Person-Centered Counseling in Rehabilitation Professions

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“It is as though he listened and such listening as his enfolds us in a silence in which at last we begin to hear what we are meant to be.”

Lao-tse, 500 B.C.

Carl Rogers was arguably the most influential psychologist in American history (Smith, 1982). The following are some of his major accomplishments (Kirschenbaum & Henderson, 1989):

- Founder of person-centered psychotherapy and counseling (a.k.a. client-centered or nondirective therapy).
- Pioneer in the development of humanistic psychology
- Pioneer in the development of the therapeutic encounter group
- Pioneer in extending principles of psychotherapy to the entire range of helping professions, such as social work, guidance and counseling, education, ministry, and child rearing
- Pioneer in the use of human relationship skills in international conflict resolution
- Pioneer in emphasizing the importance of scientific research in counseling and psychotherapy
- Author of 16 books and more than 200 papers and studies, with millions of copies printed in over 60 languages
- Ranked first among the 10 most influential psychotherapists, including Freud
• Ranked first as the psychologist whose writings have most stood the test of time

Rogers made many important contributions to the literature on counseling and psychotherapy, spanning five decades (e.g., Rogers, 1942, 1951, 1961, 1980). His first major theoretical contribution came in the early 1940s when, as a young psychologist, he audaciously advocated the belief that humans were basically good and could be trusted to direct their own lives (Rogers, 1942). This perspective was anathema to the then prevalent Freudian view of therapy as the process of helping people control their uncivilized impulses. In addition to this more optimistic view of human nature, he also formulated a totally new treatment approach based more on the personal characteristics of the therapist than on any techniques or formal training. He challenged the psychotherapy community by formally articulating the belief that the “facilitative conditions” of empathy, positive regard, and genuineness on the part of the therapist were the necessary and sufficient conditions for therapy (Rogers, 1957). Nothing more was needed; nothing less would do. This revolutionary idea meant that the medium as well as the essence of therapy was simply the relationship between the therapist and the client. These new humanistic formulations, so elegant and so powerful, would become the heart of the person-centered approach and the “quiet revolution” that Rogers was leading.

By the early 1970s Rogers had moved beyond his seminal work on individual psychotherapy and had turned to other person-centered applications in education, marriage therapy, and encounter groups. In the final decades of his life he took person-centered principles to the ultimate level of world peace. He and his colleagues conducted conflict resolution groups with warring factions, such as the Catholics and Protestants in Northern Ireland, blacks and whites in the Union of South Africa, and the antagonists in conflicts in El Salvador, Guatemala, and other Latin countries (Kirschenbaum & Henderson, 1989). His thoughts on international diplomacy might well be required reading for all leaders seeking rapprochement in a troubled world. He was nominated for the Nobel Peace Prize shortly before his death.

MAJOR CONCEPTS

According to Rogers’ grand conception, humans have the inherent (almost magical) capacity to grow in a positive direction and to realize their full potential, if they are (lucky enough to be) nourished by the unconditional love and understanding of significant others. This pivotal idea, like the
theme of a great symphony, would recur again and again in different
variations throughout Rogers’ life.

Of all of the major counseling theories, person-centered theory most
epitomizes democratic and libertarian ideals. It is the ultimate statement
about tolerance, acceptance, and willingness to allow others to live as they
see fit. It most explicitly informs people that, if they want to help others
to blossom, then they must love them but simultaneously stay out of
their way.

Over the past half century this seemingly simple idea has grown into a
far-reaching philosophical system with implications for virtually all areas
of human interaction. Rogers (1980) was eventually to suggest a universal
formative tendency that extended the idea of self-actualization to the entire
universe. This formative tendency could be seen in rock crystals as well
as living organisms, since they all seemed to grow in the direction of
complexity, interrelatedness, and order. There are obvious philosophical
and spiritual implications in the theory. Some have found ecclesiastical or
deterministic overtones, while others have found almost the opposite, a
total freedom from authority.

THEORY OF PERSONALITY

Rogers’ theory of personality derives from his clinical practice, in which
he saw people move naturally in the direction of wholeness and health.
He also saw the negative emotions (e.g., anxiety, anger, jealousy, self-
destruction), but these were viewed as secondary reactions to frustrations,
while the overarching tendency was to heal or grow in a positive direction.
The working principles to be discussed below are an adaptation of an
earlier discussion by See (1986, pp. 138–139, adapted with permission).

