Back to the Future: Carl Rogers' 'New Challenges' Reviewed and Renewed

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SYNOPSIS

This paper reviews Rogers' original paper 'Some new challenges', and makes certain connections between his challenges to and concerns about clinical psychology, psychology and, more broadly, the helping professions, and current concerns about holism; reality or realities; the nature of science; therapeutic interventions; and professionalisation.

New Challenges

In his article 'Some new challenges', published in May 1973, and based on an invited address presented at the annual meeting of the American Psychological Association (APA) held in Honolulu, Hawaii, on 2nd September 1972, Rogers addressed five questions, each of which, he argued, represented 'a possible move toward the enhancement, the deepening, the enrichment of our profession. Each one, in a word, represents for psychology a step toward self-actualization.' (p. 387) The article was reprinted with minor editorial changes and under the title 'Some new challenges to the helping professions' as a chapter (1980b) in Rogers' (1980a) book *A Way of Being* (though it did not appear in the 1995 revised edition of the book), and again in Kirschenbaum and Henderson's (1990) *The Carl Rogers Reader* (which reproduced the 1980(b) chapter). The article has also been translated and published in German and Portuguese. In his brief introduction to the chapter in *A Way of Being*, Rogers (1980b) reflected that the original paper was a passionate one: 'an outpouring of pent-up criticism' (p. 235); that, whilst, it was originally addressed to psychologists, it applied equally to members of other helping professions and to educators; and, that, whilst some of the language was intemperate and extreme, he did not apologise for it, as 'the issues raised are still valid and controversial' (p. 235).

In this paper, I review each of the questions Rogers posed, and their relevance, validity and controversy 40 years on, and in doing so, draw on concepts from gestalt therapy, the person-centred approach and transactional analysis. In his orginal address and article, Rogers acknowledged that these challenges 'had little or no logical sequence' (p. 379). Here, I have re-ordered them in what I consider to be a logical sequence that addresses issues of ontology (Rogers' questions about being whole, and the nature of reality); of epistemology and methodology (about human science); of methodology and method (about professionalisation); and of method (about being designers).

Can We Permit Ourselves to be *Whole* Men and Women?

In his original address and article, Rogers discussed the problem of an educational system in which intellect is all: in which, we might say, thinking is privileged over feeling, the psyche over the soma, and, generally, parts of people rather than people as a whole. Rogers argued forcefully that this system produces dichotomised, dehumanised human beings. In terms of Rogers' critique of the education system, I am reminded of the work of the radical educationalist John Gatto, who identifies eight characteristics of children who are the product of state schooling: being indifferent and hostile to the adult world; having a lack of curiosity and an inability to concentrate; a poor sense of the future, and

no sense of the past; a numbness of moral facility; and an unease with intimacy or candour; and being materialistic, and dependent, passive and timid in the face of new challenges. At an extreme, these are the characteristics of a psychopath and, indeed, Gatto (2002) referred to such schooling as the 'psychopathic school'.

Being 'a whole person' is not generally supported by our social context and institutions, educational and others, especially in contexts and societies in or influenced by the Western intellectual tradition, principally due to the legacy of Cartesian dualism – although, taking a longer view of history, it is important to acknowledge that this dualistic split between mind and body has dominated Western thinking for only the past 400 years. Neither is being whole, holy (spiritual) and, indeed, healthy, all of which share a common etymological root (see Tudor, 1996, 2008b), particularly supported by the dominant language and paradigms of psychology and therapy (counselling and psychotherapy) which generally thinks about and views people as 'parts', for a critique of which see Tudor and Worrall (2006), and as having separate cognitions and behaviours. For the answer as to whether we can permit ourselves to be whole – men, women or however we identify – we need to look to the concept, pychology and language of holism.

Holism, from the Greek word ὅλος (holos), meaning all, whole, entire, total, was in modern times, a term coined by Smuts (1926/1987) in his book on the subject, in which he defined holism as 'The tendency in nature to form wholes that are greater than the sum of the parts through creative evolution' (p. 88). It is a concept which has been developed especially by organismic psychologists and theorists, notably Goldstein (1934/1995); it is central to gestalt psychology and informs gestalt therapy, as well as much alternative medicine, whose practitioners tend to take an holistic approach to healing. The emphasis on the wholeness of the organism is also found in more recent work in neuroscience (see, for example, Damasio, 1994/1996). Holism is, if you like, the conceptual and theoretical base for thinking about human beings – and, indeed, beyond human beings – as whole, rather than as parts or atoms, and is thus the opposite of reductionism. For some years now, I have been interested in the language of wholes and in developing this language when talking and working with clients, supervisees and trainees, e.g. 'So, you're totally compassionate towards your partner and, at the same time, you're feeling angry in every fibre of your being'. The language, and its implications, is very different from the atomistic and compartmentalised view of people represented by: 'So, there's a part of you that's compassionate ..., and there's another part of you that's feeling angry.'

