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## ROGERS'S PERSON-CENTERED APPROACH: CONSIDERATION FOR USE IN MULTICULTURAL COUNSELING



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### Summary

To provide competent counseling services to an increasingly diverse clientele, attention must be given to the applicability of the dominant theoretical orientations. Rogers's person-centered approach is widely used, but the appropriateness of its diverse applications should not be assumed. This article considers the applicability of Rogers's person-centered approach in multicultural counseling contexts.

The universal application of counseling theories can no longer be assumed (Pedersen, 1996; Ridley, Mendoza, & Kanitz, 1994; D. W. Sue & Sue, 1990). Each client and each counseling situation are unique. Counselors need to consider altering their approaches or techniques to fit the individual needs of clients (Beutler, Crago, & Arizmendi, 1986; Stiles, Shapiro, & Elliott, 1986). Although every client is unique, the uniqueness of a culturally diverse client requires increased attention and action. The issue of culture should be considered in the counseling context (Corey, Corey, & Callahan, 1993).

Contemporary counseling theories are based on White Eurocentric worldviews and, therefore, may not be appropriate for clients

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outside of that group (Katz, 1985; Ridley & Lingle, 1996). Given that the overwhelming majority of counselors are part of the dominant White majority (Ridley, 1985), the potential impact of White bias in contemporary theoretical orientations is increased. As the counseling profession serves an increasingly diverse population, it faces challenges regarding the appropriateness of its services (D. W. Sue, Arredondo, & McDavis, 1992).

Theoretical orientation is one of many filters that may affect counselors' helping styles (Holiman & Lauver, 1987; D. W. Sue & Sue, 1990). Although counselors' assumptions about the world are sometimes independent of their theoretical orientations (Mahakik, 1995), values do underlie theories and can influence the counseling interaction. Cultural encapsulation is not only an issue for individual counselors but also for entire theoretical orientations. A critical examination of each counseling theory's suitability for a multicultural clientele is warranted whether exporting these models or working with diverse clients domestically (Pedersen & Leong, 1997). Although multiculturalism has been named as the emerging fourth force in psychology (Pedersen, 1991), as can be seen by a review of Rogers's (1951, 1977) writing, thoughtful consideration of culture is not new. In this article, the applicability of Rogers's person-centered approach for an increasingly multicultural counseling context will be assessed using D. W. Sue and Sue's (1990) conceptual model for considering multicultural competencies. Both the advantages and disadvantages will be discussed in keeping with the belief that the assumption of universal applicability must not be replaced by an assumption that traditional theories should be abandoned (Patterson, 1996; S. Sue & Zane, 1987).

#### COMPETENCY 1: SELF-AWARENESS

Culturally skilled counselors are active in the process of becoming aware of their own assumptions about human nature, values, biases, and so forth. They are active in trying to understand their own worldviews (D. W. Sue & Sue, 1990).

##### *Rogers's Contributions*

Pedersen and Ivey (1993) credited Rogers with directing counselor training toward emphasizing helper attitudes and developing facilitative counseling contexts. Early on, Rogers (1951)

acknowledged the importance of counselors' values and assumptions. Does each client have a right to his or her own worth, dignity, and respect? Is the counselor able to let the client choose his or her own direction in response to his or her own values? Rogers's approach depends on counselors' answering "yes" to these questions, and in fact, opposing values would not be in line with his approach (Rogers, 1951). When White counselors work with culturally diverse clients, Rogers (1977) spoke of the necessity of the White counselors trying to understand and accept anger directed toward their Whiteness. Rogers further suggested that White counselors listen to their own feelings and express them. He believed that as cultural differences were expressed that the persons behind the cultures would be discovered (Rogers, 1986, 1987).

Rogers (1951, 1977) did recognize that his beliefs regarding person-centered therapy, clients' growth, and humans as basically trustworthy, capable of understanding themselves in context, and making constructive choices were products of their time and cultural setting. Rogers (1977) described his view as cultural, admitting that other cultures held dissimilar views (i.e., people are basically untrustworthy). However, Rogers (1951) maintained that his theory was less open to cultural bias because of its emphasis on therapist nonevaluation and because his theory was built on specific, intimate observations of behavior in a relationship. Rogers believed these observations transcended to some degree the influences and limitations of culture.

