

A Way of Being in the Playroom: Experience-Expression Congruence Model (EECM)

Dee C. Ray

University of North Texas

Kimberly M. Jayne

University of New Mexico

Hayley L. Stulmaker

University of North Texas

Congruence, in conjunction with unconditional positive regard and empathic understanding, is considered one of the fundamental attitudinal conditions that must be internally experienced and externally expressed by play therapists in order to facilitate growth in child-centered play therapy. The experience-expression congruence model (EECM) helps play therapists understand the nature of congruence, recognize the impact of congruence in play-therapy sessions, and intentionally use the therapist's awareness of congruence to benefit the client. The EECM is a two-phase model that challenges play therapists to consider their own personal levels of authenticity and implications for working with children in play therapy.

Keywords: play therapy, congruence, child-centered play therapy, therapeutic relationship

As the philosophical foundation for child-centered play therapy (CCPT), Carl Rogers' (1957) "necessary and sufficient" conditions are central to child-centered practice. Rogers presented congruence as one of six essential conditions for constructive growth and change in therapy.

1. Two persons are in psychological contact.
2. The first, whom we shall term the client, is in a state of incongruence, being vulnerable or anxious.
3. The second person, whom we shall term the therapist, is congruent or integrated in the relationship.
4. The therapist experiences unconditional positive regard (UPR) for the client.
5. The therapist experiences an empathic understanding of the client's internal frame of reference and endeavors to communicate this experience to the client.

Dee C. Ray and Hayley L. Stulmaker, Counseling Program, University of North Texas; Kimberly M. Jayne, Department of Individual, Family, and Community Education, The University of New Mexico.

Correspondence concerning this article should be addressed to Dee C. Ray, Counseling Program, University of North Texas, 1155 Union Circle, # 310829, Denton, TX 76203. E-mail: dee.ray@unt.edu

6. The communication to the client of the therapist's empathic understanding and unconditional positive regard is to a minimal degree achieved. (Rogers, 1957, p. 96)

The therapist experiences and demonstrates the third, fourth, and fifth conditions, often referred to as the therapist-provided, -offered, -expressed, or attitudinal conditions (Ray, 2011; Wilkins, 2010), with the primary purpose of creating a nonthreatening environment that allows him or her to more fully access and realize the child's actualizing tendency. Congruence, in conjunction with UPR and empathic understanding, is considered one of the fundamental attitudinal conditions that must be internally experienced and externally expressed by play therapists to facilitate growth in CCPT. Furthermore, many consider congruence to be the channel by which empathy and acceptance are ultimately conveyed in therapy (Bozarth, 2001a; 2001b; Ray, 2011; Wilkins, 2001). Although several researchers have found a positive correlation between therapist congruence and therapeutic outcome (Kirschenbaum & Jourdan, 2005; Kolden, Klein, Wang, & Austin, 2011), and experts in person-centered and child-centered theory have explored many dimensions of congruence in therapy, congruence continues to remain one of the most complex and elusive conditions to define, measure, and achieve in therapeutic practice (Greenberg & Geller, 2001; Truax & Carkhuff, 1967).

Rogers, (1957) initially defined congruence as the therapist's ability to be genuine, integrated, real, and "freely and deeply" (p. 97) one's self within the therapeutic relationship. He further described congruence as a close matching and consistency between the therapist's internal experience, awareness of self and experience, and external expression of self within the therapeutic relationship (Rogers, 1980). Although therapists may not always verbally or explicitly express congruence in therapy, Rogers acknowledged that direct congruent expression might be necessary if the therapist's ability to be present or empathic toward the client is disrupted by the therapist's personal experience and feelings in session. Mearns and Thorne (2000) accepted Rogers' definition of congruence with the qualifier that the therapist's expression of feelings or attitudes must always be done in such a way that the therapeutic relationship is served or enhanced. They cautioned that congruence is not an invitation for the therapist to express to the client any thought, feeling, or attitude that arises.

Greenberg and Geller (2001) further noted that congruence "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 condoning what psychodynamic therapists would view as negative countertransference" (p. 131). For congruent communication to be facilitative, the therapist must express and demonstrate congruence in tandem with empathy and UPR, as well as with intentionality, therapeutic purpose, and self-discipline.

