Divergent views of what constitutes the fundamentals of counseling are not new, as Patterson (1989) pointed out when referring to the 1985 Phoenix conference. This conference involved 26 leading world therapists who presented and demonstrated their approaches. According to Patterson (1989), "The conference was a veritable 'Tower of Babel'" (p. 8) because of the multitude of divergent views presented.

Divergent views seem to permeate many areas considered basic to counseling. For example, over the last several years, there have been articles intended to stimulate dialogues about issues related to multicultural counseling. A review of articles (e.g., D'Andrea & Arredondo, 1998; Locke, 1990; Patterson, 1996; Pedersen, 1996; Weinrich & Thomas, 1998) reveals various opinions about what makes multicultural counseling different from other forms of counseling. The variety of opinions has stimulated articulation to more clearly define what multicultural counseling is and is not. However, even these opinions result in opposing definitions. Locke cautioned that if “all counseling is multicultural and that every counselor and client is indeed characterized by their own unique ‘cultural’ differences, then there may be little difference between the term multicultural counseling and ‘individual’ differences” (as cited in D'Andrea & Arredondo, 1998, p. 48). Patterson (1996) suggested that multicultural counseling has been recognized as being generic in nature—that all counseling is multicultural.

Possible clarification concerning fundamentals can be found by reviewing the very foundations of multicultural counseling, (i.e., philosophies that constitute these differing positions). We subscribe to Allport's (1962) conclusion that approaches to counseling can be reduced to at least two beliefs about human beings. One belief is determinism, which suggests that the only valid knowledge is "scientific knowledge," which is predictable and controllable. The other belief is that of a proactive view of humans as beings in the process of actualizing. However, both of these views have become compromised in a way that distorts an understanding of what is implied by the term multicultural counseling. This distortion is often due to a shift in focus from the client's capacities to the expertise of the counselor. Although some publications (Bozarth, 1998; Ginter, 1996; Hubble, Duncan, & Miller, 1999; Patterson, 1996; Rogers, 1957; Stubbs & Bozarth, 1994) have emphasized the central role of the client—counselor relationship, the general professional thrust is toward the importance of techniques (American Psychological Association, 1996). When multicultural counseling concentrates on the counselor's use of specific techniques to ‘do’ counseling, the true value of counseling is lost (Ginter, 1996). It has even been designated as the "specificity myth" (Bozarth, 1998, pp. 163–173). For example, multicultural competency can lead to awareness, knowledge, and empathy, but if the competency is a prescribed approach or predetermined techniques, the therapeutic encounter suffers as distance between the client and the counselor is created when the counselor “does” multicultural counseling.

TECHNIQUE BEFORE CLIENT

Simple acknowledgement rather than acceptance of the critical core of the relationship to counseling is not enough. Central to Patterson's (1996) contention that all counseling is multicultural is that “the competent counselor is one
who provides an effective therapeutic relationship" (p. 229). Patterson included in the relationship, the essentials of Rogers' postulates of respect for the client (referring to unconditional positive regard), genuineness, empathic understanding, and the counselor's communication of these three therapist conditions to the client. We believe failure to consider the importance of these postulates and the more general aspects of the client-centered relationship in multicultural counseling is a major flaw in the effort to find multicultural models. This is true for any counseling approach (multicultural and others) when the "specificity myth" (Bozarth, 1998, p. 164) is endorsed by insisting, contrary to the evidence, that there are specific treatments for a particular dysfunction or particular groups of people (e.g., race, gender, sexual orientation). In essence, the flaw manifests itself when the major variables found to relate to success in counseling are ignored or relegated to a periphery or supportive role in the counseling endeavor (Bozarth, 1998; Duncan, Hubble, & Miller, 1997; Duncan & Moynihan, 1994; Hubble et al., 1999; Lambert, 1992). Specifically, the variables of the relationship (which account for 30% of the success variance) and the extratherapeutic variables or the resources of the client and chance occurrence (which account for 40% of the success variance; Duncan & Moynihan, 1994; Hubble et al., 1999) are frequently downplayed in sessions, training, literature, and so forth (Bozarth, 1997, 1998; Bozarth, Zimering, & Tausch, in press). The variable of technique (which accounts for only 15% of the success variance, which matches the 15% accounted for by the placebo effect) is given predominant attention when the specificity approach dominates. The focus on technique is perpetuated by supervisors' preference, biases in program of study, and counselors' rigid adherence to the methods that govern particular approaches.