Usher (1989) criticized this assertion, indicating that the behavioral observations on which Rogers's theory is built are indeed culture specific. According to Pedersen (1991), all behavior needs to be understood in a cultural context, as similar behaviors can have different meanings and different behaviors may have the same meaning. The danger is that when a supposedly universal value such as self-actualization is imposed in a counseling context, a type of cultural conformity is expected, and unwarranted conclusions may be drawn if the expectations are not met (D. W. Sue & Sue, 1999). A counselor may in theory be committed to unconditional positive regard but, in practice, may find this difficult when working in a multicultural counseling context. Counselor neutrality is a myth, and counselors should be able to articulate and disclose value systems underlying their interventions and critically examine the consequences of interventions stemming from different value positions (Merali, 1999).

*Emphasis on Individualism and Independence*

Rogers can be criticized in a multicultural context for reflecting the cultural bias of valuing individualism. Rogers (1961) viewed independence as desirable and autonomy and self-direction as positive outcomes of therapy. Rogers saw dependency on family as a potential barrier to growth and downplayed values of family obligations and duties (Usher, 1989). This view may not be appropriate when working with some culturally diverse clients such as Asian clients. Some Asian clients may not want to make a decision on their own, as they would like to consult with their parents (value of filial piety) and families (D. W. Sue & Sue, 1990). Such clients may not work toward the goal of self-direction because it is contradictory to their cultural values.

Rogers did believe that validation, support, and approval from significant others were important for a person to feel good about herself or himself, and personal distress was often related to their absence. However, he made little attempt to incorporate the client's natural support systems (family, peers, community members) into treatment, as the emphasis was on professional services between the client and the therapist (Usher, 1989). According to Usher (1989), Rogers ignored the role of significant others except in relation to how they may have affected the client's adjustment difficulties. In contrast, to deliver culturally competent services, some counselors advocate working with family and community resources (Corey et al., 1993; D. W. Sue & Sue, 1990).

Rogers has also been criticized for not attending to the external constraints on the individual and focusing on the here and now rather than on the client's past personal and cultural history (Usher, 1989). Rogers denied criticisms that his approach served as a luxury for the middle class and was meaningless for the oppressed who needed jobs, money, rights, and education. Rogers (1977) acknowledged "the personal is political" and argued that a new kind of society could be created as powerless groups recognize their strengths as persons and become intentionally more powerful (Ryback, 1989). Although Rogers did not explicitly modify his person-centered individualistic core, his later work addressed broad social questions including conflict resolution at intercultural, interracial, and international levels (Rogers, 1987) and the need for social and political action to create reformed contexts (Caspary, 1991). Indeed, it may be helpful to consider Rogers's theory in light of his practice (O'Hara, 1989). Caspary (1991) suggested American

culture as a whole may have used its individualistic lens to understand and apply humanistic psychology, and it is quite possible when one considers Rogers's actual practice and concern for the oppressed that he may have been more open to embracing the notion of community than he is currently given credit for in the counseling profession.

## COMPETENCY 2: AWARENESS OF CLIENT'S CULTURE

Culturally skilled counselors attempt to be active in the process of understanding the worldview of culturally different clients. What are the clients' values, biases, and assumptions about human behavior (D. W. Sue & Sue, 1990)?

### *Rogers's Acknowledgments*

Rogers (1951, 1977) was very clear that counselors need to view the client not from their own frame of reference but from the individual client's internal frame of reference. Rogers (1951) referred to judgments about primitive societies as an analogy to describe how psychology sometimes judges others from its own perspective. If one views a primitive society from our own frame of reference and sets of values, we may come to view primitive people as eating ridiculous foods, having fantastic but meaningless ceremonies, and behaving with a mixture of virtue and depravity.

We fail to see that we are evaluating the person from our own, or from some fairly general, frame of reference, but that the only way to understand his behavior meaningfully is to understand it as he perceives it himself, just as the only way to understand another culture is to assume the frame of reference of that culture. When that is done, the various meaninglessness and strange behaviors are seen to be part of a meaningful and goal directed behavior. (p. 494)

Rogers promoted counselor acquisition of knowledge of clients in their cultural settings, knowledge of cultural anthropology or sociology with actual experiences of living with or dealing with culturally diverse clients. Both experience and knowledge were viewed as necessary to truly understand a client who may have been the product of very different cultural influences.

*Common Measure of Normal Behavior*

An important source of cultural bias is the assumption that “normal” means the same thing to people of various backgrounds (Pedersen, 1987). Rogers seems to have avoided this bias (Usher, 1989) as he discouraged the promotion of therapist’s values and warned against the conviction (often unspoken) that clients would be happiest if they allowed the counselor to select their values, standards, and goals (Rogers, 1951). He objected to the therapist occupying a position of power and expertise, arguing that the position of power was within the client. He believed that only the individual client in his or her own particular social, cultural, and historical context could define what is normal (Rogers, 1977).