In his development of an instrument to measure the therapist-provided conditions, Barrett-Lennard (1962) identified that highly congruent individuals are more honest, direct, and sincere in what they convey in therapy. Furthermore, he identified that incongruence is most often demonstrated through inconsistencies between what therapists say and what they imply through gestures, expression, or tone of voice and through indications of anxiety, discomfort, or tension. In their effort to operationalize the condition of congruence, Truax and Carkhuff (1967)

defined genuineness as being “real” and stated that “genuineness implies most basically to a direct personal encounter, a meeting on a person-to-person basis without defensiveness or a retreat into facades or roles, and . . . an openness to experience” (p. 32). They likewise acknowledged that it was easier to describe and identify the absence of congruence rather than its presence in therapeutic practice.

Acknowledging the complex and multifaceted process of genuineness, Wyatt (2001) and Cornelius-White (2007) both proposed multidimensional models of congruence. Wyatt (2001) recommended a holistic approach to defining and understanding congruence as both an internal experience and an external expression and described congruence as therapists’ openness to and awareness of their experiences without distortion or denial and their ability to provide genuine UPR and empathy within the therapeutic relationship. Cornelius-White (2007) presented a five-dimensional model of congruence in which he defined congruence as (a) being real and having a genuine experience of empathic understanding and UPR toward the client; (b) having an awareness and accurate symbolization of one’s experience and unconditional self-regard; (c) consistency between one’s experience, self, and communication or connection with the client; (d) systematic consistency and connection between experience, self, other, and the world, and; (e) being entirely focused and present within the shared relational experience and open to the flow of the process (Cornelius-White, 2007). Both Wyatt and Cornelius-White examined congruence as a dynamic process and emphasized the central roles of openness, awareness, and genuine empathy and acceptance as being facilitative in therapy.

Though discussion of congruence in CCPT literature is somewhat limited, several authors have attempted to define congruence specifically in the context of CCPT. Landreth (2012) defined genuineness as “being real” (p. 70) and described congruence as a way of living and being in relationship with others. According to Landreth, congruence is an outpouring of the play therapist’s genuine desire to be real, accepting, and empathic in relationship with the child, and is rooted in the therapist’s belief in the child and in the healing potential of a relationship characterized by congruence, UPR, and empathic understanding. Similarly, Van Fleet, Sywulak, Sniscak, and Guernsey (2010) stated that congruence is expressed through empathic listening as the therapist’s genuine regard for the child’s perspective and feelings and emphasized that the therapist’s voice intonations and body language should be consistent with the therapist’s spoken words. Cochran, Nordling, and Cochran (2010) also emphasized that congruence is demonstrated when the therapist is an integrated person, open and available to connect with the child, and genuinely empathic and accepting toward the child.

In a grounded theory study of the therapist-provided conditions, Jayne (2013) defined congruence as “being aware and open to one’s moment-to-moment experience, thoughts, and feelings and expressing one’s self in a real, natural, and free-flowing way in relationship with the child” (p. 12) and identified three layered dimensions of congruence in her process-model of the therapist-provided conditions in CCPT including the therapist’s (a) genuine desire to experience and demonstrate congruence, UPR, and empathic understanding; (b) openness and awareness to one’s own self-experiencing; and (c) ability to respond authentically, freely, and naturally to the child. Ray (2011) identified genuineness as a primary focus of play-therapy training and supervision and identified congruence as an advanced skill directly correlated to a play therapist’s depth of self-awareness and

self-regard. Ray further acknowledged the challenges and potential risks of expressing congruence in the play-therapy relationship and encouraged play therapists to develop awareness and congruence as a way of being through personal counseling.

While many CCPT authors cautioned the direct expression of the play therapists' thoughts or feelings in play therapy (Cochran et al., 2010; Landreth, 2012; Ray, 2011; Van Fleet, Sywulak, Sniscak, & Guernsey, 2010), Ryan and Courtney (2009) argued for increased verbal expression of congruence in play therapy, but differentiated between sharing all of one's personal feelings and sharing feelings that arise within and are relevant to the therapeutic relationship. They noted that congruence is demonstrated through consistency between the therapist's verbal expression and what is expressed nonverbally through the therapist's tone of voice, body language, eye contact, and physical movement away and toward a child. Furthermore, they emphasized that congruence is expressed differently within each therapeutic relationship and cannot be fully prescribed due to the unique persons of the therapist and child in each relationship. Ryan and Courtney recommended verbal expression of congruence through therapists' use of "I" statements during role-plays, during conversations, and when setting limits in play therapy.

