal with the difficulty mentioned above with the concept of being real.

In being congruent, I *form* the moments of my experience, as much as I purely *discover* them. This is a creative process, and when I'm being incongruent it is this process that is blocked. In asserting this, I am not saying there is not something there in me to which I can attend. There really is some bodily felt experience there, but until I put words to it to create coherent meaning I am stuck. This process of becoming congruent by coherence is more like the 'seeing' of a rabbit in a cloud formation than seeing a rabbit behind a tree. In seeing a rabbit in the clouds I configure what I see from what is there. So too do I configure myself in each moment from the elements of my experience. One form of incongruence therefore is not being able to find the words, symbols or referents to an experience, so as not to be able to make sense of and experience meaning.

Being congruent — an interpersonal skill

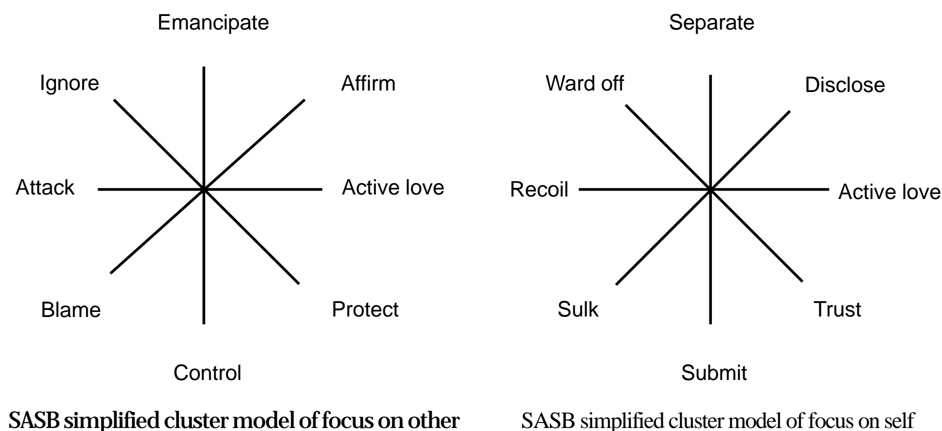
The case of transparency, or the communication component of congruence, is much more complicated than the self-awareness component. It seems that being facilitatively transparent involves many interpersonal skills. This component involves not only the ability to express what I'm truly feeling but to express it *in a way that* is facilitative. Transparency thus is a global concept for a complex set of interpersonal skills embedded within a set of therapeutic attitudes. We argue that the skills depend on three factors. First on therapist attitudes, second on certain processes such as facilitativeness, discipline and comprehensiveness, and third on the interpersonal stance of the therapist.

First, and probably most important, congruent responses as we have seen, need always to be embedded within the therapist conditions and need to be communicated non-judgmentally. In life, clearly one can be congruently destructive. Thus one can congruently attack or even murder. We all know this is not what we mean by the term congruence in therapy, because the term congruence is really qualified, tacitly, by a number of other beliefs and views. We

thus find it helpful to use the word 'facilitative' to qualify the word congruent.

When Person-Centered therapists say they are expressing themselves genuinely, they mean they are being transparent in a disciplined manner. In order to do this, therapists need first to be aware of their deepest level of experience — and this may take time and reflection. Next, they need to be clear in their intention for sharing their experience — that this is for the client or the relationship and not for themselves. It is also always important for therapists to be sensitive to the timing of disclosure — sensing whether clients are open to, or too vulnerable to receive what one has to offer. Discipline thus involves not blurting out whatever the therapist is feeling and making sure that what is expressed is a core or primary feeling rather than a secondary. Another qualifying concept that helps to clarify the transparency aspect of congruence is comprehensiveness — that congruence needs to mean 'saying all of it'. The therapist not only expresses the central or focal aspect that is being felt, but also the meta-experience — what is felt about what is being felt and communicated. Thus saying that one feels irritated or bored is not saying all of it. Therapists need also to communicate their concern about this potentially hurting their clients and express that they are communicating this out of a wish to clarify and improve a connection, not destroy it. This is what we mean by 'saying all of it'.