The distortion has been so pervasive that over the time the central dimension of the great theories of counseling has been redefined to fit a set of techniques, a specific approach to clients. This redefinition is most clearly apparent in interpretations of Rogers' (1957) postulate of the necessary and sufficient conditions of the therapeutic personality in which the shift is from that of counselor's attitudes to that of counselor's skills (Carlhuff, 1969; Egan, 1975; Stubbs & Bozarth, 1996). Among other distortions of this shift, the extensive locus of control of the client emphasized by Rogers is shifted back to the counselor. Rogers' (1951) statement about therapy in general is apropos:

The probability of therapeutic movement in a particular case depends primarily not upon the counselor's personality, nor upon his techniques, nor even upon his attitudes, but upon the way all these are experienced by the client in the relationship. (p. 65)

Meaningful perception is a matter of direct senory experience, and not only does not help but it may hinder a unified perception if the therapist attempts to describe, intellectually, the character of the relationship or of the process. (p. 69)

Indicative of the distortion of the shift from basic principles to techniques is the focus on "how to do it." Weinrich and Thomas (1998) chastised "diversity-sensitive experts" for not providing "demonstrations of how to conduct diversity-sensitive counseling interviews, which is in marked contrast to other visionaries who preceded them" (p. 118). They continued, "Without videotaped demonstrations, provided by diversity-sensitive experts, it is unreasonable to expect professional counselors to provide effective diversity-sensitive counseling" (p. 119). This is an example of "specificity myth." Understanding or being sensitive to another culture or race is not the same thing as having a clear delineation of what "technique" fits that group. In fact, when too much emphasis is placed on technique, the client too often has a "therapeutic back seat."

Over three decades of graduate students have observed the "Gloria" tapes (Shostrum, 1964) of Rogers, Perls, and Ellis. The focus of these tapes is on the counselor, what the counselor says and does during the counseling session. Rogers' demonstration was characteristic of this interpretation as students learned "how to reflect" and "to do" relationship-oriented therapy. The focus on such techniques as reflection as well as on more structured techniques combined with assumptions from behaviorist models reinforces the idea of the counselor as the expert who can apply the appropriate techniques. This was one of the significant distortions of what constitutes good counseling. Rogers (1986) indicated that the greatest distortion of his work was the misunderstanding of the method of "reflection." He added that this distortion was in large part the result of his own early emphasis on method rather than on the counselor's attitudes.

A counselor might implement techniques based on his or her empathic experiencing of a client as long as such efforts emerge from the client's frame of reference. Rogers used the reflection simply to "check" his frame of reference (Rogers, 1986). It is not the methods, theories, models, or even techniques of counseling that create the problems in counseling, it is their application by the counselor. Rogers' (1957) position is that techniques are of little significance except to the extent that the necessary and sufficient conditions are communicated. When the focus of counseling is on the application and not on the experience of the relationship, then the counselor is "doing counseling," which can thwart the client's own ability to find his or her unique specific variance for healing.