Actualizing Tendency

According to Rogers, humans have an instinctive need to grow and develop
in a positive direction. As the acorn follows its biological blueprint and
develops into a mature tree, so do humans follow their blueprints. However,
before this natural tendency can operate, it must be liberated by a loving
and permissive environment. If the environment is nurturing, then the
organism will reach its full potential. The growth process of self-actualiza-
tion is characterized by increasing complexity, congruence, and autonomy.

Self-Concept

According to Rogers, the central personality construct is the picture that
individuals have of themselves. It is the perceptual Gestalt and sum total
of all of the thoughts, feelings, and values held and their relationships to things and people within the world. It is material consciously acknowledged about the self. It is more or less what individuals would say about themselves if they were to write a candid and exhaustive autobiography—in other words, who individuals think they are. The self-concept determines to a large extent how individuals behave.

### Organismic Valuing Process

Infants evaluate experiences and behavior according to the feelings elicited. Behavior produces good feelings if it furthers the actualizing tendency of the organism. Infants do not need to be told what is right or wrong; they automatically sense it in an intuitive way. Both good and bad experiences become part of the self-concept and are accurately symbolized in awareness. Because adults lose much of this natural and wholesome reactivity to the world, the task of therapy is to help them relearn how to listen to these organismic messages from within. To the extent that adults can recapture the childlike ability to trust feelings, they become more autonomous, more alive, and more congruent.

### Need for Positive Regard

During the early stages of development, a powerful secondary need emerges that can work for or against the organismic valuing process—the need for love, or positive regard, from others. When significant others provide unconditional love, infants are free to develop according to the actualizing tendency and will learn of their potential by directly experiencing the world. Because humans are instinctively good and act in ways that enhance the organism, this self-directed search for identity can be trusted to result in a well-developed and congruent personality. Certainly there will be many occasions when parental guidance or discipline is essential. For example, children cannot be given the option of deciding whether they will attend school, consume alcohol, or play with loaded guns. There are safety, health, and legal constraints that simply are not negotiable and where responsible parents must set standards. But there are also vast domains of childhood existence where it is safe and wholesome for them to choose for themselves what is best.

Things go badly for developing individuals when the love provided by significant others is dependent on how they behave. Conditional love cripples development because it requires that individuals listen to others rather than to themselves. When individuals conform in order to obtain
love, they are living according to values introjected by others, or what Rogers calls the “conditions of worth.” This emotional blackmail results in individuals who deny their own actualizing tendency and relinquish the right to discover their own uniqueness. In the extreme, they may become conforming, authoritarian types with rigid self-concepts.

**Inner Conflict and Anxiety**

Inner conflict results when individuals are torn between doing what comes naturally and what others expect. When individuals accept the values of others in order to gain positive regard, those values are internalized and become part of the personality. If the individual then behaves or thinks in ways that are inconsistent with those introjected values, the self-concept is violated and the person loses self-esteem and suffers anxiety. The mother who spanked a man 30 years ago for masturbatory activity has long been gone from this world, and yet the adult-child still gets nervous when he thinks of sex.

Individuals defend against anxiety and threats to self-esteem by developing a more rigid self-concept that will be less open to new and possibly disturbing experiences. They begin to distort reality through the use of defense mechanisms, such as denial, projection, and reaction formations. By putting tight reins on emotions, they can live out their lives in a stable but unfulfilled state. In order for therapy to be effective, there must be a weakening of these defenses to the point where the individual can sense the incongruity between the self-concept and the experiencing self. It is this identity crisis and the ensuing anxiety that may motivate the person to seek help and engage in the counseling process.

**CLASSICAL PERSON-CENTERED THERAPY**

In classical person-centered psychotherapy, treatment is the relationship between the counselor and the client. If that relationship is characterized by the following six “necessary and sufficient” conditions, then constructive personality change will take place (Rogers, 1957):

1. Two persons are in psychological contact.
2. The client is in a state of incongruence, being vulnerable or anxious.
3. The therapist is congruent or integrated in the relationship.
4. The therapist experiences unconditional positive regard for the client.
5. The therapist experiences an empathic understanding of the client’s internal frame of reference and tries to communicate this experience back to the client.
6. The communication to the client of the therapist’s empathic understanding and unconditional positive regard is to a minimal degree achieved.

To appreciate the above six points, it is necessary to become steeped in the material: to study, observe, and then experience it directly. The following quote from Rogers (1980, pp. 114–117) in *A Way of Being* gives an excellent subjective sense of the ways in which he saw the facilitative conditions working:

What do I mean by a person-centered approach? It expresses the primary theme of my whole professional life, as that theme has become clarified through experience, interaction with others, and research. I smile as I think of the various labels I have given to this theme during the course of my career—non-directive counseling, client-centered therapy, student-centered teaching, group-centered leadership. Because the fields of application have grown in number and variety, the label “person-centered approach” seems the most descriptive.