Figure 1: *Structural Analysis of Structural Behavior* — (Adopted from Benjamin, 1999)



SASB simplified cluster model of focus on other

SASB simplified cluster model of focus on self

Interpersonal stance — the third factor

The set of skills involved in facilitative congruent communication can be explicated further, by looking at congruent interaction in terms of the interactional stance as described by a circumplex grid of interpersonal interaction. This grid is based on the two major dimensions of dominance/control and closeness/affiliation. Lorna Benjamin (1996) has devised a coding system called the Structural Analysis of Social Behavior (SASB) that can be used to describe interpersonal interaction along these dimensions (see fig 1). Consistent with interpersonal theory, this grid outlines a set of complementary responses that fit

each other and that interactionally 'pull' for each other. Thus attack pulls for defend or recoil, and affirm pulls for disclose or reveal. The skill of congruent responding involves not reacting in a complementary fashion to a negative interpersonal 'pull' of the client — like recoiling when attacked — but rather to act in such a way as to 'pull' for a more therapeutically productive response from one's client, such as 'clearly express'. This would be achieved, for example, by an empathic understanding response to an attack.

The eight clusters of complementary positions are attack-recoil, blame-sulk, control-submit, protect-trust, active love-reactive love, affirm-disclose, emancipate-separate and ignore-wall off. Each cluster in turn is broken into more specific behaviors. The cluster Affirm, for example, includes friendly listen, show empathic understanding and confirm, and responses such as these pull respectively for the complementary responses of openly disclose and reveal, clearly express and enthusiastic show. The blame cluster includes punish, accuse/ blame, put down/act superior which respectively pull for, complementary responses of whine/defend, justify/ appease, sulk/act put upon.

In addition to specifying complementary interactions, this system can be used to understand the type of response that is the antithesis to a certain behavior, and will act as an antidote to entering into an undesirable repetitive circular interaction. The antithesis is *the complement of what one would like the other to do*. Therapists who do not react to the negative pull of the client's response — but instead respond in a new way — will pull for a more constructive response from their clients. Thus to overcome a blame-sulk cycle, a response from a therapist to a client's blame, of affirm rather than sulk, would pull for disclose rather than continued blame. The affirming response has a high probability of leading to a change in the interaction, as it will more likely pull for disclosure or exploration from the client.

Facilitative congruent responses are most likely to fall in the high-affiliation, low-dominance portion of the grid, or what Benjamin terms the friendly differentiation quadrant. These responses include those in the affirming and emancipate clusters mentioned above. Some of the specific behaviors included in the emancipate cluster are entitled 'encourage separate identity', 'you can do it fine" and 'carefully consider'. Responses by a therapist in the high dominance, low affiliation portion of the grid — what is called the hostile differentiation quadrant — are generally not facilitative. These include the clusters of attack and ignore, with behaviors such as attack, angrily dismiss, abandon and neglect. These behaviors pull for desperate protest, withdraw, detach and wall off, respectively. The other two quadrants in this grid are friendly and hostile enmeshed. They include clusters of responses such as protect, in the friendly enmeshed quadrant, and blame, in the hostile enmeshed quadrant, with a cluster of controlling responses at a mid-point between friendly and hostile.

The issue of whether hostile responses in therapy are ever therapeutically congruent, remains to be explored. These types of hostile, dis-affiliative interactions certainly generally would not promote trust, but at times however for example if a client is testing a therapists limits to the extreme, a congruent response of anger at violation in particular circumstances might be a trust building response.