*Abstract Words*

Rogers’s theory is criticized for his use of abstract words, which often lose meaning when used outside Western culture (Usher, 1989). Examples include *congruence* and *genuineness*, referring to being very aware of one’s feelings and attitudes and being willing to communicate these. This may be difficult for some clients from cultures where subjective experience, deep self-awareness, and insight are not valued. Person-centered counselors should guard against narrow cultural beliefs about psychological health and the interventions that often result from such beliefs. In some instances, even *empathic understanding*, referring to stepping inside someone’s private world, may be offensive to some people in cultures where reservation and inhibition are valued in relationships, particularly with strangers (Usher, 1989).

## COMPETENCY 3: APPROPRIATE INTERVENTIONS

A culturally skilled counselor is one who is in the process of actively developing and practicing appropriate relevant and sensitive interventions using strategies/skills in working with culturally different clients (D. W. Sue & Sue, 1990).

*Cultural encapsulation* refers to holding onto one way of thinking and resisting adaptations and alternatives (Pedersen, 1991; Wrenn, 1962). This term may apply to Rogers as his approach makes no modification attempts in response to cultural variables. D. W. Sue and Sue (1990) described effective counseling as being

able to shift one's helping style to meet the cultural dimensions of the client. According to S. Sue and Zane (1987), the inability of therapists to provide culturally responsive forms of treatment is the most important explanation for the problems in service delivery (ethnic minority clients underutilizing services, prematurely terminating treatment, or failing to show positive treatment outcomes). This area of competency is simply not developed in Rogers's person-centered approach.

### *The Diversity Paradox*

Rogers (1951) believed that his theory was useful in its original form with different groups and that there was no advantage to setting dogmatic limits to its use.

Yet a psychological climate which the individual can use for deeper self understanding, for a reorganization of self in the direction of more realistic integration, for the development of more comfortable and maturing ways of behaving—this is not an opportunity which is of use for some groups and not for others. It would appear rather to be a point of view, which might in some basic ways be applicable to all individuals, even though it might not resolve all the problems or provide all the help which a particular individual needs. (p. 230)

Unfortunately, although the person-centered approach acknowledges and values culture, it does not specify how cultural differences may be addressed in therapeutic practice by altering therapeutic attitudes, responses, interventions, and so forth (Cain, 1989). Although every client has been recognized as an individual in person-centered therapy, in many ways they have all been treated the same. When considering theoretical techniques, too often the assumption is that techniques are imposed according to theory, rather than modifying the techniques as client needs and values are considered (D. W. Sue & Sue, 1999). Culture should be given consideration as members of some groups may be more receptive to certain counseling techniques or styles because of cultural or sociopolitical factors (i.e., American Indians, Asian Americans, and Black and Hispanic Americans may prefer more directive forms of counseling as compared to nondirectional forms) (D. W. Sue & Sue, 1990). The argument can be made that to be truly person centered, counselors need to allow themselves to be more directive if the culture(s)/circumstances of the client warrant it. Although counselors, in general, should avoid stereotypes and ulti-

mately tend to the individual after nomothetic cultural information has been taken into account (Ridley & Lingle, 1996), person-centered counselors may benefit from reminders of the importance of cultural considerations (expectations, values, traditions, etc). To understand an individual's unique experience of self and to truly individualize therapy, each individual's cultural context should be considered.

Person-centered theory, although founded by Rogers, did not end with his death in 1987. Cain (1989), a person-centered theorist, suggested that the following two premises are now needed: (a) All persons are capable of change, and (b) the potential for therapeutic change is optimized when therapists work with clients in a manner compatible with clients' preferred learning styles, optimal learning environments, and so forth. In this approach, the counselor's primary concern is to adapt to and accommodate the specific needs of each client. More than any other therapeutic system, the client-centered approach allows and encourages persons to become their unique selves. In Cain's view, clients are most likely to realize their unique potential if therapists remain mindful that each person is different from every other and that each therapy needs to be individualized. Therapists must try to see with the client's eyes, hear through the client's ears, and learn from the client what fits (Cain, 1989). This call for modification of counselor response is echoed by Pedersen (1996).