The central hypothesis of this approach can be briefly stated. (See Rogers, 1959, for a complete statement.) Individuals have within themselves vast resources for self-understanding and for altering their self-concepts, basic attitudes, and self-directed behavior; these resources can be tapped if a definable climate of facilitative psychological attitudes can be provided.

There are three conditions that must be present in order for a climate to be growth-promoting. These conditions apply whether we are speaking of the relationship between therapist and client, parent and child, leader and group, teacher and student, or administrator and staff. The conditions apply, in fact, in any situation in which the development of the person is a goal. I have described these conditions in previous writings; I present here a brief summary from the point of view of psychotherapy, but the description applies to all of the foregoing relationships.

The first element could be called genuineness [italics added], realness, or congruence. The more the therapist is himself or herself in the relationship, putting up no professional front or personal facade, the greater is the likelihood that the client will change and grow in a constructive manner. This means that the therapist is openly being the feelings and attitudes that are flowing within at the moment. The term “transparent” catches the flavor of this condition: the therapist makes himself or herself transparent to the client; the client can see right through what the therapist is in the relationship; the client experiences no holding back on the part of the therapist. As for the therapist, what he or she is experiencing is available to awareness, can be lived in the relationship, and can be communicated, if appropriate. Thus, there is a close matching, or congruence,
between what is being experienced at the gut level, what is present in awareness, and what is expressed to the client.

The second attitude of importance in creating a climate for change is acceptance, or caring, or prizing—what I have called unconditional positive regard [italics added]. When the therapist is experiencing a positive, acceptant attitude toward whatever the client is at that moment, therapeutic movement or change is more likely to occur. The therapist is willing for the client to be whatever immediate feeling is going on—confusion, resentment, fear, anger, courage, love, or pride. Such caring on the part of the therapist is nonpossessive. The therapist prizes the client in a total rather than a conditional way.

The third facilitative aspect of the relationship is empathic understanding [italics added]. This means that the therapist senses accurately the feelings and personal meanings that the client is experiencing and communicates this understanding to the client. When functioning best, the therapist is so much inside the private world of the other that he or she can clarify not only the meanings of which the client is aware but even those just below the level of awareness.

This kind of sensitive, active listening is exceedingly rare in our lives. We think we listen, but very rarely do we listen with real understanding, true empathy. Yet listening, of this very special kind, is one of the most potent forces for change that I know.

How does this climate which I have just described bring about change? Briefly, as persons are accepted and prized, they tend to develop a more caring attitude toward themselves. As persons are empathically heard, it becomes possible for them to listen more accurately to the flow of inner experiencings. But as a person understands and prizes self, the self becomes more congruent with the experiencings. The person thus becomes more real, more genuine. These tendencies, the reciprocal of the therapist's attitudes, enable the person to become a more effective growth-enhancer for himself or herself. There is a greater freedom to be the true, whole person.

Clearly, Rogers intended his theory to reach well beyond the boundaries of formal psychotherapy. It applies to any helping profession or situation where the intention is to promote the welfare or growth of another human being. It applies as much to the relationships between rehabilitation counselors and their clients as it does to relationships between parents and children or teachers and students. Whatever the situation, if the goal is self-actualization, then the means to that end is the therapeutic relationship as defined by the facilitative conditions.