Dealing with difficult feelings

The skills of congruent responding in dealing with difficult feelings, then, involve the following: First, identifying one's own internal feeling response — this is the general skill of awareness. Next is the skill of responding. As we have explicated elsewhere (Rice and Greenberg 1984), in order to best describe both client and therapist responses it is useful to look at the context in which they occur. With respect to congruence, the context is where on the interactional grid the person's action, to which one is responding, falls. For example, in the context of being attacked the first step involves the therapist becoming aware of what he feels when being attacked — which often is feeling threatened. This feeling then needs to be symbolized in awareness. The next step in being facilitatively congruent is being able to communicate feeling threatened in a non-blaming, non-escalatory manner. Here according to the SASB model, therapist's responses perceived by clients as openly disclosing and revealing are likely to facilitate friendly listening, while empathic understanding will facilitate clear expression from the client. It is the interpersonal stance, particularly that of disclosing, that is crucial in making transparency facilitative. For example, in the context of feeling angry, a therapist's facilitative congruent process involves first checking if her anger is her most core feeling, if it is, then she needs to disclose this in a non-blaming, non-escalatory fashion. If the therapist is feeling more hurt or diminished or threatened, rather than angry, then congruence involves being aware of this and disclosing this in an effective manner.

There are recognizable classes of difficult experiences that are often discussed when addressing congruence in training or teaching counsellors, for example, trainees often ask: What do you do if you feel angry? What do you say if you feel bored? What do you say if you feel sexual? What do you say if the client doesn't leave, or if you feel rejecting? Situations such as these represent interpersonal interactions, which can be well understood and described on the interpersonal dimensions of affiliation and control or dominance. As we have seen, the facilitativeness or destructiveness of expression is dependent on the quadrant in which the expression falls. Anger expressed as attack from the hostile dominant quadrant, or feeling sexual expressed as love in the close quadrant without sensitivity to power and boundary violation issues, will not be facilitative. Similarly, expressions of boredom or expressions of rejection (e.g. of somebody's dependence) that occupy an interactional position of being distant or ignoring, will not be facilitative. These responses respectively will pull for recoil, erotic love or walling off. The issue becomes one of how does a therapist helpfully interact when feeling one of these feelings or when this type of issue arises in a relationship in which the therapist is trying to be facilitative?

As we have already said, if the therapist responds from an affirming stance this is likely to be facilitative. This is the baseline response in Person Centered and other supportive therapies. But what to do when the therapist is not feeling affirming but is feeling angry, critical and rejecting and can't get past this feeling, to something more core? Each interactional response, in order to be faciltatively congruent, involves first connecting with the fundamental attitudes or intentions of trying to be helpful, understanding, valuing, respecting and non-intrusive or

non-dominant. This will lead to these feeling being expressed as *disclosures*. If the interpersonal stance of disclosing is adopted, rather than the complementary stances of attack, expressing erotic desire, or rejection, then this congruent response is more likely to be facilitative. It is not the content of the disclosure that is the central issue in being facilitative, rather it is *the interpersonal stance of disclosure in a facilitative way* that is important. What is congruent is the feeling of wanting to disclose in the service of facilitating, and the action of disclosing.

The different ways of being facilitatively congruent in dealing with different classes of difficult feeling are, then, to some degree specifiable — they all involve adopting a position of disclosing. Thus expressing a feeling that could be perceived of as negative in a stance that is disclosing, rather than expressing it in the stance that usually accompanies that feeling, will help make it facilitative. Disclosure implicitly or explicitly, involves willingness to, or an interest in, exploring with the other *what* one is disclosing. For example, when attacked or feeling angry, a therapist does not attack the other but rather *discloses* that he is feeling angry. He does not use blaming, 'you' language. Rather he takes responsibility for his feelings and uses 'I' language that helps disclose what he is feeling. Above all he does not go into a one up, escalatory, position in this communication but rather openly discloses feelings of fear, anger or hurt. When the problem is one of the therapist experiencing non-affiliative, rejecting feelings or loss of interest in the client's experience, the interactional skill involves being able to disclose this in the context of communicating congruently that the therapist does not wish to feel this. Or, the therapist discloses these feelings as a problem getting in the way and that she is trying to repair the distance so that she will be able to feel more understanding and closer. The key is communicating what could be perceived as negative feelings in a congruently facilitative way, generally occupying an interactional position of disclosure in the non-dominant affiliative quadrant.