The challenge of being a whole person – whether that is being able to think and feel at the same time, to be objective and subjective, personal and professional, personal and political, or even humanistic and psychodynamic (see Gomez, 2004; Tudor, 2013), in short to be 'both ... and' rather than 'either ... or' – is to be able to be/do so in a world in which we are often not permitted and/or discouraged to be or to experience ourselves as whole.

Is This the Only Reality?

Drawing on distinctions which he himself acknowledged dated back to the work of William James (1842–1910), Rogers talked about different types of consciousness, including drug-induced states of expanded consciousness, extra-sensory perception, mystical experiences, paranormal phenomena, psychic discoveries, clairvoyance, pre- and simultaneous cognition, telepathic communication, and the 'separate reality' Carlos Castaneda (1925–1998) explored in his meetings with the Yaqui Indian, Don Juan (see Castaneda, 1968, 1971).

Rogers' challenge about diverse consciousness and multiple realities is exciting partly because it acknowledges different experiences and partly because it offers a more horizontal and, I think, egalitarian vision of consciousness. I have never been very drawn to or convinced by Freud's topographical system of the mind (the conscious, the preconscious and the unconscious) or, for that matter, the archaeological view of the psyche implied by the term 'depth psychology, for a critique of which, see Tudor and Worrall (2006).

In the bicultural context of Aotearoa New Zealand in which Western forms and frames of knowledge are both challenged and expanded by indigenous wisdom traditions and their ontologies and methodologies, Rogers' (1973) last comment on this particular question is particularly interesting. He suggested that:

> there may be a few who will dare to investigate the possibility that there is a lawful reality which is not open to our five senses; a reality in which present, past, and future are intermingled, in which space is not a barrier and time has disappeared; a reality which can be perceived and known only when we are passively receptive, rather than actively bent on knowing. (p. 386)

The significance of this is that *what* we understand and experience as 'reality', the essence of things, or the subject of our interest or concern, influences and frames *how* we understand and investigate these phenomena – which brings us to epistemology, or theories of knowledge.

Dare We Develop a Human Science?

In his article Rogers challenged psychologists to develop a *psychological* science rather than a pseudoscience, one which reflected and represented a personal, subjective knowledge or science rather than an objective, Newtonian science; one which is open to human experience; a science of 'man' (as he put it; see also Rogers and Coulson, 1968) which encompasses: inner cognitive processes; the exploration of inner meanings, including dreams, and the phenomenological world as well as external behaviour. He also made a plea that the study of such science should also promote curiosity and creativity.

Thus, in terms of *how we know what* we know about different consciousness (as above), I am more persuaded by the view that, to take a phrase from Carper's (1978) work in nursing, there are different 'ways of knowing':

- Empirical – which comprises factual knowledge that can be empirically verified
- Personal – which derives from personal self-understanding through reflective practice and the kind of empathy whereby you put yourself in another's shoes
- Ethical – i.e. knowledge and attitidues, which derives from ethical frameworks and, ultimately, moral philosophy
- Aesthetic – which, in this context, from the Greek αἰσθάνομαι (aisthanomai), meaning 'I perceive, feel, sense', refers to knowing in and from relating to the here-and-now.

To this I would add:

- Collective – which reflects ways of knowing in community and through generations.

In 1973 Rogers evaluated this challenge as unmet; 40 years on, I think that, in this respect, our epistemological world – as well as our professional world (see below) – has changed for the worse.