In exploring the complex and dynamic relationship between congruence, UPR, and empathic understanding, Bozarth (2001b) proposed a new model of the therapist-offered conditions. He defined congruence as a "state of therapeutic readiness . . . that enables the therapist to better experience empathic understanding of the client's internal frame of reference and unconditional positive regard toward the client" (p. 189). Bozarth posited that congruence is not a separate condition from empathic understanding and UPR; rather it is comprised of the other two conditions in what he termed a "conditions loop" (p. 190). Therefore, congruence is an essential state for the therapist to genuinely experience and convey empathy and acceptance toward the client.

AUTHENTICITY WITH SELF

Congruence extends beyond a condition or attitude within therapeutic practice to encompass the therapist's whole way of being and his or her whole process of becoming a person (Rogers, 1959; Schmid, 2001) and is expressed through what Schmid described as "openness to self" and "transparency" in relationship with others (Schmid, 2001, p. 216). Authenticity includes an openness and awareness of one's own moment-by-moment experience and the freedom to be one's self in relationship with others. If the therapist cannot be real and genuine with him- or herself, that is, be aware of, accept, and value his or her own experience, then the therapist cannot be real or genuine in relationship with the child, or aware of, open to, accepting of, and valuing the child's experience. Cornelius-White (2007) argued that congruence is ultimately rooted within the therapist's own process of self-understanding and self-acceptance and is an extension of the therapist's ability to have empathy and UPR for one's own experience. In this way, congruence allows for the therapist and the client to be mutually vulnerable and influenced within the therapeutic relationship and allows for an authentic relationship encounter. Au-

thenticity with self allows the therapist to be truly present with the child and open to a deep relational encounter with the potential for healing (Mearns & Cooper, 2005; Schmid, 2001).

Furthermore, Tolan (2012) argued that therapist congruence acts as the primary agent in the facilitation of a client's movement from an external to an internal locus of evaluation. As the counselor relates to the client congruently, the client learns to trust his or her own experiences and perceptions of the counselor without distortion or denial. As the therapist congruently conveys UPR and empathic understanding, clients can trust their experiences of being understood and accepted by the therapist. Congruent therapists are simultaneously aware and accepting of their own thoughts, feelings, and reactions to their clients and to their clients' thoughts, feelings, and reactions to the counselor. Self-awareness and learning to authentically and appropriately communicate one's awareness to the client are the major tasks for developing therapist congruence.

EXPERIENCE-EXPRESSION CONGRUENCE MODEL (EECM)

The acknowledgment and use of congruence can be confusing to play therapists. There is a difficult balance between interpersonal authenticity and facilitating a therapeutic relationship designed to focus on the child's needs. We designed a model (see Figure 1) to help understand the nature of congruence, recognize the impact of congruence in play-therapy sessions, and intentionally use the therapist's awareness of congruence to benefit the client. We divided the EECM into two phases. In the first phase, experience, we concentrate on the therapist's state of being and the potential for an emerging recognition of congruence. In the second phase, expression, we present a more linear structure for decision making when a play therapist experiences the emergence of a prevalent congruent thought or feeling.

In the experience phase of the model, there is no linear structure. Congruence is considered a state of being, strongly related to empathic understanding and UPR. A play therapist moves in and out of presence with self and presence with child. Congruence is experienced as a flow within the relationship that lacks self-consciousness on the part of therapist. In a fully congruent and relational state, the play therapist operates within the child's world (empathic understanding) and provides enhanced experiences of UPR. At the initial state of being in the EECM, the therapist enters the play-therapy relationship with a high state of openness to personal experiences and to the experiences of the child. The play therapist *strives* to live an authentic life in and out of the playroom, a life in which he or she strives to have authentic relationships in all aspects of life. We emphasize the word "strives" because the experience of congruence is not dichotomous and rarely can be fully achieved. Therapists operate on a continuum of congruence from which they strive to move closer to a full state of authenticity. In high states of congruence, the play therapist is able to facilitate substantially congruent relationships with children. When therapists struggle with congruence in their personal lives or congruence between personal and professional lives, the experience cycle is impacted and needs to be addressed to strengthen their therapeutic relationships.

