

Dare Psychologists Become Change Agents?

Larry Davidson, Ph.D.

SYNOPSIS

In this essay, I argue that for psychologists to dare to become the change agents Rogers envisioned 40 years ago, several significant challenges must be met. These include developing partnerships not only with other social scientists and health care practitioners (e.g. psychiatrists, nurses, social workers), but also with the expanding network of ‘peer’ staff and the people themselves whom we are trying to help, whether they be ‘service users’ or their loved ones. Within the context of these collaborative and mutually beneficial relationships, I suggest three principles for developing what Rogers called for as a ‘new and better way’ to improve the human condition. These are: 1) Adopting a public health perspective through which we offer our assistance and support to those persons most in need, and in ways that build on and promote the further development of their own resources; 2) Accepting that the world has been, and continues constantly to be, shaped by human actions, and so appreciating the collective responsibility we have to address the root causes of the suffering we encounter; and 3) partnering with the people who have the most intimate knowledge of the nature of these problems, as they most likely possess the strengths needed to overcome them, and in doing so will likely actualize their own human potential. I illustrate these principles with examples drawn from my own work in the behavioral health field, which is currently undergoing a transformation process led primarily by persons in recovery from mental illnesses and addictions

What we choose to fight is so tiny!
What fights with us is so great!
If only we would let ourselves be dominated
as things do by some immense storm,
we would become strong too, and not need names.
From ‘The Man Watching’: Rainer Maria Rilke,
1902–1906/1981

It is indeed sobering to re-read the address Carl Rogers gave before the American Psychological Association (APA) 40 years ago. While he might well be surprised by some of the changes that have taken place in the profession since then – such as the sheer size of the APA and the size of its financial investment in prime real estate in Washington, D.C. – he might also be surprised, if not downright discouraged, by the number of things that remain the same. Of the five major challenges that he chose for his address, significant

progress has really only been made in two of them, and in ways he likely could not have anticipated. But that, perhaps, is more the issue than the nature of the specific challenges per se.

As Rilke captures eloquently in the passage above, one important lesson that we can learn from re-visiting Rogers' perspective is that we all play relatively minor roles in the truly historic changes that take place. Following the creation of the atomic bomb and landing of men on the moon, people in the late 1960s and early 1970s appear to have been feeling ambitious and empowered enough to take on the world. In retrospect, though, it would seem that the battles Rogers chose to fight were relatively minor, given the magnitude of the changes that were about to occur, changes which he could have had no way of envisioning. What I take from this lesson is that, as much as I would like to respond to the three challenges that Rogers poses that I find most interesting – all of which begin with 'Dare we...' – with a resounding 'Yes,' I must qualify that 'yes' with a 'but ...'. Allow me to explain.

It is with respect to the last two challenges posed by Rogers – those of 'Can we permit ourselves to be whole men and women?' and 'Is this the only reality?' – that we have arguably made the most progress in the last 40 years. Developments in popular culture and neuroscience, as well as in psychology, have brought the brain and the heart together; not, of course, in ideal harmony, since that would not be an accurate reflection of life, but in terms of forces that interact and mutually influence each other. Since Zajonc's (e.g. 1980) seminal work in the late 1970s and early 1980s, we know that cognition is not purely 'rational' and that our emotions are not devoid of their own reason. Neuroscience has since taught us that we are unaware of many of the processes that go into the majority of the decisions that we appear to make, suggesting that such distinctions as brain vs heart are not only simplistic but are, in fact, illusory. Just as theoretical physicists (and post-modernists) now tell us that what we accepted in the 1970s as, in Rogers' terms, the 'only reality,' is in fact only one of an infinite variety of universes, all of which may exist at the same 'time' – although the concept of time itself has been called into question as well.

In brief, Rogers thought he was calling for a richer and more complicated vision of reality than that which his peers had accepted at the time, but in retrospect the distinctions he was drawing to make this argument appear themselves to have been simplistic, if not crude. Being a 'whole person' requires more than bridging the brain and the heart, and there certainly is more than one version of 'reality,' with the

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challenges posed by so-called paranormal phenomena piling in comparison to those posed by cultural differences and quantum psychics. But these are the challenges to psychology that Rogers levelled that interested me the least. What about the three challenges in which he dared us to develop a human science, to be designers, and to do away with professionalism? More than in the two instances already described, these are the kinds of challenges that speak to both the brain and the heart of psychology.