CASE STUDY

The following excerpt from an interview carried out by Carl Rogers in 1983 illustrates some of the basic skills used in person-centered counseling (Raskin & Rogers, 1995, p. 144, reproduced with permission):
Therapist 1: Ok, I think I'm ready. And you... ready?
Client 1: Yes.
T-2: I don’t know what you might want to talk about, but I’m very ready to hear. We have half an hour, and I hope that in that half an hour we can get to know each other as deeply as possible, but we don’t need to strive for anything. I guess that’s my feeling. Do you want to tell me whatever is on your mind?
C-2: I’m having a lot of problems dealing with my daughter. She’s 20 years old; she’s in college; I’m having a lot of trouble letting her go... And I have a lot of guilt feelings about her; I have a real need to hang on to her.
T-3: A need to hang on so you can kind of make up for the things you feel guilty about—is that part of it?
C-3: There’s a lot of that... Also, she’s been a real friend to me, and filled my life... And it’s very hard... a lot of empty places now that she’s not with me.
T-4: The old vacuum, sort of, when she’s not there.
C-4: Yes. Yes. I also would like to be the kind of mother that could be strong and say, you know, “Go and have a good life,” and this is really hard for me to do that.
T-5: It’s very hard to give up something that’s been so precious in your life, but also something that I guess has caused you pain when you mentioned guilt.
C-5: Yeah, and I’m aware that I have some anger toward her that I don’t always get what I want. I have needs that are not met. And, uh, I don’t feel I have a right to those needs. You know;... She’s a daughter; she’s not my mother—though sometimes I feel as if I’d like her to be mother to me. It’s very difficult for me to ask for that and have a right to it.
T-6: So it may be unreasonable, but still, when she doesn’t meet your needs, it makes you mad.
C-6: Yeah, I get very angry, very angry with her.
PAUSE
T-7: You’re also feeling a little tension at this point, I guess.
C-7: Yeah. Yeah. A lot of conflict... T-8: Umm-hmm...
C-8: A lot of pain.
T-9: A lot of pain. Can you say anything more what that’s about?
C-9: (sigh) I reach out for her, and she moves away from me. And she steps back and pulls back . . . And then I feel like a really bad person. Like some kind of monster, that she doesn’t want me to touch her and hold her like I did when she was a little girl. . . .

T-10: It sounds like a very double feeling there. Part of it is, “Damn it, I want you close.” The other part of it is, “Oh my God, what a monster I am to not let you go.”

C-10: Umm-hmm. Yeah. I should be stronger. I should be a grown woman and allow this to happen.

Raskin makes the following observation on this case study (Raskin & Rogers, 1995):

The interview just quoted reveals many examples of the way in which change and growth are fostered in the person-centered approach. Rogers’ straightforward statements in opening the interview (T-1 and T-2) allow the client to begin with a statement of the problem of concern to her and to initiate dialogue at a level comfortable for her. Just as he does not reassure, Rogers does not ask questions. In response to C-2, he does not ask the myriad questions that could construct a logical background and case history for dealing with the presenting problem. Rogers does not see himself as responsible for arriving at a solution to the problem as presented, or determining whether this is the problem that will be focused on in therapy, or changing the client’s attitudes. The therapist sees the client as having these responsibilities and respects her capacity to fulfill them.

(p. 148)

SUPPORTIVE RESEARCH

Historical Ebb and Flow of Research

Extensive empirical evidence has accumulated in support of person-centered therapy, dating back to the 1940s. In the 1950s and 1960s there was a virtual torrent of research inspired by Rogers and his colleagues that seemed to firmly establish the legitimacy of person-centered therapy (Carkhuff, 1969; Rogers, Gendlin, Kiesler, & Truax, 1967; Truax & Carkhuff, 1967). However, as pointed out by Corey (2001), little significant research on person-centered therapy has been produced in the past 20 years. In addition, as researchers examined issues more closely in the 1970s, they began to express reservations about the validity of the early findings. There was concern about the lack of rigor and quality of much of the research, and there were substantial difficulties in operationalizing the facilitative conditions (Corey, 2001; Hazler, 1999). For example, Gladstein and associ-
ates (1987) defined 18 types of empathy and eventually concluded that empathy was too complex to study. Another factor was the growing importance and influence of the behavioral therapies in the 1960s and, more recently, the cognitive and cognitive-behavioral therapies. There was also an element of benign neglect of empirical research that was shown by some humanists. Indeed, according to Cain (1993), there is a conservative influence within the person-centered school that is protective of the classical form of therapy and is unimpressed and unaffected by new findings in related fields, such as human development, clinical psychology, and psychiatry.

Possibly the greatest factor of all in the decline in popularity has been the historic migration of psychotherapy in general toward eclecticism. Sixty-eight percent of therapists have been found to claim that they were eclectic in orientation (Lambert & Bergin, 1994). In addition, there has been an ever-burgeoning number of minitheories, hybrids, and fads that have continued to emerge. Karasu (1986) estimated that there were more than 400 recognizable approaches to psychotherapy. Few of the theories have been carefully researched, and some of them can be considered dangerous, such as the regression techniques that produce false memories (Loftus, 1996). The evolution toward eclecticism, or what some have called integration, will likely continue into the future, with even less allegiance shown to discrete schools and theories, such as person-centered, behavioral, or psychoanalytical.