Neither psychotherapy nor counselling are sub-branches of medicine and yet, despite offering a different science and, specifically, an epistemology of human beings based on knowlege of the mind and body through relationship, and personal, ethical, aesthetic and collective ways of knowing, therapy appears to have lost confidence in itself. It seeks to follow psychology and medicine in its approach to and language of 'diagnosis', 'treatment' and 'cure'. Eric Berne (1910–1970), the founder of transactional analysis, himself a medical doctor and psychiatrist (and who dedicated his major work on transactional analysis to his father, who was also a doctor, in Latin), wrote about stages of cure as: social control, symptomatic relief, transference cure, and script cure (Berne, 1972/1975). Compare this language with that from the radical psychiatry tradition of transactional analysis which, influenced by Karl Marx and Wilhelm Reich, defined alienation as: 'Alienation = Oppression + Mystification + Isolation', and argued that 'Liberation = Awareness + Contact + Action', formulae which informed their psy-political radical therapeutic practice, and some current understandings of alienation (see Tudor, 1997; Tudor and Worrall, 2006).

Perhaps the most significant example of the way in which the epistemology – or epistemologies – of therapy is being threatened is by the dominance of 'evidence-based practice' in which 'evidence' is based only on an empirical way of knowing and, in the case of the Layard agenda whereby happiness is achieved by means of brief cognitive behavioural therapy, an economic way of knowing (see Layard, 2005; House and Loewenthal, 2008; Tudor, 2008a).

Research in counselling and psychotherapy is dominated by medical and economic models and the 'drug metaphor', which seeks and implies that there is a specific 'treatment' for specific 'conditions'. Compare this to what Rogers said in an interview recorded in the last year of his life and published posthumously:

> too many therapists think they can make something happen. Personally I like much better the approach of an agriculturalist or a farmer or a gardener: I can't make corn grow, but I can provide the right soil and plant it in the right area and see that it gets enough water; I can nurture it so that exciting things happen. I think that's the nature of therapy. It's so unfortunate that we've so long followed a medical model and not a growth model. A growth model is much more appropriate to most people, to most situations.
>
> (Rogers, in Rogers and Russell, 2002: 259)

It is, in my view, also unfortunate that most government guidelines for psychotherapy and counselling practice and research follow and promote the medical model and not a growth model, and are thus, by definition, irrelevant to and biased against therapeutic approaches based on growth models. Furthermore, such government guidelines and bodies generally present their criteria as neutral, discount qualitative research methods and other 'practice-based evidence' (Morgan and Juriansz, 2002), and, therefore, other therapeutic approaches, let alone other wisdom traditions with their own epistemologies (and ontologies, methodologies, and methods). I have been somewhat surprised, for example, that in universities in Aotearoa New Zealand, kaupapa Māori research methodology, i.e.

research based on Māori wisdom, protocol and cultural principles (see G. Smith, 1997; L. Smith, 1999), is not taught as a matter of course in research papers.

It is more than unfortunate that some therapy training programmes spend an inordinate amount of time teaching the widely discredited Diagnostic and Statistical Manual (DSM) *psychiatric* or some might say, insurance-based approach to 'Mental Disorders', rather than *therapeutic* understandings of distress, dis-ease and alienation. Moreover, giving away our knowledge (science), our ways of knowing and our language compromises the integrity of independent therapy and renders it and its practitioners less authoritative

Dare We Do away with Professionalism?

This challenge was, in Rogers' words, 'the radical possibility of sweeping away our procedures for professionalization' (p. 382): 'I know what heresy that is', he wrote –

> what terror it strikes in the heart of the person who has struggled to become a 'professional.' But I have seen the moves toward certification, licensure, attempts to exclude charlatans, from a vantage point of many years, and it is my considered judgment that they fail in their aims. (p. 382)

Forty years ago, Rogers advanced a number of concerns:

1. That professionalisation tends to freeze the profession in a past image.
2. That certification is not equivalent to competence, and that licensure or, here, registration does not guarantee competence or good practice. Rogers put this quite baldly: 'There are as many *certified* charlatans and exploiters of people as there are uncertified.' (p. 382)
3. That professionalism builds up a rigid bureaucracy.

The debate and decision about professional registration in the UK cut across 'theoretical lines', in that there were (and probably still are) many humanistic practitioners in favour of the state registration of psychotherapists as well as the statutory regulation of psychotherapy. In In Aotearoa New Zealand, the profession, in the form of the New Zealand Association of Psychotherapists, sought and obtained registration and, thus, we inhabit a 'post-regulation' landscape in which a relatively small but significant and active minority choose not to register and still practise psychotherapy but do not call themselves psychotherapists. The New Zealand Association of Counsellors are currently debating whether to follow psychologists and psychotherapists in becoming 'agents of the state'.