THE FUNDAMENTAL VARIABLES

The variables most related to the success of counseling can be extrapolated to the area of multicultural counseling. The areas of focus suggested are consistent with Rogers' (1957) statement of the necessary and sufficient conditions and with the findings related to success in counseling outcome research (Bozarth, 1998; Bozarth et al., in press; Duncan et al., 1997; Duncan & Moynihan, 1994; Hubble et al., 1999; Stubbs & Bozarth, 1994). These variables are the client—counselor relationship and the personal and situational resources of the client (extratherapeutic variables). Pedersen (1996) related such variables to multicultural counseling.
with his statement: “Multiculturalism is more than an emphasis on techniques; the focus must always be on competence in an effective therapeutic relationship, which will be assessed differently in each cultural context” (p. 236). Even this statement might be reframed to emphasize that techniques are relatively unimportant aspects of the treatment phenomenon.

**The Client-Therapist Relationship**

The role of the relationship has been a central concern since the beginning of the counseling profession (Patterson, 1986, pp. 548–549). Assay and Lambert (1999) reported that most theories consider the relationship as critical. Rogers (1957) defined the relationship in context of the necessary and sufficient conditions. In their development of a theory model from psychotherapy research, Duncan and Moynihan (1994) emphasized the importance of the centrality of the intentional use of the client’s frame of reference.

The question for a counselor in each multicultural therapeutic encounter should perhaps be What is our relationship? Our answer to this question is that it is embedded in the client’s frame of reference and, as in all counseling, that it is embedded in the respect and valuing of the client (Rogers’s empathic understanding of the client’s frame of reference and unconditional positive regard experienced toward the client) and in the counselor’s genuineness with the client (consistent with Rogers’s postulate of the conditions of the counselor). "Valuing" is more than a matter of tolerating or the ability to be comfortable with a person from a different cultural background. It is, as contended by Duncan and Moynihan (1994), "a combined expression of empathy, respect, and genuineness that is individually tailored to the idiosyncrasies of the client’s experience" (p. 297). What a counselor says or does in a session must be based on the counselor's experience of the client in the relationship and the client’s perception of the experience, not on the counselor's perception of the racial identity or culture of the client. Robinson (1999) warned counselors to avoid attributing certain occupations, attitudes, and experiences to their clients due to the visibility of their race, gender, and other identities. Making judgments about people’s humanity and its quality due to established criteria is to rely on tired but extremely powerful discourses steeped in oppression. (p. 78)

The empathic stance is an essential part of the client-counselor relationship and is defined by Rogers as entering the world of the client "as if" the counselor is the client. Rogerian empathy is not a technique, and there are many pathways to achieve it (Bozarth, 1984, 1997, 1998, see pp. 51–67; Bozarth & Brodley, 1986; Brodley, 1999). For example in the JCD winter 1999 issue, understanding the effects of racism was reported by a person with a disability (i.e., Weeber, 1999). Empathy means the counselor experiences to some extent what the world of this individual is like. This stance primarily promotes the relationship, validates the person as a worthy individual, and is the basis for attention to the “extratherapeutic” variables that are growth-producing for the client. We view empathy similarly to Duncan and Moynihan (1994) when they stated that empathy is “a function of the client’s unique perceptions and experience and requires that therapists respond flexibly to clients’ needs, rather than from a particular theoretical frame of reference or behavioral set” (p. 295).

Likewise, Duncan and Moynihan (1994) provided an operational definition useful for personal empowerment with multicultural counseling when they stated the following:

Rather, empathy is therapist attitudes and behaviors that place the client’s perceptions and experiences above theoretical content and personal values (Duncan, Solvey, & Rusk, 1992); empathy is manifested by therapist attempts to work within the frame of reference of the client. When the therapist acts in a way that demonstrates consistency with the client’s frame of reference, then empathy may be perceived, and common factor effects enhanced. (p. 295)

The real determinant of any particular client’s culture is that of the client’s perception. This does not dismiss the sociological characteristics of a given culture or group. It does emphasize the phenomenological view as the most telling cultural characteristic for that client at that time. This demands that the counselor hold minimal preconceptions, open receptivity, and minimal biases. It requires the counselor to function within the client’s frame of reference and to be a companion in the client’s world rather than an expert orchestrator.