In spite of the historical decline in the popularity of classical person-centered therapy, substantial evidence has accumulated regarding the importance of the therapeutic relationship itself. The evidence strongly suggests that the facilitative conditions are necessary, as Rogers advocated, but they are not necessarily sufficient. In other words, empathy, positive regard, and genuineness should always be present, but there are times and situations where they will not be enough and will need to be augmented by more specialized techniques or procedures tailored to the client’s needs. There is some evidence that cognitive and behavioral approaches may have advantages with particular individuals under certain circumstances, but even this conclusion is debatable and requires further documentation (Seligman, 1995).

The “Common Factors”

A timely vehicle for understanding the current status of person-centered therapy would seem to be the so-called common factors (Bergin & Garfield,
Briefly, there is considerable research evidence to support the effectiveness of psychotherapy in general, but very little support for the superiority of one type or approach over another. Thus, there probably are common factors, or nonspecific therapeutic ingredients, present in all types of therapies that account for client gain seen across different approaches.

The importance of the common factors, whatever they are, would appear to be substantial because they are known to be powerful healing agents, possibly accounting for up to 85% of the outcome variance in psychotherapy (Strupp, 1996). Research has not yet ferreted out exactly what these common factors are, but they could be something as fundamental as love, or human bonding, or the triggering of the placebo effect. Rogers' therapeutic relationship conditions are widely considered to be important components of the common factors. Lambert and Bergin (1994) had this observation:

Among the common factors most frequently studied have been those identified by the client-centered school as “necessary and sufficient conditions” for patient personality change: accurate empathy, positive regard, nonpossessive warmth, and congruence or genuineness. Virtually all schools of therapy accept the notion that these or related therapist relationship variables are important for significant progress in psychotherapy and, in fact, fundamental in the formation of a working alliance. (p. 164)

Few contemporary scholars and researchers in counseling, even those who advocate the person-centered approach, believe that the therapeutic relationship conditions are necessary and sufficient for accomplishing change (Norcross & Beutler, 1997; Prochaska & Norcross, 1999). However, the belief that the conditions are necessary, although not sufficient, is commonly held, and the notion that the therapeutic relationship is a “common factor” represents a paradigm shift that could have major implications for counseling theories and the helping professions. If, for example, future research confirms that Rogers' therapeutic relationship conditions are indeed a key component of the “common factors,” it would likely signal a revival of interest in person-centered therapy, and would also require other therapies to more deliberately incorporate the therapeutic relationship as a basic ingredient. The potential importance of this development was anticipated by Patterson (1986) in his *Theories of Counseling and Psychotherapy*:

Considering the obstacles to research on the relationship between therapist variables and therapy outcomes and the factors that militate against achieving significant relationships, the magnitude of the evidence for the effectiveness of
empathic understanding, respect or warmth, and therapeutic genuineness is nothing short of astounding. The evidence for the necessity, if not the sufficiency, of these therapist qualities is incontrovertible. There is little or no evidence for the effectiveness of any other variables or techniques or for the effectiveness of other methods or approaches to psychotherapy in the absence of these conditions.

(p. 562)

Although Patterson’s tone might seem a bit strident, it is important to note that he is not making the claim that the conditions are sufficient, only that they are necessary. His final phrase, “in the absence of these conditions,” suggests that, if the facilitative conditions were removed from the other therapies, then the techniques and procedures that remained would likely be a weak residue of questionable value. In other words, the therapeutic relationship is the platform or stage upon which more specialized techniques must operate. Other techniques cannot exist in isolation from the therapeutic relationship, and they are probably much less important.

Outcome Research

Greenberg, Elliot, and Lietaer (1994) conducted a meta-analysis of outcome studies on person-centered therapy, combined with other experiential therapies such as Gestalt, and compared them with nonexperiential therapies such as behavioral and cognitive approaches. This meta-analysis included 37 studies, involving 1,272 clients. They found that the average treated client moved from the 50th to the 90th percentile in relation to the pretreatment samples, which appeared to be a large treatment effect. When the different therapies were compared to each other, they all appeared to be equally effective, although the more directive forms seemed to have an advantage over the passive. This finding again confirmed the “Dodo bird” hypothesis from *Alice in Wonderland*: “The queen cried, ‘You all win and you all get prizes!’”; in other words, all therapies work, and there does not seem to be a significant difference between them.

The following is a brief sample of outcomes of person-centered counseling that have been documented (Grummon, 1979):

- There is an improvement in psychological adjustment as shown on personality tests.
- There is less physiological tension and greater adaptive capacity in response to frustration.
- There is a decrease in psychological tension.
• There is a decrease in defensiveness.
• Friends tend to rate the client’s behavior as more emotionally mature.
• There is an improvement in overall adjustment in the vocational training setting.
• Successful clients evidence strong gains in creativeness.