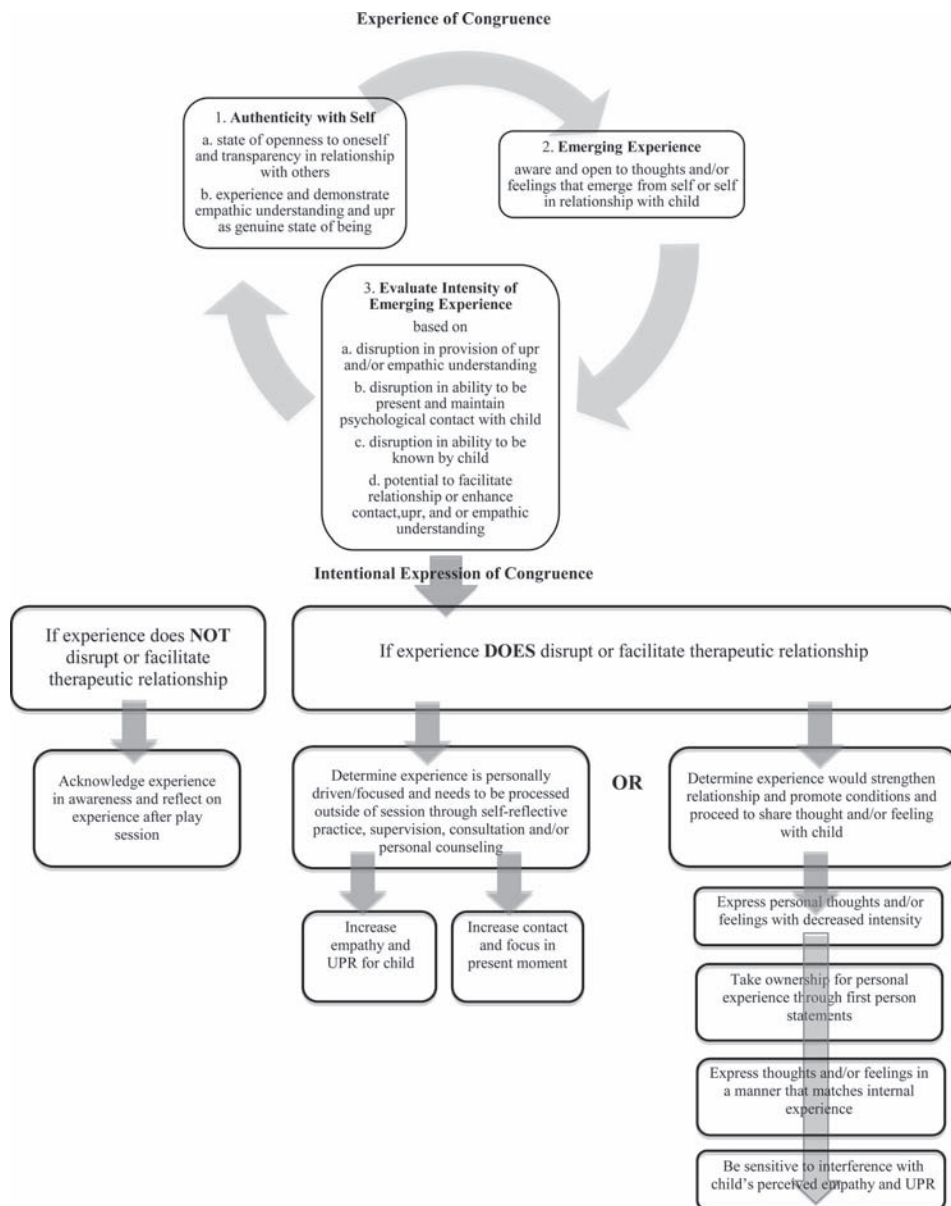


Figure 1. Experience-expression congruence model (EECM).

The EECM is based on the assumption that even when a therapist is experiencing a general level of congruence, events in play therapy will bring conflicts between personal level of congruence and provision of relationship. In the second component of the experience phase, a play therapist in session becomes aware of a thought or feeling that appears to emerge from self or self in relationship to the child. This emerging experience may be sudden, such as when a child hits the therapist and the therapist has an immediate anger reaction, or may emerge slowly,

such as growing resentment of a child's frequent attempts to hurt the therapist. The emerging experience is felt within the therapist and may manifest as a strong and persistent thought or feeling. As the experience emerges, we encourage the therapist to allow the experience into awareness. The denial or distortion of the experience contributes to inauthentic ways of relating to the child, thereby disrupting the fundamental base of relationship, trusting the other person. For example, a child purposefully hits a therapist and the therapist feels a flash of anger. The therapist may feel guilty about being angry and immediately cover up the anger. The child saw and experienced the flash of anger yet sees the play therapist act differently. The child interprets the interaction as inauthentic and the therapist as untrustworthy, someone to whom the child cannot express full emotions in an accepting environment. In the EECM model, we propose the therapist allows openness to all personal feelings in the session, without judging or denying.