As ethnic and racial groups continue to shift demographically, especially here in the United States, the gradations and complexities that exist within various groups of people also change (Glauser, 1999). Williams (1999) said that when attempts are made to categorize people into simplistic, either/or paradigms, it fails to capture their complexities. She describes her own biracial identity as "fluid, seamless parts of herself, a combined consciousness that is very difficult to reconcile with existing social constructions of race and racial identity development theory" (p. 34). Fukuyama (1999) said that she cannot be placed in a single category and that because of her biracial identity she positively participates "in deconstructing the prevailing paradigm of racial categories" (p. 14). Identity resides within the individual, that is, it is the culture within the individual.

I (Glauser) remember being in counseling years ago, struggling to find myself at a very difficult time in my life when I was grieving for a significant loss. As I was attempting to share with a counselor how tired and worn out I felt from dealing with various responsibilities in my life, the counselor became quite animated and suggested that I read a particular book about women. Within the week, I had bought the book and begun to read it. I felt devastated. It immediately became apparent to me that my counselor had not heard me, had not experienced me, and in fact had completely discounted me. The counselor had experienced me from a fixed perception based on assumptions about people "like me" in a "similar situation." The counselor had attempted to validate me through my reading of the chosen book. I felt devalued and misunderstood.
I also remember making mistakes with clients when the cultural context of the client was assumed rather than waiting for the cultural context to emerge from the client. Patterns of assumptions weave together to create the construct we know as "culture," and culturally biased assumptions become prejudices. Maybe we sometimes choose the cultural context of our clients based on our own comfort zones. A student I counseled sought help with motivation. The client's parents were African. The client had been raised in Europe and was now attending an American university that had a predominately white student population.

The client spoke of feeling oppressed and alienated. I assumed the alienation and oppression the client felt was based on her experiences related to being a person of color on a "White campus" and having been raised abroad. Movement was often slow in counseling and eventually the client stopped coming. A few months later she returned for counseling. I then realized that the client's cultural context, which was never directly revealed, was a religious context. I had not been open to this context previously because of my attention to the stereotype of cultural variables to consider.

Extratherapeutic Variables

The extratherapeutic variables are those that are internal and external resources of the client as well as chance factors that influence the client. They include such variables as family support, friends, and individual resourcefulness (e.g., artistic abilities, gardening skills, athletic pursuits, dancing skills, reading interests, problem-solving abilities, and level of optimism). In our view, such variables are best determined from the client's frame of reference. Indeed, the most potent variables of healing seem to us to be those that are accounted for by the individual variance within the context of the relationship and the client's frame of reference. Duncan and Moyniham (1984) referred to this as the intentional use of the frame of reference of each individual as he or she is growing toward constructive direction. The focus is idiosyncratic to each individual and is inclusive of the internal and external resources of the client. Duncan and Moyniham defined extratherapeutic change variables as "factors that are part of the client and his/her environment that aid in recovery" (p. 294). Therefore, the direction of the counselor's actions and the use of system resources depend largely on the resources of the client and his or her environment and the client's perceptions of the meaning of these variables for success.

PERSON-CENTERED COUNSELING AS MULTICULTURAL COUNSELING

Person-centered counseling within a multicultural framework entails the following:

- The relationship of the client and the counselor
- The identification of the extratherapeutic variables primarily through the client's frame of reference
- The intentional use of the client's frame of reference for action implementation

The counselor's relationship with the client promotes the client's capacity to find and use chance experiences as well as to discover and use his or her inner resources. The counselor may then collaborate with the client to maximize the use of some of the extratherapeutic variables.

An example of this is depicted by my (Glauser's) work at a university counseling center with Crystal, a first generation college student. During the first meeting with me, Crystal reported feeling depressed and anxious about her poor academic performance and subsequent academic dismissal from the university. She had been dismissed from the university the previous spring term, yet had not informed anyone of the dismissal. At the beginning of the term, Crystal had applied for a room in a residence hall, and her application had been accepted despite a housing policy that prohibited non-full-time students (including dismissed students) from living in residence halls. She had been recently "discovered" by the housing office and asked to vacate her room. Crystal reported feeling overwhelmed by her current situation and asked to meet with me for the remainder of the term for academic and emotional support.