Although a loving, trusting and genuine relationship is important in all counseling, the way that rapport is established will reflect the complex and dynamic culture of each client. The right approach in one cultural context may well be the wrong approach in a different cultural context. Traditional counseling techniques need to be as dynamic as culturally different clients. The objective is not to substitute multicultural counseling for traditional theories but to hold all theories accountable in the attempt to achieve good counseling in a culturally diversified population. (p. 236)

## THE FUTURE OF THE PERSON-CENTERED APPROACH

As the counseling profession continues to grapple with providing quality services in a rapidly changing world, the continued use and possible modification of Rogers's approach for culturally diverse clients must be considered. Multicultural counseling and therapy (MCT) is meant to be a meta-theoretical approach that allows for

traditional theories such as Rogers's person-centered approach but advocates for nontraditional theories as well (D. W. Sue et al., 1998). As a meta-theory, it holds counselors accountable for the applicability of their choices given the culture of their clients. Every individual is a multicultural being affected by multicultural variables such as race, ethnicity, gender, sexual orientation, ability level, socioeconomic status, religion, age, and so forth (Das, 1995; Fukuyama, 1990; Ho, 1995). Therefore, all relationships including counseling are multicultural to some extent (Pedersen, 1996; Ridley et al., 1994). Rather than the implicit expectation that clients adapt to the counselor's frame of reference, MCT encourages the counselor to adjust to and work with the client's worldview (D. W. Sue et al., 1998).

#### *Revolutionary Potential in Its Current Form*

In some cases, a counselor may make the decision that the person-centered approach as traditionally practiced is most appropriate. Person-centered therapy has a long history of effectiveness and has earned its place as one of the top three influential forces in psychotherapy along with psychodynamic and cognitive behavioral therapies. At one time in the Western world, the person-centered approach was viewed as revolutionary as it changed the way clients were conceptualized in the counseling process (Natiello, 1990; Rogers, 1977). It involved a difficult shift, and there have been and are obstacles in the Western world and in other cultures (Natiello, 1990). Rogers (1977) described his approach as "a viable alternative to our present ways of seizing and using power that makes it the most threatening of all. It is a quiet revolution" (p. 140).

It is important to recognize that although not objectively culturally compatible, there is and may continue to be interest in the person-centered approach in many other cultures. The person-centered approach has been applied to individuals, small groups, and large groups in many countries (Rogers, 1977, 1986, 1987), including various international cross-cultural workshops (Greening, 1987; McIllduff & Coghlan, 1989). As traditionally practiced, the person-centered approach may offer a welcomed change at home and internationally when working cross culturally, just as it did in the Western world for many traditional mainstream clients.

Stipsits and Hutterer (1989) described the person-centered approach in Austria as more than a therapeutic approach as it

opens up creative energies for the renewal of both the individual and the social self in a constrained cultural setting. In Japan, Rogers's person-centered approach is already credited with paving the way for nonmedical involvement in treatment or caring processes (Hayashi, Kuno, Osawa, Shimizu, & Suetake, 1992). According to Hayashi et al. (1992), there is some affinity between client-centered therapy and the Japanese viewpoint (the psychological climate vital to the therapeutic relationship, belief in capacity for growth and change, importance of congruence between real and ideal selves). Certainly, many Japanese individuals are reluctant to seek professional help and want to take care of their problems by themselves or within their families or peer groups. The differences in culture, history, customs, and language call for reexamination and potential modifications to take into account Japanese culture, but the similarities are also promising (Hayashi et al., 1992). This illustrates the point that although between-group differences exist and must be considered, within-group differences are paramount and considering both between- and within-group differences ultimately will lead to greater therapeutic flexibility and effectiveness.

#### *Potential Modifications*

In some cases, counselors may decide to modify the person-centered approach in an effort to account for cultural variables. The following modifications are offered as ideas for consideration to enhance the effectiveness of person-centered counseling in multicultural settings.

*Counseling common factors.* Four common factors (therapeutic relationship, shared worldview, client expectations, and ritual or intervention) should be considered and integrated in the development of culturally relevant versions of therapy (Fischer, Jome, & Atkinson, 1998). Fischer et al. (1998) suggested consideration of the following questions: What do I need to know about this individual, about his or her cultures, and about people in general that will likely help me (a) to develop a good therapeutic relationship, (b) to discover or construct with the client a shared worldview or plausible rationale for distress, (c) to create an environment where the client's expectations will be raised, and (d) to plan a healing procedure in which my client and I both have confidence?