For example a very fragile and explosive client once told me in an intense encounter that she feared me and hated me because I was so phony and that I acted so presumptuously in assuming that I understood what she felt. She said she saw me as a leach trying to suck her emotional life out of her and that, although I professed good intentions, I was really out to destroy her. Under the mounting, relentless attack I told her I felt afraid of her anger, and tears came to my eyes as I told her how I hurt. This was disclosed without blame or recrimination or without an explicit power or control related intention to get her to stop. Just a disclosure of what it felt like inside for me in that moment. This disclosure did have her stop and drew from her some of her concern for me.

Can genuineness be specified?

Some readers may feel that specifying what it is to be genuine is a contradiction in terms, because if congruence involves internal awareness and revealing it, then trying to specify what the therapist should do, defeats the purpose of revealing what is real. If genuineness means only spontaneity, it cannot be viewed as a skill. Being genuine involves first and foremost feeling whatever one is experiencing. Therefore anything employed as a skill has to be felt or used genuinely. Genuineness, as the experience of a unique agent, cannot be specified

beforehand. It is what it is. But what one does with it, provided it is done genuinely, can be seen as a skill.

The discussion of whether the Rogerian attitudes can be translated into behavioral principles and skills has a long and extensive history (Barrett-Lennard, 1999). Fundamentally, the conditions, including congruence, are attitudes not behaviors, but if the appropriate attitudes are there, they will translate into behaviors that have noticeable characteristics. We are suggesting that laying out some of the principles that govern facilitative congruent communication will help make congruence more specifiable. The SASB grid, or some such system of describing interpersonal behavior, will help greatly to do so. The principles being specified here for therapeutic congruent communication are that the therapist responses be embedded in helping attitudes and be affirming or disclosing responses, and that it is the interpersonal stance, not the content of the transparent response, that is important in making it therapeutic.

It is significant to recognize that this is not a proposal that a therapist's genuine responses be determined by some pre-existing system, or that therapeutic responses be deliberate or strategic position taking. Rather, congruent responses have to be a genuine reflection of what the therapist feels and thinks. People are extremely perceptive and sensitive to the genuineness of any response and so it is only when the response genuinely fits the correct stance and has facilitative intentions, that we will have a congruent response that is facilitative.

As in learning any complex performance, like playing a piano concerto, or playing soccer, having both the requisite skill and developing a higher level of integration is necessary. It is the tacit synthesis of skills and other elements that produces masterful performances. The dilemma in training therapists is that some people naturally seem to have the ability to be facilitatively congruent without specifying what this involves, but some don't. I have trained many students who do not perform well initially in how they are genuine or congruent. It often can be quite confusing for them. To people outside of a humanistic tradition the prescription to be genuine often seems incomprehensible. This is because the concept has not been fully explicated. Some grasp it intuitively but others don't. If we are to train people to be better therapists and not just select those with natural abilities we need to train them in both the attitudes *and* skills of congruence.

While the practice of specific skills can be helpful to the development of therapeutic abilities, letting go of these skills and any planned intent on how to be congruent, when entering the therapy session, is extremely important and the basis of therapeutic presence. This letting go of preconceptions and skills is a part of a preparation that occurs with therapeutic presence, as can be seen in the model of therapeutic presence in the next section. The learning of skills becomes integrated on a tacit level and the appropriate response arises out of the in the moment interaction of person, situation and experiencing. Being empty, open, and receptive to this in the moment, and experiencing and responding from the therapists' authentic center involves trust, in the process, in the therapist's own emerging experience, and in the client's experience, and is the foundation of therapeutic presence as we will see below.