On her way to the office for the second appointment, Crystal stopped at the counseling center library and picked up a book on time management. During the counseling session she stated a desire to gain control of her academic and financial difficulties, major in political science, and gain admission into law school (in less than 3 years). Each week throughout the term, she returned to counseling equipped with a weekly calendar, "to do" lists, and more books about careers, time management, and other self-management strategies. Crystal was highly motivated and used her counseling time to plan her upcoming week, month, and year. In our relationship, Crystal was a successful, achievement-oriented college student. The following term, Crystal was readmitted to the university. She elected to continue meeting with me for the remainder of the academic term to do her "self-implemented time management."

A year later she was continuing to do well in her academic work and had begun studying for the Law Scholastic Aptitude Test (LSAT). Crystal's motivation as well as the books she selected (extratherapeutic variables) provided the impetus for the change that occurred in her feelings, moving from pessimism and depression to optimism and empowerment.

Claudia Steele's (1992) personal narrative of her experiences in a social psychology program illustrates the importance of self-identification and use of inner resources. She wrote about feeling like an underachiever, struggling to meet deadlines, and failing to feel the essence of what it was like to be a social psychologist. As time went on, Steele began to grasp the value system that gave meaning to being a social psychologist and found that the "faculty validated it by beginning to treat her as though she could become a social psychologist" (p. 72). Steele began to see herself as serious in her field as a social scientist and began to do well at the university. She reported that a new professional accountability emerged in her work that further motivated her to achieve and manage all of her responsibilities competently as she worked without deadlines. Steele summarized her experience in the following way:
Before this transition one might have said that I was handicapped by my Black working-class background and lack of motivation. After the transition the same observer might say that even though my background was working-class, I had special advantages: achievement-oriented parents, a small and attentive college. But these facts alone would miss the importance of the identification process I had experienced: the change in self-definition and in the activities on which I based my self-esteem. They would also miss a simple condition necessary for me to make this identification: treatment as a valued person with good prospects. (p. 72)

Although Steele was not talking about a counseling experience, her experience clarifies the necessity to focus on the individual and the individual’s world without intrusion of preconceived notions about individuals. Assumptions about people (clients) thwart their ability to seize chance experiences and discover and use personal, inner resources (extratherapeutic variables) in creative, productive ways.

SUMMARY

Questions about the value-laden nature of mainstream counseling theories have been raised in determining their relevance for understanding the experience of all clients (Holdstock, 1990; Lydton, 1995; O’Hara, 1997). Pedersen (1996) said this:

Respect for the client, genuineness, and empathic understanding are themselves products of a cultural context, and they will need to be interpreted differently in each complex and dynamic cultural situation, even among those for whom these goals are primary. (p. 236)

Pedersen’s comments are well taken in terms of the manifestations of these variables in cultural situations. His point can be further interpreted within the domain of the individual situation. Each individual is complex, dynamic, and unique, calling for individual manifestations of the postulates of the relationship and client resources as put forward by Rogers a generation ago and affirmed by psychotherapy outcome research. Counseling in any multicultural context, in our view, must embody basic elements of effective counseling. A necessary part of any counseling training program is to help students examine their own unexamined assumptions about people and what constitutes good counseling. There has been too much emphasis on how to do counseling rather than how to be a counselor even in person-centered counseling. Counselors-in-training need experiences that can help to deconstruct assumptions and myths that they have assimilated over a lifetime. Person-centered counseling cuts to the core of what is important for therapeutic success in all counseling approaches. The counselor–client relationship and the use of the client’s resources are central for multicultural counseling.

REFERENCES


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