Some very impressive research on the person-centered approach comes, not from counseling, but from education. Aspy and Roebuck (1974) rated 550 elementary- and secondary-level teachers on the facilitative conditions (empathy, positive regard, and genuineness) and then correlated the ratings with a large number of student performance criteria. The findings seemed quite remarkable. The students of highly rated teachers showed greater gains in academic work as well as a number of nonacademic outcomes, such as creative problem-solving skills, more positive self-concept, fewer discipline problems, and lower absence rates.

In a nationwide study of practicing rehabilitation counselors, Bozarth and Rubin (1978) investigated the relationship of the facilitative conditions exhibited by counselors to rehabilitation gain exhibited by their clients. This five-year study of 160 rehabilitation counselors and 1,000 clients concluded, among other things, that “the counselors were at least as high on levels of empathy, respect, and genuineness dimensions as many other professional groups, including experienced psychotherapists in private practice” (p. 178). With reference to client gain, “the higher levels of the interpersonal skills, even though falling on the operational scale definition of minimally facilitative, tended to be related to higher vocational gain at closure, higher monthly earnings at follow-up, positive psychological change 10 months or more following intake, and greater job satisfaction at follow-up” (p. 178).

Although not an outcome study, Fier (1999) recently conducted a survey of 112 Wisconsin State Division of Vocational Rehabilitation counselors. The findings indicated that, when counselors referred their clients for psychotherapy, they sought the following theoretical orientations: eclectic or general (45 hits), behavioral (42 hits), client-centered (37 hits), reality (20 hits), and rational-emotive (11 hits); Gestalt, Freudian, trait-factor, transactional analysis, and holistic all received one or two hits. Clearly, the eclectic, behavioral, and client-centered approaches appeared to be the most popular for purchase by the counselors.

In conclusion, it is important to remember that, even though the classical person-centered approach has seen a decline in popularity, the empirical support for person-centered therapy appears to be strong and enduring.
The empirical support compares favorably with all of the other major theoretical approaches that have been examined over the years. It is possible that the growing awareness of the importance of the “common factors” could signal a renaissance of sorts for insight-oriented therapies such as the person-centered, existential, and psychodynamic approaches, where singular importance is attached to the therapeutic relationship.

**PERSON-CENTERED PRINCIPLES IN REHABILITATION COUNSELING**

Over the years numerous authorities in rehabilitation have recognized the critical role of the facilitative conditions in rehabilitation settings (e.g., Rubin & Roessler, 2001; See, 1986; Thomas, Thoreson, Parker, & Butler, 1998). Regarding the use of facilitative conditions in rehabilitation counseling settings, Rubin and Roessler (2001) stated:

> A quality relationship (i.e., one characterized by empathy, respect, genuineness, concreteness, and cultural sensitivity) facilitates client progress by providing a situation that the client will want to maintain, by enabling the client to verbalize real concerns, and by making the counselor a potent reinforcer in the client's life. Although a necessary element, a good relationship is not sufficient for ensuring positive rehabilitation outcomes. As Kanfer and Goldstein (1991) pointed out, a client should expect a counselor to be both “technically proficient” and empathic, respectful, and genuine. Rehabilitation counselor skills must be sufficiently comprehensive so that it is unnecessary for clients to make a choice between the two. (p. 265)

For those who wish to systematically incorporate person-centered principles into their rehabilitation practice, there are a few practical formulas to assist in the process. The rehabilitation service continuum can provide a framework, beginning with the client applying for services and moving through successive stages until eventual employment and successful case closure. The first stage is characterized by the diagnostic workup, along with the exploration of feelings and the engendering of hope. Rapport is established and the client comes to trust and value the counselor. Here the facilitative conditions are extremely important as the client struggles to find the words to symbolize the inner conflict and begins to develop an awareness of an emerging self with permission to move forward in the rehabilitation process.

After clients have made the existential determination that change is possible and desirable, they are ready to start thinking about options, goals, and strategies. This second stage is what might be called the thinking or
planning stage, where clients and counselors together analyze and integrate the information that was collected during the initial diagnostic stage and try to develop a concrete vocational plan or goal. The Council on Rehabilitation Education (CORE, 2000) has specified that one of the educational outcomes for students of master’s degree programs in rehabilitation counseling (Standard E.3.5) is the ability to “facilitate with the individual the development of a client-centered rehabilitation and/or independent living plan” (p. 25). In many ways this is the stage of common sense and logical deduction. If one needed a counseling theory for guidance at this stage, it would most likely follow from trait-and-factor or psychoeducational approaches. This stage is not as dependent on the facilitative conditions as the first stage, but, to the extent the client becomes anxious or worried, there will still be many opportunities to ventilate or “sort things out.”