THERAPEUTIC PRESENCE

Presence involves being fully in the moment and directly encountering all aspects of experience with one's whole being on a multitude of levels — including physical, emotional, mental and visceral — from a grounded and centered position within oneself. Presence is a quality that can be experienced in many life situations such as art, watching a sunset, teaching, or in quiet meditation with one's self. This discussion and the subsequent research is focused on the therapist's presence in the psychotherapeutic encounter, which we term *therapeutic presence*. The experience of presence in art or other life situations and therapeutic presence share similar qualities. Therapeutic presence however, is distinguished by focusing on the therapist's presence in an encounter, intended as healing, in which the therapist intention is to be with and for the other. Even though the focus here is on therapeutic presence, we will use the terms presence and therapeutic presence interchangeably as has been done in the literature.

The concept of congruence, then, needs to be qualified in order for its therapeutic nature to be understood. We propose that in addition to the importance of the above-mentioned intentions, beliefs and skills, the therapist needs to be fully *present* in the therapeutic encounter in order for congruence to be therapeutic. Therapists cannot bring extraneous personal baggage, needs, or even agendas for therapy into the encounter. Being able to be fully present to the other is a highly developed skill that requires a letting go of preconceptions and full attention in the moment. In order to be fully present, the therapist needs to have developed a level of psychological maturity or level of functioning that is rather high, or at least be able to attain this while in session.

A number of humanistic theorists suggest that therapist presence is a necessary condition for creating a positive and supportive therapeutic environment. It also has been seen as a key means to help clients to become more present with their own experience and hence move in a direction of inner growth and understanding (Buber, 1958; Bugental, 1983, 1987; Hycner, 1993; Hycner and Jacobs, 1995; Schneider and May, 1995).

Rogers (1980) in his later writings claimed presence as important:

> When I am at my best, as a group facilitator or as a therapist, I discover another characteristic. I find that when I am closest to my inner, intuitive self, when I am somehow in touch with the unknown in me, when perhaps I am in a slightly altered state of consciousness, then whatever I do seems to be full of healing. Then, simply my presence is releasing and helpful to the other. There is nothing I can do to force this experience, but when I can relax and be close to the transcendental core of me, then I may behave in strange and impulsive ways in the relationship, ways in which I cannot justify rationally, which have nothing to do with my thought processes. But these strange behaviors turn out to be right, in some odd way: it seems that my inner spirit has reached out and touched the inner spirit of the other. Our relationship transcends itself and becomes a part of something larger. Profound growth and healing and energy are present (p.129).

May (1958) uses Rogers' general comments on the nature of what it means to be a therapist to show what he means by presence:

> I let myself go into the immediacy of the relationship where it is my total organism which takes over and is sensitive to the relationship, not simply my consciousness. I am not consciously responding in a planful or analytic way, but simply in an unreflective way to the other individual, my reaction being based (but not consciously) on my total organismic sensitivity to this other person. I live the relationship on this basis (p. 82)

Few theoretical writings exist on therapist presence and most of what is written is qualified by the ineffability of this important quality.

Hycner and Jacobs (1995) describe presence as a turning of the whole self to the other — not just attending to the other but turning away from preoccupation with self and offering one's whole being to the other. This involves viewing the other in his/her uniqueness and acceptance that this is a different and unique person, where 'no other concern is paramount.'

Bugental (1987) writes that presence is 'A name for the quality of being in a situation or relationship in which one intends, at a deep level, to participate as fully as she is able. Presence is expressed through mobilization of one's sensitivity — both inner (to the subjective) and outer (to the situation and the other person(s) in it) — and through, bringing into action one's capacity for response.' And that 'full presence means being truly accessible and appropriately expressive.' (p.222)

Schneider and May (1995) posit that 'presence holds and illuminates that which is palpably (immediately, kinesthetically, affectively, and profoundly) relevant between therapists and clients and within clients. It is the ground and eventual goal of experiential work' (p. 174). The goal of presence, in their view, is to illuminate clients' experiential world, provide a safe container for immersion to occur, and to deepen client's ability to constructively use her discoveries.

Therapeutic presence can be viewed as an essential therapeutic stance to open the way for other therapist stances, such as Rogers' therapist-offered conditions of congruence, empathy, and positive regard, to be used and lived as part of the therapy process. A greater specification of therapeutic presence then seems important. In order to further understand and describe therapeutic presence, a number of therapists were therefore interviewed on their experience of presence in therapy.

