

It seems clear that the therapeutic relationship differs from one therapist to another. With a given therapist it differs from one client to another. Thus a therapist finds himself using sophisticated, polite, and even academic language with one client, and vulgar and coarse terminology with another. He is blunt with one individual, gentle with another. Even with the same client his relationship differs over time, from the first interviews with their tentative testing and uncertainty on both sides of the desk to the later relationship, deeper and more knowing on both sides.

In the light of this it is a very real question as to how this can possibly be a field for research. How can one isolate those therapist behaviors which have any relevance for personal growth, especially since it is almost certainly not his *behaviors* which are relevant to the process of therapy?

The Search for Common Elements

There appears to be general agreement as to at least some of the elements which are important in a helping relationship. Psychoanalytic writers (Ferenczi, 1930; Alexander, 1948; Schafer, 1959; Halpern and Lesser, 1960), eclectic therapists (Strunk, 1957; Rausch and Bordin, 1959; Strupp, 1960; Hobbs, 1962; Fox and Goldin, 1963), and client-centered therapists (Dymond, 1949; Rogers, 1951, 1957; Jourard, 1959; Truax, 1961) have all emphasized the importance of the therapist's ability to understand sensitively and accurately the inner experiences of the client or patient. They have also stressed such qualities as the maturity of the therapist and his integration or genuineness within the relationship. Finally, they have stressed his warmth and his acceptance of the individual with whom he is working. Thus these three characteristics of the therapist as he enters the process of psychotherapy have been stressed in a wide variety of therapeutic approaches, even though they have been differently defined by different writers. Cutting across parochial viewpoints, they can be considered as elements common to a wide variety of therapies.

Some years ago, Rogers (1957) attempted an organized theoretical statement in which it was hypothesized that three characteristics of the therapist in the relationship, when adequately communicated to the client, constituted the necessary and sufficient conditions for constructive personality change. These three conditions were that the therapist be a genuine or self-congruent person within the therapeutic hour; that he experience an unconditional positive regard for his client; and that he experience and communicate a sensitively empathic understanding of the client's phenomenological world.

Therapist Congruence

The order in which the three therapeutic conditions are described has some significance because they are logically intertwined. Perhaps this can be made clear. It is important that the therapist achieve a high level of accurate empathy. However, to be deeply sensitive to the moment-to-moment "being" of another person requires of us as therapists that we first accept and to some degree prize this other person. Consequently a satisfactory level of empathy can scarcely exist without there being also a considerable degree of unconditional positive regard...

... But neither of these conditions can possibly be meaningful in the relationship unless they are real. Consequently unless the therapist is, both in these respects and in others, integrated and genuine within the therapeutic encounter, the other conditions could scarcely exist to a satisfactory degree. Therefore it would seem that this element of genuineness, or congruence, is the most basic of the three conditions. The following paragraphs attempt to describe the meaning of this concept.

We readily sense this quality of congruence in everyday life. Each of us could name persons who always seem to be operating from behind a front, who are playing a role, who tend to say things that they do not feel. They are exhibiting incongruence. We tend not to reveal ourselves too deeply to such people. On the other hand, each of us knows individuals whom we somehow trust because we sense that they are being what they *are* in an open and transparent way and that we are dealing with the person himself, not with a polite or professional façade. This is the quality of congruence.

In relation to therapy it means that the therapist is what he *is*, during his encounter with his client. He is without front or façade, openly being the feelings and attitudes which at the moment are flowing in him. It involves the element of self-awareness, meaning that the feelings the therapist is experiencing are available to him, available to his awareness, and also that he is able to live these feelings, to be them in the relationship, and able to communicate them if appropriate. It means that he comes into a direct personal encounter with his client, meeting him on a person-to-person basis. It means that he is *being* himself, not denying himself.