Many of us who read this journal would argue that we have contributed to the development of a human science of psychology. While the proportion of funding that goes to this kind of research is small, and the journals that publish it tend to have lower impact factors, the last four decades have witnessed significant advances being made in many of the traditional social sciences towards valuing the contributions made by qualitative methods. More so, perhaps, in education/pedagogy, nursing, anthropology, and occupational science than in psychology per se, but qualitative research nonetheless has earned its place as a legitimate, credible, and indeed valuable component of what is now considered the gold standard of 'mixed methods'. You can now even find faculty positions posted in the APA Monitor for psychologists with expertise in qualitative methods. But to what degree can we claim that this has actually made our science more human? Similarly, psychologists are now involved in 'designing' schools and work places, and in influencing how companies do business. Has this resulted in our communities being more supportive?

Were Rogers alive today to celebrate with us the 40-year anniversary of his address, I believe that his response would be a somewhat disheartened 'No'. He would undoubtedly applaud the strides that have been made in addressing racism, sexism, and homophobia in our society, and might argue that psychology has played a significant role in these advances. He would welcome the focus of positive psychology, the World Health Organization, and other international bodies on the promotion of well-being and even 'happiness'. But I am afraid that overall he would be disappointed in the magnitude of impact that psychology has had on the world. Perhaps this was one reason that his address was entitled 'New challenges to the helping professions', as opposed to challenges specific to psychology, and perhaps this was why the majority of Rogers' later career was spent outside of the narrow scope of professional psychology per se. With the much broader and more ambitious aims that he cherished – of unlocking human potential and easing human suffering – internecine battles within psychology get to be seen in their true scope as truly 'tiny' when those forces that are pushing against us are truly 'great'.

I believe that this was one of the implicit inspirations for Rogers' challenge to the helping professions to 'do away with professionalism'. In addition to the more mundane reasons he gives for what may still strike many readers as heresy – he argues that professionalism ties practitioners to the knowledge of the past, builds up rigid bureaucracies, and fails to differentiate between exploiters and genuinely helpful people – he asks whether we might find 'a new and better way' to improve the human condition. This 'new way', he suggests, would have a few guiding principles that, when viewed in this light, add deeper dimensions to the other two challenges mentioned above. This new way would be genuinely human, but in ways not limited to the use of qualitative research methods, and would cast helpers in the role of 'change agents' as well as 'remedial applicers of psychic Band-Aids', but in ways not limited to the design of schools or organizations. I would like to spend the remainder of this piece describing some aspects of how I view the 'new and better way' to which Rogers was pointing, not only in this one address but throughout the entirety of his distinguished and generative career.

In a paper I wrote early in my own career, but which was apparently still prescient enough to warrant republishing in a recent issue of this journal, I criticized Humanistic Psychology for not giving adequate priority to the easing of human suffering, paying greater attention to the more positive elements of human nature that some founders of

the field felt had been ignored by previous approaches to psychology (namely psychoanalysis and behaviorism). I did not, and would not, include Rogers in this broad stroke, as he found a way in his work both to explore the greater potentialities of people while at the same time striving to reduce their suffering. This I would take to be a first principle of our 'new and better way': to adopt a public health perspective in which our collective efforts are focused on those persons most in need of our assistance and support, but to offer our assistance and support in ways that nonetheless honor, elicit, and promote the further development of the gifts, strengths, internal resources, and highest potential of the people we are offering to help.

