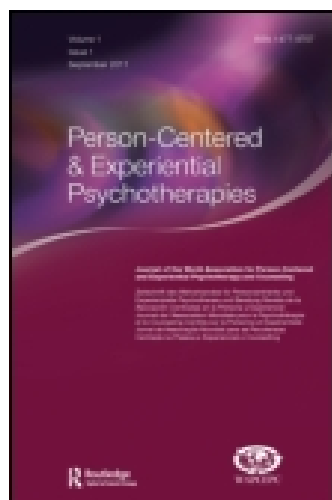




Person-Centered & Experiential Psychotherapies

Publication details, including instructions for authors and
subscription information:

<http://www.tandfonline.com/loi/rpcp20>

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Published online: 18 Oct 2013.

To cite this article: Soti Grafanaki (2013) Experiencing congruence and incongruence, *Person-Centered & Experiential Psychotherapies*, 12:3, 183-186, DOI: [10.1080/14779757.2013.839361](https://doi.org/10.1080/14779757.2013.839361)

To link to this article: <http://dx.doi.org/10.1080/14779757.2013.839361>

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EDITORIAL

Experiencing congruence and incongruence

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Rogers (1967) considered congruence as an integral part of the therapeutic encounter and “the most basic of the three conditions” (p.100). He omitted though to provide representative examples in his writing, of how a therapist might be congruent in therapy.

Over the years, it has been difficult to reconcile the objective and the phenomenological aspects of congruence/incongruence: the observation, versus the experience of being congruent/incongruent. Most of the time congruence and incongruence have been represented as constructs for describing personal traits or characteristics, rather than fleeting moment-by-moment states of experiencing. Gendlin (1962) has been one of the first authors in the Person-centered and Experiential Psychotherapy (PCE) tradition, who has emphasized the importance in describing the process, rather than the content of a congruent experience. For Gendlin, congruence and incongruence cannot exist in isolation, but in relation to the other person.

Research has indicated that congruence and incongruence are not unitary and static phenomena, but highly fluid experiential states that are affected by the quality of the interaction within and between people in any given moment (Behr, 2009; Cooper, 2005; Grafanaki, 1997; Grafanaki & McLeod, 2002; Greenberg & Geller, 2001).

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). Becoming more congruent is an ongoing process of engaging sincerely and deeply with our inner worlds, while keeping in touch with those around us (Cooper, 2005; Grafanaki, 1997; 2002; Grafanaki & McLeod, 2002; Mearns & Cooper, 2005). Moments of incongruence provide unique opportunities for further self-development and enhancement of the therapeutic relationship, serving as “markers” for personal, interpersonal and/or relational tasks (Grafanaki & McLeod, 2002). Experiencing congruence/incongruence involves a dynamic and dialectic process between the person and his/her environment (Cornelius-White, 2007; Grafanaki, 1997; 2001; Schmid, 2001). Being congruent requires being both acquainted with the flow of one’s own experience and being able to use this experience as a guide for action (Finke, 2002; Rogers, 1967).

The eight papers in this special issue highlight the challenges that are inherent in defining, studying and witnessing these concepts in therapy. They support the idea of congruence/incongruence as active processes of working out more creative ways of relating with others, our own self and our context (environment) (Cornelius-White, 2007). They also emphasize that experiencing incongruence is unavoidable in the boundaries of a real relationship (Grafanaki, 2001; 2002). These papers revisit the concepts of congruence and incongruence and offer theoretical, empirical and practice-based

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perspectives on experiencing congruence and/or incongruence in Person-Centred and Focusing-Oriented therapy.

We first present five papers that address theoretical and philosophical issues related to the experience of congruence/incongruence. These papers share new theoretical perspectives that help us understand incongruence and congruence as concepts deeply rooted in our human essence and relational dimensions of therapy. The papers from Campbell Purton, Yasushi Kuba, Devang Vaidya, Bernie Neville and David Young each in its own way try to support a wider understanding of congruence/incongruence as rich experiential processes that bring us in touch with existential anxiety, vulnerability and our very essence of being human in the presence of another human being. Specifically:

Purton draws on the work of Wittgenstein and provides an alternative account that challenges our ideas of experience, and experiencing incongruence as something 'inner'. He invites us to attend to how clients try to articulate their situation. Purton points out that encouraging clients to pause can help them consider their situation and become better in articulating how they feel, helping in this way experience more congruence in the process.