Figure 2: *Therapeutic Presence*

Preparing the ground	Process of presence	Experiencing presence
(a) Arriving and clearing a space immediately before the session	(a) Receptivity	(a) Immerson
(b) Practicing presence in life	(b) Inwardly acting	(b) Expansion
	(c) Extending and contact	(c) Grounding
		(d) Being with and for the client

Understanding therapeutic presence

The authors (Geller, 2000; Geller and Greenberg, 2000) conducted a qualitative study whereby seven experienced therapists from four different theoretical orientations, who were familiar with, and knowledgeable about, the qualities of therapeutic presence, were interviewed on their experience of presence in therapy. A form of qualitative analysis combining condensation and categorization of meaning was used to extract meaning units from the interviews (Kvale, 1996)

The analysis resulted in the model shown in Fig. 2. Three overarching categories of therapeutic presence were formed from the respondents' reports. One category was labeled *preparing the ground for presence*, referring to the pre session and general life preparation for therapeutic presence. Another category described the *process of presence*, the processes or activities the person is engaged in when being therapeutically present, or what the therapist *does* when in presence. The third category reflected the actual in-session *experience of presence.*

Expanded description of presence

Preparation

Therapists described the importance of preparing the ground for therapeutic presence to emerge, both prior to the session and through practice in their daily life. The therapist arrives at the session holding the intention to be fully there with the client and to let go of his own and daily concerns. The therapist brackets or suspends his own beliefs, assumptions, needs and concerns in order to fully attend to what is occurring in the moment and to respond to the other based on the experience of the moment. The therapist clears a space inside where he can receive whatever experience emerges in the client, in the self, or in the relationship between the two with a sense of openness, acceptance and non-judgement.

Therapists also discussed a sense of commitment in their daily lives to the practice of presence. Some of the therapists interviewed referred to their meditation practice as an essential aid in being in the moment. Ongoing care for self needs, relationships and personal growth were also viewed as support to the practice of presence in session with the client. Being present in one's own life and in personal relationships appear to be a part of the growth and development essential for developing presence in session.

The process

Preparation appears to be an essential part of moving into presence, however, once in session the therapist responds to whatever presents itself in the moment. This involves a shifting awareness of the many different elements that go into a moment of encounter with the client, including the professional and personal being of the therapist, the being of the client, and the relationship between them. The interaction of all these aspects in a given moment guides the therapist in his/her understanding and response.

There is a quality of movement in the process of presence that demands the therapist be fully immersed in each moment as it arrives. This movement involves shifting from taking in the fullness of the client's experience in one moment

(receptivity), to being in contact with how that experience resonates in the therapist's own body (inwardly attending), to expressing that inner resonance or directly connecting with the client (extending and contact). Put another way, the therapist is touched by the essence of the other, is in contact with her own experience of how she is touched by the other, and offers this inner experience in a way that touches the other's essence. The therapist's movement of attention and contact is guided by what is most poignant in the moment.

The experience

The experience of presence involves a sense of total absorption, inner expansion, grounding in one's self, and being with and for the client. Therapeutic presence involves feeling intimately engaged in the experience of each moment with the client, with an expanded sense of awareness of the subtleties and depth of the experience of each moment. The therapist experiences a melding with the client and a loss of spatial boundaries, while maintaining a sense of center and grounding within himself in that shared space. A sense of love and respect is felt towards the other as the therapist meets the client in way that is with, and for, the client's healing.