To enact this principle, we must move away from conceptualizing our role as being 'remedial applicers of psychic Band-Aids'. While few people would argue that that is what they do in practice, this phrase reminds me of another experience early in my career that painted Humanistic Psychology in a bad light. I was attending one of my first conferences in Humanistic Psychology and human science in the early 1980s, just as the anti-apartheid movement was building steam in the USA. I was intrigued by a listing in the program of a South African psychologist who was scheduled to report on a qualitative study he had conducted with Black inmates in South African prisons. Apparently I was not alone, as the room was packed when I arrived. It did not remain packed for long, however, as the vast majority of participants walked indignantly out of the room when the presenter failed to see what they were objecting to in his study. He, as a White humanistic psychologist, saw no problem in his interviewing Black South Africans who had been incarcerated by the Afrikaner government in order to develop what he argued would be more 'humane' methods for running the prison system.

The problem of remedially applying psychic Band-Aids is not with the Band-Aids themselves, but with the assumption that that is all that is called for, or required. This assumption may appear to be implicit, in that few people would argue that other measures may not be required also, but it becomes overt and explicit when one observes the actual behavior of many professionals. For example, our South African psychologist might very well agree in principle that apartheid is an atrocious policy that should be abolished, but when asked what he is doing about abolishing it, he would likely answer that that is not his job. Furthermore, he would likely fail to see how developing better management strategies for South African prisons would actually contribute to the perpetuation of apartheid, as smoothly running prisons allow the gears of apartheid

to turn more smoothly by quieting what otherwise might become dissenting and disruptive voices. In this sense, a problematic assumption underlying the remedial application of psychic Band-Aids is that the world simply is how we find it, and all we can do is to clean up the mess we find as best we can.

But this is neither a necessary nor a uniformly shared view. It is predominantly the view of a field that historically was developed by White, middle-class male professionals and which continues to appeal primarily to the same demographic. An alternative view has been suggested to me by two Black health care practitioners, both demonstrating a core principle articulated earlier by the Reverend Dr Martin Luther King, Jr., when he criticized psychologists for trying to 'adapt' people to a racist society (cf. Davidson, Flanagan, Roe and Styron, 2006). The first, Carl Bell, an American physician and psychiatrist, suggested that after a third child from the same public housing complex presents with a rat bite at a pediatric clinic, it is time for the doctor to go and 'kill the rat'. Hari Sewell, a British social worker and former NHS administrator, recently made the analogous point that fire-fighting as a field moved to incorporate prevention when political leaders realized that ensuring buildings were compliant with fire codes would cut down on the number of fires they would eventually have to extinguish, as well as making it much easier to do so when necessary. It is worth noting that Rogers, despite being a White middle-class male professional, argued similarly for an enhanced role for prevention in his 1973 address.

What Rogers also realised, and argued for in his address, was that prevention in the helping professions requires psychologists, as well as their colleagues, to become 'change agents'. This leads us to the second principle for our 'new and better way' to be helpful. If we accept that the world is not simply given, not simply how we find it, but that it has been, and continues constantly to be, shaped by the actions of human beings, then we come to appreciate the responsibility we have collectively to identify and address the causes of the suffering we encounter in our work. This represents a second way in which I am arguing for a public health model for the helping professions. If rats and fires do not make a persuasive case, then consider lead paint and lead poisoning. Pediatricians have not only diagnosed and treated lead poisoning, but have, with their public health colleagues, traced the origins of the lead poisoning to exposure to lead paint in children's environments. This led to a highly effective social movement to ban lead-based paints and to eradicate

traces of lead paint that remain in areas in which children might become exposed to them, thereby preventing current and future generations from suffering the brain damage that would have ensued from such exposure.

When Rogers dares us to become change agents, I understand him to be asking us to develop a similar posture, and to take similar actions, toward eradicating the causes of psychic suffering. Arguments about research methods and the need for certification seem trivial when we consider the steps we will have to take to begin to address the root causes of the suffering we encounter every day. Child abuse and neglect, all variations of sexual violence, and institutionalized forms of aggression are formidable forces indeed. But that does not mean that we must accept them as inevitable or immutable realities. They are, after all, the results of human actions. How, then, can we change these seemingly overwhelming realities?