Kuba's paper presents congruence as an attitude that requires attentiveness and sincerity. It involves paying attention to and accepting what we are experiencing. It is about taking responsibility for our feelings, decisions and actions, and being open to the flow of natural spontaneity. Again, in this framework, congruence is cultivated when therapy provides the client with time to pause, which enables him/her to recognize the presence of what is there and sincerely attend to it.

Vaidya's article looks into the conditions that contribute to the emergence of an incongruent experience. Incongruence is re-evaluated by reviewing the person-centred concepts of self, organismic experiencing and incongruence as existential touchstones. This theoretical paper supports earlier empirical findings (Grafanaki, 1997; Grafanaki & McLeod, 2002) that a person cannot be congruent or incongruent in general and for all times, since congruence is always experience-specific and context bound. For Vaidya, therapeutic growth is about helping clients confront and attend to their incongruence and existential anxiety, rather than eliminating the vulnerability and anxiousness associated with incongruence.

In his paper Neville uses Kierkegaard's insights to highlight that incongruence is an inevitable phenomenon deeply rooted in the despair and existential anxiety that make us human. Neville argues that being congruent is to live in awareness of the reality and limitations of human existence. Congruence involves experiencing who we really are. As Neville posits in his paper "If we are congruent, authentically ourselves, we will be creatively anxious, sensitive to the human situation and stirred to move onward towards becoming all that we can be and doing what we need to do."

Young compares and contrasts Rogers and Gendlin's way of approaching incongruence and experiencing in their theory. According to Young, clients incongruencing is developed both in the negative Rogerian sense (as a process of blocking and the "bad opposite" of congruence) and in the positive Gendlinian sense (as an opening process of integrating all experiencing leading toward greater and more evolved congruence). Through two trauma examples grounded in the author's personal life and experiences, these new terms of incongruencing are elaborated and explained.

Our special issue moves from theory to empirical research. Speierer's paper is a unique contribution to systematically operationalize and empirically examine incongruence in therapy settings. Such contribution in my opinion is extremely valuable, because incongruence and congruence have been so little studied in person-centred and experiential research. In his paper, Speierer presents an overview of the Differential

Incongruence Model (DIM). He shares the findings collected through the Regensburg Incongruence Analysis Inventory (RIAI): a self assessment standardized questionnaire that has tested the theoretical assumptions about incongruence analysis with clinical and non-clinical populations. Speierer provides empirical evidence that incongruence can be the origin of pathology, but also an inevitable part of the experience of healthy individuals. His findings point out the importance of attending to the ways people learn to tolerate and cope with incongruence in their life.

Two of the papers in this special issue have offered a practice-based understanding of congruence and incongruence in Focusing-Oriented Therapy (FOT). Through clinical examples Leslie Ellis and Karen Whalen offer us a glimpse of how these two concepts unfold during the therapeutic process in the boundaries of a therapeutic relationship.

Ellis offers the opportunity to see a method of focusing-oriented dream work in resolving incongruence. In her paper, Leslie highlights that congruence is a dynamic and ongoing process. FOT dream work can support clients experience in their bodies incongruent positions/aspects and disavowed parts of themselves, helping them in this way to increase integration and allow something new to emerge.

Finally, Whalen's paper allow us to get a better understanding of the role of congruence/incongruence as an evolving shared presence between the client and the therapist in Whole-Body Focusing Oriented Therapy. The paper supports the notion that congruence/incongruence is a continuum of relational possibilities, which are co-explored and co-experienced as therapist and client meet as human being to human being.

Each one of these eight papers in its own way offer us some new understanding about the experience of congruence and incongruence and help us renew our interest to study these concepts more closely. It seems that, in many ways, congruence and incongruence continue to be phenomena that are largely approached theoretically. We need to continue our efforts to provide clinical examples and practice-based evidence on the role of congruence and incongruence in therapy interaction. We need to continue building our understanding of what "experiencing congruence and incongruence" really means in the boundaries of a therapeutic relationship, and how these phenomena support "living together in a climate of realness" (Rogers, 1975, p.8). We hope you enjoy reading this issue!

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