Similar to Rogers's emphasis on the importance of the client and counselor relationship, multicultural counseling competence highlights the importance of counselors being able to develop personal therapeutic relationships with clients from different cultures. It has been shown that counselors perceived as expert, trustworthy, and attractive are more influential (S. Sue & Zane, 1987). Attached to therapeutic styles are differential verbal and nonverbal behaviors that affect clients' perceptions of expertness, trustworthiness, and attractiveness. Different cultural groups may be more receptive to certain counseling communication styles because of cultural and sociopolitical factors (Wehrly, 1995). Therapists need to be able to be responsive to clients and shift therapeutic styles, as factors enhancing social influence with one client may lower it with another (D. W. Sue & Sue, 1999). It is crucial that counselors acknowledge the limitations of their styles and anticipate their possible negative impact.

There is no greater need for this than at the beginning when the therapeutic relationship is being established and rapport is being built. Indeed, counselors may have greater freedom in using a helping style that may not be congruent with the client's worldview after the working relationship has been established (D. W. Sue & Sue, 1999). Building trust may not be about working harder, doing the same things better or more often—it may involve varying one's responses. Certainly, counselors do not need to adopt the same attitudes as their clients, but clients need to feel understood and accepted. There is an increased likelihood of success if clients feel their counselors understand reasons for their symptoms and provide a process for healing that makes sense (Atkinson, Thompson, & Grant, 1993).

*Role expansion.* Rogers (1951) described client expectations of therapists as possibly including expectations of a parent who will protect, a psychic surgeon to probe and do a makeover, or an advice giver. He acknowledged these different expectations affect the client's perceptions of therapy and that the best conditions exist when both the counselor and client perceive the relationship in a similar fashion. Unfortunately, despite this recognition, he did not encourage modifications of counselor responses. Counselors should be open to different roles that may include giving advice, making suggestions, disclosing thoughts and feelings, considering non-indigenous healing methods and non-Western ways, and so forth (D. W. Sue & Sue, 1999). Atkinson et al. (1993) proposed that there

are many helping roles and subsequently many different counseling behaviors (advisor, advocate, facilitator of indigenous support systems, facilitator of indigenous healing systems, consultant, change agent, counselor, psychotherapist). For some clients, combinations of these roles may best meet their needs; for other clients, changes in acculturation level, progress on problem resolution, and/or a shift from potential problem to actual problem may lead to changing the counselor's role when working with the same client.

*Saliency of group memberships.* Counselors can expand their understanding of each client as a unique individual by using D. W. Sue's (1996) conceptualization of an individual's worldview as a combination of individual uniqueness, group experiences, and human universality. As stated earlier, Rogers did acknowledge culture as a clinical factor needing consideration. Attending to clients' cultural saliency would be in keeping with his theory. Of course, clients may be affiliated with any number of groups, and the saliency of particular group memberships may change over time and depending on the context (Pedersen & Ivey, 1993). Effective counseling depends on the ability of the counselor to assess the client's unique worldview, taking into account both between- and within-group differences (Pedersen, 1991; Richardson & Molinaro, 1996). Understanding the unique worldview of each client is not an isolated objective; it is necessary to ensure that specific applications of theory are used appropriately.

Two within-group variables that may be useful to consider are level of acculturation and racial identity. Acculturation is the degree of integration of new cultural patterns into the original cultural patterns and may apply to internal contexts (moving from a reserve to a city) or external contexts (moving from a different country) (Paniagua, 1994). Variables influencing level of acculturation include age when entered the process of change, number of years in new context, and the country/culture of origin. Helms's (1995) racial identity interaction model explains cross-cultural relationships where power differential exists and allows for various combinations of majority/minority, minority, majority, minority/minority, and majority/majority counselor client dyads. Helms's model emphasizes counselor awareness of his or her own racial identity and the client's racial identity. Considering the interaction of racial identity statuses in a counseling relationship can lead to an increased ability to anticipate problems and develop appropriate strategies to strengthen the relationship (Thompson, 1997).

*Specific techniques.* Pedersen and Ivey (1993) offered training that facilitates the adaptation of counseling microskills to multicultural settings. Four variations of each basic skill are offered to help the counselor match the right method with the right person at the right time in the right way. Concepts such as warmth, empathy, and rapport need to be defined broadly so they can have meaning across cultures and can lead to the establishment of facilitative therapeutic relationships. To enhance counselor attractiveness, expertness, and trustworthiness, counselors should be flexible in their helping approach (D. W. Sue et al., 1998).