Once the therapist has allowed the experience, thought, or feeling into awareness, there is a need to evaluate the intensity of the experience. The emerging experience evolves within the play therapist, an internal experience that may be initiated from the play therapist's personal life or from interaction with the child. A strong internal experience may prevent the therapist from remaining present with the child. A simple everyday example is a therapist in session who suddenly remembers that she forgot to call a later client about a time change for their next session. The sudden thought is strong but fleeting. The therapist quickly decides that she will remember to do this task later and reengages with the child in the moment. The therapist returns to an authentic state of being.

Often, emerging experiences are not fleeting and impact the relationship in more significant ways. We suggest that, in cases where the emerging experience is persistent in frequency or strength, the therapist evaluates intensity based on four criteria: (a) Does the emerging internal experience disrupt the therapist's ability to provide UPR and/or empathic understanding to the child? (b) Does the emerging experience disrupt the therapist's ability to be present or maintain psychological contact with child? (c) Does the emerging experience disrupt the therapist's ability to be known by the child? (d) Does the emerging experience have the potential to facilitate relationship through enhanced psychological contact, UPR, or empathic understanding? In many cases, a therapist may evaluate the emerging experience in terms of negative effects, as in the first three criterion questions. However, we encourage play therapists to also evaluate the positive consequences of emerging experiences of congruence. In the case of a child who hits the play therapist, the play therapist may respond with "That hurt, I really didn't like that." In this example, the child may benefit from seeing that the therapist is a real person with real feelings, seeing the consequences of hurting someone you like, and positive modeling of angry feelings.

The second phase of EECM, expression, focuses on the therapist's intentional use of emerging experiences to move toward greater congruency with self and with the child. In this phase, the play therapist has already evaluated the intensity of the emerging experience and moves into decision making with regard to addressing the experience for the benefit of the play-therapy relationship. If the emerging experience neither disrupts nor has the potential to facilitate the relationship with the child, then, as in the previous example in which the therapist remembers the need

to call another client, the play therapist acknowledges the experience and break in presence, and then returns to an authentic state.

If a therapist determines that the internal experience is disruptive to the relationship or may facilitate a stronger relationship, the therapist will progress to further decision making. A therapist may recognize that the experience emerges from a personal need that is separate from the relationship with the child. Examples of this experience may include an internal distraction related to a therapist's past or a personal sense of inadequacy. In this case, the experience is focused on the therapist and typically does not contribute to the therapeutic relationship. When a therapist has such an experience, we suggest that the he or she engage in self-reflective practice, which may include seeking supervision, consultation, personal counseling, and/or self-care; however, this experience generally occurs during a play session, i.e., at a time when the therapist cannot end the session to pursue self-care. We suggest that, in these cases, the therapist note the experience as briefly as possible, then attempt to increase contact and focus in the present moment. Presence can be enhanced through concentration and focus on empathic understanding of the child. By returning to the child's world, the therapist sets aside momentary personal needs to provide a relational experience for the child; however, any therapist can typically only sustain this type of reengagement in session when he or she is engaging in self-care and self-reflective practice on a consistent basis outside of session.

The play therapist sometimes determines that sharing the emergent experience will strengthen the relationship, thereby promoting the child's perception of empathic understanding and UPR. Hence, he or she makes the decision to intentionally express the emergent experience in session. The intentional expression of congruence with a child involves the consideration of several factors. First, before expression, the play therapist chooses the level of intensity to be shared that would be therapeutic for the child. If a play therapist is angry with a child, it is likely that the therapist will want to dampen the expression of anger to the child. Second, because the experience is the therapist's experience and not the child's, sharing is presented through "I" statements. The therapist may respond, "I'm feeling frustrated that I keep misunderstanding you. I'm sorry about that." A third factor is ensuring that the play therapist delivers responses that are congruent with his or her own thoughts or feelings. Although the therapist may choose to dampen the intensity of the expression, there is truth in the expression that reveals the "person" of the play therapist. Finally, when he or she shares a personal feeling or thought, the play therapist is sensitive to the possible interruption of the child's perceived empathic understanding and UPR. An expression of frustration may be perceived by the child as blaming. An expression of a joyful feeling may cause a child who is miserable to feel misunderstood. Because each of the three attitudinal conditions of congruence, empathic understanding, and UPR is essential to the relationship, the play therapist is continually balancing the expression of each, determining the most therapeutic route for the child in the moment.