Rogers, aided by Rilke, suggests one last principle for our 'new and better way'. Rogers credits his colleague Richard Farson with the statement that: 'The population which has the problem possesses the best resources for dealing with the problem'; a statement that Rogers illustrates through the examples of 'former drug addicts' being effective in working with 'individuals who have drug problems' and 'ex-alcoholics help[ing] alcoholics'. A more recent restatement of this principle comes from John McKnight, a social activist who has spent decades working side-by-side with different marginalized communities, who suggested that: 'Revolutions begin when people who are defined as problems achieve the power to redefine the problem' (1992). What both of these experienced advocates suggest is that to be effective, not only in easing suffering but also in eradicating the roots of that suffering, professionals need to partner with the people they are attempting to assist because these people will have the most intimate knowledge of the nature of the problems they are facing. They will also likely possess the strengths needed to overcome these problems, and in doing so will likely actualize their potential.

We are seeing this form of partnership growing at the present time in the fields of mental health and addictions, as persons in recovery (no longer considered former addicts, ex-alcoholics, or mental patients) are being hired in droves to provide peer support and other recovery-oriented services to persons with mental health and substance use difficulties and their families. We are beginning to see, as a result, that long-held stigmas and discrimination against such persons are being challenged and overcome, first in mental health and addiction settings

and systems themselves and then, secondly, in the broader society. There remain tensions, of course, around the issues Rogers identified – such as, should peer staff have their own certification process and how can we avoid their losing their unique power should they in turn become professionalized? But overall, the stance of collaboration being promoted between traditional clinical professionals and peer staff, on the one hand, and practitioners more broadly with their ‘clients’, on the other hand, is beginning to give some indications of what this ‘new and better way’ might look like.

For psychologists specifically, and helping professionals more broadly, to take up Rogers’ dare to become ‘change agents’, however, much more is still needed. What is still needed is the turn toward prevention that pediatrics and fire-fighting have already taken, and that has become at least one viable dimension of the current addictions field. What will prevention look like in mental health? Some inroads are currently being made in early psychosis programs that aim to ensure timely access to intervention for youth experiencing the early signs of a major mental illness. However, for the most part these programs are still targeting youth who are already having significant difficulty. For mental health to move toward primary prevention, much bolder and more significant steps will need to be taken.

I mentioned at the outset that my sobering re-reading of Rogers’ 1973 address had me wanting to add the qualifying word ‘but’ to any resounding ‘yesses’ I might reply with to the challenges he posed to the field. In the case of prevention, psychologists cannot become effective change agents by themselves. Even the helping professions collectively cannot, on their own, be effective change agents in eradicating the root causes of psychic suffering. To dare to become change agents in this respect, we will have to do so by developing broad coalitions – not only with other helpers (e.g. psychiatrists, nurses, social workers), and not only in partnership with the people we aim to serve (e.g. persons in recovery and their families) – but with social, cultural, political, economic, governmental, and religious institutions as well. We can move what we have learned, and are learning, as a discipline from the pages of popular magazines, television shows, and self-help books to the policy arena, where the more significant changes that are needed can be made. In doing so, we may expect progress to be hard-won and incremental. But in doing so, we may also be able to give up caring so much about being psychologists, peers, or service users, losing those artificial labels in the collective pursuit of social justice – that ‘great

storm’ of which Rilke wrote so eloquently, and in the context of which our individual and disciplinary efforts may at times feel so tiny. ❸



Larry Davidson, Ph.D., is Professor of Psychiatry and Director of the Program for Recovery and Community Health at Yale University’s School of Medicine. As Director of the Recovery to Practice Initiative for the U.S. Substance Abuse and Mental Health Services Administration, his work has been influential internationally in translating the implications of the recovery paradigm for transforming behavioral health practice. His work has focused on processes of recovery from and in serious mental illnesses and addictions, evaluation of innovative recovery-oriented practices, including peer-delivered services, and designing and evaluating policies to promote the transformation of systems to the provision of recovery-oriented care. In addition to being a recipient of psychiatric care, Dr Davidson has produced over 300 publications, including a 2009 book entitled *A Practical Guide to Recovery-Oriented Practice: Tools for Transforming Mental Health Care*, and a 2010 volume entitled *The Roots of the Recovery Movement in Psychiatry: Lessons Learned*. His work has been influential both nationally and internationally in shaping the recovery agenda, and in translating its implications for transforming behavioral health practice.

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