The third stage can be characterized as the action or implementation stage, in which the rehabilitation plan is implemented and the client actually begins a new job or training program. The counseling approaches that would have the most utility at this stage are action-oriented approaches, such as behavioral, rational-emotive, and reality therapy. Facilitative counseling remains part of the repertory, but it is used primarily to help the client deal with negative feelings that arise during the implementation of plans. For most clients this stage is uncharted territory and can be quite stressful and threatening. The anxiety that arises can jeopardize the rehabilitation program. The best preventative medicine at this stage is often a simple dose of the facilitative conditions in the form of “active listening” by the counselor.

A rule of thumb for incorporating a person-centered approach into rehabilitation might be stated as follows: The rehabilitation practitioner’s function is to offer professional services as needed along a continuum from insight to action, remembering along the way to offer clients as much autonomy as they can handle, while still providing the support that they need. The facilitative conditions are absolutely essential during the initial self-exploration stages, but as the rehabilitation process evolves and the client’s focus changes from subjective to objective realities, the counselor will increasingly need to provide services related to problem solving or skill development, consistent with behavioral and cognitive approaches. The facilitative conditions remain necessary throughout the rehabilitation process, but the sufficiency argument loses strength the further the process moves along the continuum toward engagement with the real world.
LIMITATIONS OF CLASSICAL PERSON-CENTERED COUNSELING IN REHABILITATION SETTINGS

The person-centered counseling perspective in its “classic” form possesses nearly insurmountable obstacles for rehabilitation practitioners. The term classical refers to in-depth therapy, guided by Rogers’ formulations on personality development, that is totally nondirective. It relies exclusively on the necessity and sufficiency of the facilitative conditions. This classical approach is as distinctive for what it proscribes as for what it prescribes. The limitations listed below were identified in relation to state vocational rehabilitation practice by See (1986); however, with slight modification they can be applied to virtually any rehabilitation setting:

1. The classical model does not set goals, aside from self-actualization; yet the rehabilitation counselor is required by law to develop individualized service plans.
2. The classical model does not believe in diagnosing; yet the rehabilitation counselor is committed to using medical, psychological, and vocational evaluations.
3. The classical model does not give advice; yet one of the rehabilitation counselor’s most distinctive assets is knowledge of occupational information and the world of work.
4. The classical model is relatively unconcerned with the external environment; yet the rehabilitation counselor is in constant interaction with the real world and spends considerable time coordinating community resources and delivering concrete services to the client.
5. The classical model is most effective with anxious and verbal clients; yet many rehabilitation clients do not fit this description.
6. The classical model is process oriented; yet rehabilitation counselors are accountable for end results.
7. The classical model calls for personality restructuring; yet the physically disabled are as psychologically sound as the nondisabled and do not necessarily need reorganization of the self-concept.
8. The classical model does not focus on client behavior; yet client skill development, education, and action are the lifeblood of rehabilitation. (p. 143)

In addition, there are other areas of difficulty faced by rehabilitation professionals who use person-centered principles.
Lack of Real-Life Experience

One of Rogers’ basic assumptions is that “individuals have within themselves vast resources for self-understanding and for altering their self-concepts, basic attitudes, and self-directed behavior . . .” (Rogers, 1980, p. 114). This statement implies that clients have sufficient familiarity with the outer world to weigh options and make choices based on reality testing. In vocational rehabilitation the problem is complicated by the fact that clients have often not experienced the world of work and so do not have a basis for forming accurate self-concepts as workers. Persons without disabilities spend a major part of their lives testing and adjusting the self against real experiences in the environment, a lifelong developmental process (Super, 1990). Unfortunately, persons with congenital disabilities may have been deprived of these natural developmental experiences and consequently can be vocationally immature as adults. Likewise, clients who acquire a disability later in life can also face serious challenges. In extreme cases (e.g., severe traumatic brain injury) the disability may largely invalidate the prior experiences upon which vocational decisions were made. For many such clients vocational rehabilitation becomes a crash course in careers. They are expected to learn in months or years what others have spent a lifetime absorbing, and they will likely need vocational exploration and training more than psychotherapy. Their vocational uncertainty is often due to a lack of knowledge rather than deep inner conflicts.