Since this concept is liable to misunderstanding, it may be well to state some of the things that it does not imply. It does not mean that the therapist burdens his client with the overt expression of all of his feelings. It does not mean that he blurts out impulsively anything which comes to mind. It does not mean that the therapist discloses his total self to his client. It does mean, however, that he does not *deny* to himself the feelings that he is experiencing, and that he is willing *transparently to be* any persistent feelings which exist in the relationship and to let these be known to his client if appropriate. It means avoiding the temptation to present a façade or hide behind a mask of professionalism or to adopt a confessional-professional relationship.

It is not a simple thing to achieve such reality. Being real involves the difficult task of being acquainted with the flow of experiencing going on within oneself, a flow marked especially by complexity and continuous change. So if I sense that I am feeling bored by my contacts with this client and this feeling persists, I think I owe it to him and to our relationship to share this feeling with him. The same would hold if my feeling is one of being afraid of this client, or if my attention is so focused on my own problems that I can scarcely listen to him. But as I attempt to share these feelings I also want to be constantly in touch with what is going on in me. If I am, I will recognize that it is *my* feeling of being bored which I am expressing, and not some supposed tact about him as a boring person. If I voice it as my *own* reaction, it has the potentiality of leading to a deep relationship. But this feeling exists in the context of a complex and changing flow, and this needs to be communicated too. I would like to share with him my distress at feeling bored and the discomfort I feel in expressing this aspect of me...

... As I share these attitudes I find that my feeling of boredom arises from my sense of remoteness from him and that I would like to be more in touch with him, and even as I try to express these feelings they change. I am certainly not bored as I try to communicate myself to him in this way, and I am far from bored as I wait with eagerness and perhaps a bit of apprehension for his response. I also feel a new sensitivity to him now that I have shared this feeling which has been a barrier between us. I am very much more able to hear the surprise or perhaps the hurt in his voice as he now finds himself speaking more genuinely because I have dared to be real with him. I have let myself be a person - real, imperfect - in my relationship with him.

It should be clear from this lengthy description that congruence is helpful even when negative feelings toward the client are involved. Of course it would be most helpful if such feelings did not exist in the therapist, but if they do it is harmful to the patient to hide them. Any therapist has negative attitudes from time to time, but it is preferable for him to express them, thus to be real, than to put up a false posture of interest, concern, and liking which the client is likely to perceive, or subceive, as ungenune.

It is not an easy thing for the client, or for any human being, to trust his most deeply shrouded feelings to another person. It is even more difficult for a disturbed person to share his deepest and most troubling feelings with a therapist. The genuineness, or congruence, of the therapist is one of the elements in the relationship which makes this risk of sharing easier and less fraught with dangers.

In view of the subtlety of this concept, it is not surprising that behavioral cues which permit us to measure the degree of congruence are also subtle. At a very low level of congruence the therapist may be clearly defensive in the interaction, as evidenced by the contradiction between the content of his message and his voice qualities or the non-verbal cues which he presents. Or the therapist may respond appropriately but in so professional a manner that he gives the impression that his responses are formulated to sound good rather than being what he really feels and means. Thus incongruence may involve a contrived or rehearsed quality or a professional front.

At the upper ranges of therapist genuineness, his openness to all types of feelings and experiences, both pleasant and hurtful, without trace of defensiveness or retreat into professionalism, is usually most evident from the quality of his voice and the manner of his expression. It is no doubt fortunate in trying to rate such a subtle quality that all of us have had a lifetime of experience in judging genuineness or facade in others. Hence we are able to detect extremely subtle cues in this respect.

The Theoretical Predictions

The three constructs defined in the preceding pages - empathic understanding, unconditional positive regard, and therapist congruence or genuineness - are central to the research. It is part of the theoretical background of the study that if these three conditions exist, then a process of therapy will occur in which the client deeply explores himself and comes to know and experience the full range of his being. As a consequence of the patient's engagement in this process of psychotherapy, personality growth and constructive personality change are theoretically predicted to occur.