Timing of the EECM is essential to its use. The authentic state of the play therapist is a time-consuming lifelong process in which the therapist engages in creating a life marked by genuine relationships. The congruence process in play session is brief in practice. The therapist is quickly attuned and open to his or her emerging internal experiences, quickly determines the intensity of the experience,

and quickly decides upon expression of that experience. Lengthy processes in any of these areas interfere with the therapist's level of presence with the child. The more the play therapist's state of general being is authentic, the less disruptive the congruence process will be in therapy. The therapist maintains the goal of presence with child and provision of empathic understanding and UPR with the child. Congruence is the path for the provision of the essential attitudes and must be addressed quickly when the path becomes blocked.

APPLICATION OF EECM

The EECM can be applied in many ways throughout play-therapy sessions. The following examples explain a few variations in which this model is enacted. Fictitious examples have been selected from differing scenarios; however, these processes can be found in the same play session with the same child or across play sessions.

Example 1: Lack of Authenticity of Self

Sally, a play therapist, was in a car wreck on her way into the clinic where she works. Prior to her fender bender, she had overslept and engaged in an argument with her oldest child, who did not want to get dressed for school. She arrived directly before beginning her play session with AJ, feeling cranky, rushed, and frustrated about her upcoming session, which tended to be messy. Sally could hear AJ being slightly rambunctious in the waiting room and knew that she was feeling a lack of acceptance for AJ, even before greeting him in the waiting room. In addition, Sally was struggling to accept her own experiences from the car accident and the struggles with her child. She was angry with the other driver, her child, and herself from the morning's events. She greeted AJ with an overly exaggerated smile, trying to compensate for the lack of openness and energy that she was experiencing. Throughout the session, she felt automatic or rote in her responses, not revealing much of herself due to her frustration and anger, which continued to emerge as she thought about her morning and the mess that AJ was creating.

This example begins before a play session. Sally had encountered several experiences that hindered her ability to be congruent in session. She struggled with the initial state of the EECM, her authenticity with self. She was not able to integrate her experiences to allow for openness to herself or others. She felt a need to cover up her experiences, preventing transparency. Throughout her session, her rote responding demonstrated a lack of genuineness. These experiences prevented any emerging congruent expression. She was not aware of or open to her own thoughts in relation to AJ, except her frustration with his messiness. Sally was able to recognize her lack of presence in session based on her resistance to allow and maintain psychological contact with AJ.

Sally seemed to be stuck in a place of incongruence, marked by the lack of authenticity with her sense of self and the way she responded to AJ. Sally was focused more on her frustrations with her morning and with the potential of

needing to clean a messy playroom quickly than she was on AJ's experience in the session. Therefore, Sally was not responding from a place of congruence and was not facilitating a congruent therapeutic process. According to the EECM, Sally would benefit from self-reflective practice of mindfulness and openness to experience prior to engaging in play therapy. Her state of authenticity would have been enhanced had she acknowledged her responses to her earlier experiences and their possible implications for the therapeutic relationship with the child.

Example 2: Congruently Conveying Positive Feelings

Damien, the play therapist, had been working with Sara for a couple of months in play therapy. Sara had experienced attachment trauma early in life, which created challenging sessions for Damien. Sara broke many limits in session and often rejected Damien and his UPR toward her. Damien experienced a shift in session when Sara began to be more receptive of his UPR; specifically, she began following limits when Damien would set them. Damien was surprised to see this shift, and began to increase his frequency of warmth and acceptance toward Sara. In turn, she began to be more open to his expressions of care. One day in session, the following exchange occurred

Sara: Drawing a picture, "I'm drawing a picture of us."

Damien: Surprised that he is included in the picture and Sara seems happy, "You've decided to draw a picture of you and me?"

Sara: "Yes, we are both smiling and happy."

Damien: "Oh, we are happy together."

Sara: Turns to Damien, "Yes, I like you."

Damien: Feeling filled with warmth, care, and acceptance for Sara, "I like you too."

Sara: Returns to her drawing and continues working with a genuine smile on her face.

In this example, Damien chose to express his true feelings for Sara, that he liked her. Given Sara's past, Damien was careful in his processing of his feelings and making the decision to express his experiences of warmth and acceptance. Damien had been noticing a shift in Sara and her level of receptivity to him, and he thought it would be appropriate to disclose his true feelings for her in the moment. Damien saw this as an opportunity to strengthen their therapeutic relationship through verbalizing the conditions of empathy and acceptance of Sara as worthwhile as she is. Damien, through expressing authentic empathy of Sara's experience, understood that Sara's statement of liking was not an attempt to gain acceptance, but to express genuine care. Sara was operating from a place of congruence, solidifying Damien's decision to express his care without interfering with Sara's perception of UPR from Damien. Damien felt confident that his expression of care for Sara would not create a condition of worth for her. Also, because they were both operating from a place of congruence, he felt assured that he was not responding from a nonempathic place.