Level on Needs Hierarchy

With many rehabilitation clients, it might be posited that they are more in need of security than self-actualization. They are operating closer to the bottom of Maslow’s needs hierarchy than the top, and until they achieve physical and psychological security, they will not have the energy or interest to engage in self-exploration. Some years ago, an irreverent wag observed that it’s hard to think about self-actualization when you’re “up to your ass in alligators.” About the only time that the facilitative conditions could actually harm clients is when counselors are so ideologically driven that they cannot see the alligators and insist on using insight-oriented therapy when there are more fundamental needs, such as paying the rent or putting food on the table. Security trumps autonomy most of the time for most people.

Use of Confrontation

A common concern of rehabilitation professionals is the use of confrontation with clients who have inaccurate perceptions of their abilities in
relation to their vocational ambitions. For example, an egocentric client with poor people skills might decide that he wants to become a computer salesperson because of the large commissions. He is unaware that other people actively avoid talking to him. Most counselors and evaluators would agree that such a client must be confronted with the “reality” of his situation.

Many people mistakenly believe that person-centered principles are limited to techniques of attending and reflecting, seeing the therapist as supportive without being challenging (Corey, 2001). In fact, the use of confrontation is a special skill of person-centered therapists (Martin, 1983; Rogers, 1970 as cited in Graf, 1994). The essence of person-centered confrontation differs from conventional confrontation in that clients are not criticized or directed in any way; rather, they are simply shown the contradictions in their own thoughts and feelings. In the absence of external threat, they are often able to digest information and make appropriate behavior changes on their own. This type of confrontation requires considerable expertise, but it can be very effective.

**Cross-Cultural Conflict**

Although cross-cultural interactions have been a fertile ground for the application of person-centered principles, there have been concerns that person-centered values may conflict with the values of other cultures. For example, the person-centered emphasis on individualism, with the implied deemphasis on family, friends, and authorities, can run counter to the community-centered tenets of some cultures. Also seen as problematic is the person-centered emphasis on feelings and subjective experiences. This emphasis assumes an ability by the client to verbalize feelings and a willingness to share them in the moment with the therapist. Persons from some cultures may be reluctant or unable to participate adequately in these introspective techniques (Freeman, 1993; Usher, 1989).

**CONCLUSION**

Carl Rogers’ contributions to the helping professions and society have been enormous. Rogers, Sigmund Freud, and B. F. Skinner are probably the three most influential behavioral scientists of the twentieth century. Each staked out a radically new way of viewing human nature. Freud, the pessimist, warned of the undercurrents, viewing people as possessed by demons and forces that need to be tamed. The role of psychotherapy and civilization is to create a veneer of sociability that will allow people to live
in harmony with themselves and their neighbors. This theory was the origin and inspiration of the psychoanalytic movement and much of psychiatry. It was essentially a medical model to diagnose and treat mental illness.

B. F. Skinner, the disinterested scientist, had an entirely different view. He believed that human nature was neither good nor bad; it was simply a product of the environment. The organism, human or otherwise, learned according to the predictable principles of operant conditioning. The challenge to society is to engineer the environment so that individuals develop in directions that are socially desirable. Positive reinforcement is the *sine qua non* of the behavior therapies.

Carl Rogers, the optimist, saw the angels instead of the demons. He believed that people were innately good, with the capacity to self-actualize. This capacity, however, could only be unlocked by nurturing relationships with significant others. This perspective is the core of most humanistic and existential therapies. Some feel that Rogers’ facilitative conditions (empathy, positive regard, and genuineness) come close to an operational definition of love. The person-centered approach is especially relevant for the rehabilitation professions because of its emphasis on growth and maximizing human potential.

Each of these remarkable thinkers contributed to an understanding of human nature. Their ideas have transcended psychotherapy and psychology and find expression in virtually all levels of modern discourse. In a very real sense they have taught people how to think about life. The well-informed helping professional will see these theories, and their many derivatives, as powerful tools for understanding and working with clients.

The past several decades have seen a general decline in the use of classical person-centered psychotherapy, as well as in the other long-term insight-oriented therapies. Paradoxically, however, there has been a growing conviction regarding the importance of the facilitative conditions as “common factors” that exert a positive influence in virtually all settings where humans interact. The necessity of the facilitative conditions in the helping professions is now so well established that it would seem to constitute an ethical violation to ignore or disregard them. On the other hand, taken alone, they would rarely be sufficient to promote the type of client gain that is associated with vocational and other rehabilitation programs. The sufficiency argument weakens the further the rehabilitation process moves along the continuum from insight to action therapy. Because rehabilitation is so firmly rooted in the real world, clients must be offered concrete and practical services along with the therapeutic relationship.
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