Therapeutic presence thus involves having a heightened awareness and sensitivity to the many dimensions of experience on a moment to moment basis. There is an absence of awareness of time, a lack of a sense of past or future. With therapeutic presence, the therapist is highly absorbed and engaged in the encounter with this other human being and with the person's suffering. The therapist does not turn away from the suffering of the other by labeling, categorizing, or objectifying. Nor is the therapist engaged in focusing on her own burdens or sufferings or worrying about how she should act or intervene. Rather the therapist meets the other's suffering and pain with care, openness, awareness, and acceptance. The therapist engages with the other as a human being and allows herself to get as close as possible to the client's experience while maintaining a sense of center and grounding within her own existence. With presence, the therapist experiences a deep sense of trust within self, with the process, and with the experience of the client. The therapist trusts that whatever emerges is important and necessary for healing to occur. This openness to and allowing of experience is accompanied by an energized and flowing experience in the body and in the interaction between the therapist and client.

In summary, therapeutic presence involves therapists being open and sensitive to their own and their clients' moment by moment, changing, awareness and experience. This is a process of being receptive, being fully there with oneself, and extending and making genuine contact with the client. The experience is one in which the therapist feels fully immersed in the moment while feeling a sense of expansion and spaciousness, and feeling grounded and centered. It involves a being with the client rather than a doing to the client. It is a state of being open to all aspects of being with the client and receiving the client's experience in a gentle, non-judgmental and compassionate way, rather than observing and looking at or even into the client. This inner receptive state of the therapist is the ultimate tool in understanding the client. Therapeutic presence involves meeting the other in the moment where the person is, rather than trying to change her or him in some way.

Presence involves an absence of judgement and instead allows for a deeper understanding and acceptance of the client's world. This promotes moments of genuine meeting and this in turn invites clients to safely express and explore their conflicts and issues. Therapeutic presence is therefore an essential stance in humanistic therapies, where the therapist provides a safe and supportive container for the client's natural growth tendency to emerge.

THERAPEUTIC PRESENCE AND CONGRUENCE

Despite presence having been posited by some as the groundwork for therapy, the relationship between presence and congruence has not been discussed very extensively and little empirical literature on therapeutic presence has been generated to date. Some authors have written about presence in a way that equates presence with congruence (Kempler, 1970; Webster, 1998). Based on this study it is our view that the concept of congruence does not incorporate all the subtle aspects of presence, yet therapeutic presence includes therapist authenticity in feeling and expression. Therapeutic presence thus prepares the ground for congruence, is a precondition of congruence, and also goes beyond it.

Beyond internal awareness and expression

Congruence as we defined it involves a*wareness* and *transparency*. Therapeutic presence as determined from this investigation involves the process of *receptivity*, *inwardly attending* and *extending* and *contact*, and the experience of, *immersion*, *expansion*, *grounding* and *being with and for the client*. It appears that the process of *inwardly attending* and *extending* and *contact*, to some degree, parallel *awareness* and *transparency*. What therapeutic presence appears to add to congruence is first the preliminary necessity of receptively being empty and open to receive the totality of the client's and one's own experience. Receptivity comes prior to Inwardly Attending to one's experience of being with the other (*awareness*) and Extending and sharing one's genuine experience (*transparency*). Therapeutic presence in addition adds to congruence a specification that the therapists be fully Immersed in the moment with the client, experience a sense of Expansion while maintaining a Grounding in themselves. Further, although Being With and For the Client is implied by congruence it is not explicitly in the definition. The *awareness* and *transparency* components of congruence therefore do not capture the state of receptivity and intimacy with the moment involved in presence, nor do they capture the experience of intense focus, and the combination of expansiveness and grounding in the self.

In our view congruence therefore is an aspect of, and flows from, therapeutic presence, but is not fully encompassing of the total experience of presence. However, the more presence there is for the therapist, the more she will be congruent in experience and responses.

Receptive and open: A prerequisite

Therapeutic presence precedes congruence in that the therapist must first be

present to be receptive to, and make contact with, the fullness of the client's and her own immediate experience in order to understand what is being experienced and how to respond. The experience that is received, and experienced, resonates in the therapist's body and is experienced as a bodily sense in the form of feelings, words, or images. Being congruent at this point involves a moment of attending inwardly to that which is being presently experienced. As we discussed, a key aspect of congruence is being open to, and aware of, one's ongoing flow of inner experiencing. Here the therapist uses her bodily sense as a navigational tool in responding to the client. If the therapist was not present and hence not fully open and involved, she would not be accessing the rich source of experience to which to attend that allows her to make a split second choice as to whether, or how, to respond from this experience.