Example 3: Congruently Conveying Negative Feelings

Jose was working on a painting when he accidentally dropped the paintbrush and ruined his picture. Jose began tearing up the playroom and his anger escalated toward Daniel, his play therapist. Jose started shooting Daniel with the dart gun and then threw many toys at Daniel. The dialogue continued as follows

Daniel: “My face isn’t for shooting. You are so angry at me right now.”

Jose: (Continues shooting, gets closer to Daniel.)

Daniel: (Blocks his face.) “My face isn’t for shooting.”

Jose: (Continues to get closer to Daniel).

Daniel: (Backs up.) “Jose, my face isn’t for shooting.”

Daniel became angry and scared as Jose continued to approach him and shoot him closer to his eye. He was frustrated with Jose’s reaction and was struggling to be accepting of Jose’s need to take his anger out on him.

Jose: “Fine, I’ll throw this then.” (Throws flashlight at Daniel but misses.)

Daniel: “I’m not for throwing at. You are so angry and want to show me that.”

Jose: “I’m going to get you this time.” (Winds up to throw the flashlight again.)

At this point, Daniel recognized that he was not able to be empathic and that their therapeutic relationship was struggling because of his level of threat in the playroom. In addition, his limit setting was not going to be effective due to his inability to express congruence, empathy, and UPR to Jose. Daniel decided to respond from a place of congruence.

Daniel: (Standing up and putting his hand close to the flashlight to block the throw.) “Jose, I’m feeling scared of getting hurt right now. I know you’re really angry, but I’m not for hurting.”

Jose: “I’m not going to hurt you, I just want to throw this.”

Once Daniel was able to be congruent, he could also express true empathy for Jose’s feelings. Because Daniel was originally feeling threatened, preventing him from being open to Jose’s experience, he was more focused on protecting himself than truly understanding and responding to Jose. After Daniel congruently expressed his own experience and put himself in a position to feel more physically safe, he was able to reengage with Jose in a way that facilitated their relationship and Jose’s process.

Example 4: Dampening Congruent Responses

Zaria had been working on cutting out a snowflake from construction paper over the course of multiple sessions. Zaria would go through the steps of folding the paper, tracing the parts she wanted to cut out, and then cut. She would always cut along the folded edge, ruining the actual snowflake from forming in the way she wanted. She would spend the majority of the session preparing for the cut, with Tina, her play therapist, following empathically and congruently with her. Each

time Zaria opened up her failed snowflake, Tina offered acceptance and warmth in her responses to Zaria. After weeks of attempting to cut out a snowflake, Zaria finally figured out her mistake and got it right. Tina had been empathic to her weeks of struggle and was so excited and proud of Zaria that she wanted to yell out “Yay! I’m so proud of you! You finally got it!” However, she recognized that her reaction, although genuine, was more magnified than Zaria’s.

Had Tina excitedly yelled out her response, she would have been operating from a place of congruence, but she also would not have matched Zaria’s level of excitement. Tina’s response could have communicated a lack of acceptance of Zaria in that moment, valuing her successful product over the weeks of work and practice that it took to accomplish the snowflake. Tina instead chose to respond, “You did it,” in an excited yet slightly softened tone. Her response communicated empathy with Zaria’s level of excitement and her own congruence through her excited tone. Tina chose not to express her full level of congruence in order to preserve her UPR and empathy for Zaria. She was able to communicate her excitement, but in a way that still connected and contributed to strengthening their therapeutic relationship.

CONCLUSION

Because congruence is multidimensional and holistic, consideration of the EECM requires the acknowledgment that we have attempted to capture a complex construct through structured processes. In this acknowledgment, we recognize the fluid nature of congruence and the potential for inhibiting congruence by providing a structure for experience and expression. However, the awareness and expression of congruence is complicated in play therapy, a process in which the therapist is focused on the child and the child’s experience. Yet, the therapist is a very real person within the child’s world and is perceived by the child as a person who may be willing to engage in that world. A child’s ability to allow the therapist to be in his or her world is predicated on the child’s trust in the “person” of the therapist. The EECM presents a process that seeks to help the play therapist navigate the balance of providing a therapeutic environment while also being an authentic person with the child.