Continued growth and development in the person-centered approach are illustrated by considering the present debate about nondirectiveness. Nondirectiveness has traditionally been assumed to be in the best interests of the client. Cain (1990) challenged this, indicating that given the importance of the client's phenomenological reality, it is necessary to question the assumptions behind nondirectiveness. Therapist nondirectiveness for some clients may be frustrating, counterproductive, and seen as passive and lacking involvement or a willingness to help. Therapists are advised to attend to and inquire about the impact of all therapeutic behaviors rather than assuming their intentions have been received (Cain, 1990).

Reflective listening skills in some cases may need to be expanded to broaden the focus beyond the individual to relational and cultural issues. Some clients may not be comfortable expressing or reflecting feelings. They may value restraint of emotion and the ability to suffer in silence. Pedersen and Ivey (1993) recommended that the counseling profession move from being client centered to culture centered—from "You feel . . ." to "You feel this in relationship to . . . ?" The person-centered emphasis on self-actualization, autonomy, and independence may be useful for some clients, but for others, self in relation, connectedness, and relationship interdependence may be valuable.

Unfortunately, research on multicultural counseling and training remains in its infancy, and little empirical data are available (Ridley, Mendoza, Knitz, Angermeier, & Zenck, 1994). Because many studies are analogue studies with only suggestive findings, more research is needed with actual clients in cross-cultural situations focusing on both between- and within-group differences (D. Sue & Sundberg, 1996). Certainly, many of the ideas put forth by proponents of MCT have not been proven and still await empirical validation. These ideas have been effective, however, in challeng-

ing long-held beliefs in the field of counseling, and basic questions (i.e., relationship building) that were thought to have been answered long ago have been resurrected for further analysis and study.

Using research on empathy as an example, different definitions and concepts for cultural empathy still need to be developed and studied. Therapist empathy is core to developing relationships; however, Ridley and Lingle (1996) wisely advised counselors to be cautious as cross-cultural empathy is not as automatic as within-culture empathy. Counselors need to be extra tentative as differences between counselor and client development and socialization result in differences in processing information and self-expression. Although empathy becomes harder to achieve as cultural differences exist (Draguns, 1996), person-centered therapists are in a favorable position. They may build on their considerable skill base in empathy, work toward a more intentional and thorough consideration of cultural factors, and ultimately deliver more culturally sensitive therapy. Cultural empathy is developed by first acquiring generic empathy skills and then more refined process skills that enable decoding of cultural meaning. To interpret cultural data, one must first be sensitive to it, and to be sensitive, one must first perceive it (Ridley & Lingle, 1996).

Research in the area of culturally sensitive empathy, although not conclusive, is underway. D. Sue, Yao, and Mao (1995) found Asian students rated counselors as having greater empathy when they considered family and society influences compared to those who focused on personal emotions or individual exploration. Thompson, Worthington, and Atkinson (1994) found that counselors' use of verbal statements reflecting a cultural content orientation as opposed to a universal content orientation related significantly to client depth of disclosure and willingness to return for further treatment. Similar findings were evident in a study by Wade and Bernstein (1991) that showed counselors using a culturally sensitive approach were rated as higher on credibility and relationship measures, and clients returned for more follow-up and expressed greater satisfaction with counseling.

## SUMMARY

Rogers's person-centered approach has many characteristics that can be useful in multicultural counseling situations. Rogers's

individualistic focus fits well with warnings to avoid heavy reliance on nomothetic information and to formulate an idiographic focus when working in a cross-cultural context. The focus on counselors' identifying their own values and biases, the therapists' nonevaluative role, and learning about the clients' values and biases fits with multicultural counseling competencies that are now being promoted as essential. Ironically, the limitations of this approach are very much its essence: the strong emphasis on self and subjective experience, independence, and its use of abstractions. When considering D. W. Sue and Sue's (1990) three multicultural counseling competencies, the person-centered approach is most vulnerable to criticism in the area of not modifying responses to cultural considerations. As the counseling profession itself becomes more diversified, and further efforts are made to focus on the needs of an increasingly diversified client base, possible modifications for Rogers's approach should be considered. Although multicultural counseling competencies pose a significant challenge, counselors with allegiance to the person-centered approach may be particularly well suited to expand their repertoire of skills and move toward a more genuine and flexible person-centered approach. The development of multicultural competencies will not simply lead to improved services for minority clients; multicultural counseling competencies will lead to improved services for all.

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