Immersion, expansion, and grounding: going beyond congruence

In order to be acutely aware within his experience and to genuinely share his experience with the client, the therapist needs to be immersed in the experience of the moment with the client. Congruence is thus experienced and held in the larger space of presence. With therapeutic presence the therapist experiences a sense of expansion and openness. There is a sense of deep trust and a sense of spaciousness containing the intensity of what is being felt and expressed.

Therapeutic presence also adds to congruence a sense of grounding which includes the therapist trusting his own felt and expressed experience. For example, even though the therapist may be feeling intense shame, there is a calm and trust with what is being experienced and expressed. With congruence (and therapeutic presence) there is a match between the intensity that the therapist feels and the behavior that is shown. With therapeutic presence, the therapist feels that intensity while feeling a sense of grounding in self. He feels trust in his experience and in the process itself.

Being with and for the client: facilitative congruence and therapeutic presence

A key aspect of the experience of therapeutic presence also involves the intention of being with and for the client in a healing encounter. Holding the intent to not harm the other, but instead being with the other in a way that is helpful is key in therapeutic presence. This helping motivation is also central to being congruent in a way that is facilitative, as mentioned previously in this paper. If the therapist is present with his own experience, and with the client, then the decision to share his genuine experiencing is going to be guided by this intention. The therapist needs to be present with, and aware of, his own experience and be able to assess whether it is his own issues that are emerging — and need to be put aside temporarily — or if what is emerging could be of benefit to the client's healing process. The therapist thus needs to be open and aware of his own internal experience and genuinely sharing, while being in contact with the intention of being there with, and for, the client.

This aspect of therapeutic presence also allows the therapist to be aware and

sensitive to his experience (and of course the client's experience) so that he can be congruent in expression in a way that is sensitive to timing. What is being felt does not just leak out in a way that is impulsive or driven by the need to release — hence the need for discipline. This quality also takes a level of development and maturity and even skill in being present with what is true in each moment. It could mean being able to withstand some discomfort (for example in the case of shame) and to show that potentially vulnerable feeling to the client in a way that does not ask anything more than for the client to also be present. What makes the therapist therapeutically present is his willingness to be with that experience of shame and to express it to the client while holding the intention of helping the client or bettering the therapeutic relationship.

CONCLUSION

We have argued that for congruence to be therapeutic, the concept requires further specification. We have suggested that first, congruence needs to be seen as being embedded within a network of intentions and attitudes, among which the intention to do no harm is primary. Second we have suggested that the skill of communicating congruently in a facilitative and disciplined manner appears to be characterized by the adoption of a non-dominant, affiliative, stance. Congruent communication of this type conveys a therapeutic intent to either disclose the therapist's internal experience, or to affirm the client's experience and further, these pull for listening or disclosure from the client. Finally we have suggested that therapeutic presence is a necessary pre-condition of congruence and at the same time is a larger experience that contains congruence as an aspect. More particularly, it allows the type of receptivity and intimacy with the moment that will promote both a true meeting of client and therapist, and the healing that occurs through this type of meeting.

The self of the therapist is brought to the encounter with the client with a willingness to experience all that the encounter entails. She is receptive and sensitive to the fullness of the client's experience. This direct and immediate encounter with the depth of the client's experience and with a deep trust that what is emerging is important and helpful in the process, is the very essence of therapeutic presence. It is the sensitivity to the moment and grounding in oneself that allows the therapist to know how to be with the other in the therapeutic encounter — when to be transparent with experience or when to purely resonate with the client's pain.

Therapeutic presence is an essential precondition for congruence, particularly to allow the type of receptivity and intimacy with the moment that will promote a true meeting of client and therapist and the healing that occurs through this type of meeting. Therapeutic presence is also a larger experience that contains congruence and allows it to be more completely facilitative and genuine.

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