REFERENCES

- Barrett-Lennard, G. (1962). Dimensions of therapist response as causal factors in therapeutic change. *Psychological Monographs: General and Applied*, 76, 1–36. doi:10.1037/h0093918
- Bozarth, J. D. (2001a). Congruence: A special way of being. In G. Wyatt (Ed.), *Congruence: Rogers’ therapeutic conditions. Evolution, theory, and practice* (Vol. 1, pp. 184–199). Ross-on-Wye, UK: PCCS Books.
- Bozarth, J. D. (2001b). A reconceptualization of the necessary and sufficient conditions for therapeutic personality change. In J. D. Bozarth & P. Wilkins (Eds.), *Unconditional positive regard: Rogers’ therapeutic conditions. Evolution, theory, and practice* (Vol. 3, pp. 173–179). Ross-on-Wye, UK: PCCS Books.
- Cochran, N. H., Nordling, W. J., & Cochran, J. L. (2010). *Child-centered play therapy: A practical guide to developing therapeutic relationships with children*. Hoboken, NJ: Wiley.
- Cornelius-White, J. H. D. (2007). Congruence: An integrated five-dimensional model. *Person-Centered & Experiential Psychotherapies*, 6, 229–239. doi:10.1080/14779757.2007.9688444

- Greenberg, L. S., & Geller, S. M. (2001). Congruence and therapeutic presence. In G. Wyatt (Ed.), *Congruence: Rogers' therapeutic conditions. Evolution, theory, and practice* (Vol. 1, pp. 131–149). Ross-on-Wye, UK: PCCS Books.
- Jayne, K. M. (2013). *Congruence, unconditional positive regard, and empathic understanding in child-centered play therapy* (Unpublished doctoral dissertation). University of North Texas, Denton, TX.
- Kirschenbaum, H., & Jourdan, A. (2005). The current status of Carl Rogers and the person-centered approach. *Psychotherapy: Theory, Research, Practice, Training*, 42, 37–51. doi:10.1037/0033-3204.42.1.37
- Kolden, G. G., Klein, M. H., Wang, C., & Austin, S. B. (2011). Congruence/genuineness. *Psychotherapy*, 48, 65–71. doi:10.1037/a0022064
- Landreth, G. (2012). *Play therapy: The art of the relationship*. New York, NY: Routledge.
- Mearns, D., & Cooper, M. (2005). *Working at relational depth in counselling and psychotherapy*. London, England: Sage.
- Mearns, D., & Thorne, B. (2000). *Person-centered therapy today: New frontiers in theory and practice*. London, England: Sage.
- Ray, D. C. (2011). *Advanced play therapy: Essential conditions, knowledge, and skills for child practice*. New York, NY: Routledge.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21, 95–103. doi:10.1037/h0045357
- Rogers, C. R. (1959). A theory of therapy, personality and interpersonal relationships, as developed in the client-centered framework. In S. Koch (Ed.), *Psychology: A study of science*, (Vol. 3, pp. 184–256). New York, NY: McGraw-Hill.
- Rogers, C. R. (1980). *A way of being*. New York, NY: Houghton Mifflin.
- Ryan, V., & Courtney, A. (2009). Therapists' use of congruence in nondirective play therapy and filial therapy. *International Journal of Play Therapy*, 18, 114–128. doi:10.1037/a0014655
- Schmid, P. E. (2001). Authenticity: The person as his or her own author. Dialogical and ethical perspectives on therapy as encounter relationship. And beyond. In G. Wyatt (Ed.), *Congruence: Rogers' therapeutic conditions. Evolution, theory and practice* (Vol. 1, pp. 213–228). Ross-on-Wye, UK: PCCS Books.
- Tolan, J. (2012). *Skills in person-centered counselling and psychotherapy*. London, England: Sage.
- Truax, C. B., & Carkhuff, R. R. (1967). *Toward effective counseling and psychotherapy*. Chicago, IL: Aldine.
- Van Fleet, R., Sywulak, A. E., Sniscak, C. C., & Guernsey, L. F. (2010). *Child-centered play therapy*. New York, NY: Guilford Press.
- Wilkins, P. (2010). *Person-centered therapy: 100 key points*. London, England: Routledge.
- Wyatt, G. (2001). The multifaceted nature of congruence within the therapeutic relationship. In G. Wyatt (Ed.), *Congruence: Rogers' therapeutic conditions. Evolution, theory, and practice* (Vol. 1, pp. 79–95). Ross-on-Wye, UK: PCCS Books.

Received October 31, 2013

Revision received November 12, 2013

Accepted November 13, 2013 ■