Box 1 Models of Regulation (based on Macleod and McSherry, 2007)

Least restrictive

Self-regulation
(also known as peer regulation)
e.g. through voluntary membership of a professional organisation or group

Negative licensing
i.e. being allowed to practise unless listed on a register of practitioners ineligible to practise

Co-regulation
whereby members of a professional association are regulated by that association in conjunction with government

Reservation of title
whereby a statutory registration authority reserves a professional title (e.g. 'psychotherapist') only for those eligible and approved to be registered (the system currently administered by the Psychotherapists Board of Aotearoa New Zealand)

Reservation of title and certain core practices
which restricts both title and some activities or practice, usually designated as 'restricted activities'

Reservation of title and whole-scale practice restriction
which restricts both title and an entire scope of practice to only members of the registered profession and other specified registered health professions

Most restrictive

The arguments against stautory regulation have been well made in a number of publications which are, I am sure, familiar to readers of *Self and Society*. Here, specifically with regard to Rogers' challenge and concerns, I make a number of brief points.

1. That there are a number of models of regulation (see Box 1), with which professions need to appraise themselves and decide which model is most suitable for the profession, the context it inhabits, and the clients it serves in our changing world.
2. That, as there is no evidence that the state registration of psychotherapists or counsellors protects the

public and that, therefore, most legislation under which professions are regulated, such as, in Aotearoa New Zealand, the Health Practitioners Competence Assurance Act 2003 (which, significantly, was closely based on the Medical Practitioners' Act 1995), is not the appropriate legislation under which to seek recognition, professions themselves need to think about how they protect the public, and ensure competence, and not to devolve or upload that responsibility to the state. This is a particularly poignant observation to make in Aotearoa New Zealand, as it was only 50 years ago that the Tohunga Suppression Act 1907, under which Māori healers and political activists were outlawed, was repealed.

3. That, as the activities of the 'responsible authority', the Psychotherapists Board of Aotearoa New Zealand, have demonstrated, state registration has led to an increasing and an increasingly rigid, persecutory and avaricious bureacracy (see Tudor, 2011). Since it was established in 2007, the Board has consistently sought to extend its powers from simply organising the registration of psychotherapists to approving supervisors who, it has explicitly stated, it regards as 'agents of the Board'; to seeking to register and thereby to restrict overseas 'visiting Educutors' (see see Tudor, 2012), a proposal which was mediated by the profession; and, currently, to accredit training programmes and courses. In doing so, the Board (which comprises six unelected practitioners and two lay people) is clearly heading towards the most restrictive model of regulation, i.e. reservation of title and whole-scale practice restriction, and stands as a caution to psychotherapists in other countries to be careful what they wish for.
4. That, in addition, to the number of publications which address the arguments for and against statutory regulation of counselling and psychotherapy, there is now an established literature that is highly critical of other moves towards increasing professionalisation; of 'defensive therapy'; of 'short-termism' in counselling and therapy; and of the increasing managerial and audit culture in counselling, psychotherapy and other helping professions (see below).

Some argue that professionalisation, and even state registration, bringing with it certain recognition and status, represents, as Rogers (1973) put it, 'a step toward self-actualization' (p. 387). Certainly, over the past 40 years, psychology has self-actualised, but, arguably, it is at the expense of aligning itself alongside, even inside, the medical profession and the medical model. It is, moreover, a *self*-actualisation, actualising a particular self-concept (of what it means to be a 'professional'), rather than an organismic actualising which tends and trends both to homonomy (belonging) and autonomy (self-determination). In an increasingly regulatory and bureaucractic world, we need to reclaim the internal locus of control and self- and co-regulation with regard to our profession/s, rather than simply seeking external confirmation of our identity and status (see Embleton Tudor, 2011).

Do We Dare to Be Designers?

This challenge was 'to develop an approach which is focused on constructing the new, not repairing the old' (Rogers, 1973: 381).

In elaborating this, I refer to an approach to transactional analyis which a colleague, Graeme Summers, and I have developed over some 15 years (Summers and Tudor, 2000, Tudor and Summers, in press). Drawing on field theory and social constructivism, 'co-creative transactional analysis' emphasises the present-centred nature of the therapeutic relationship – or therapeutic relating – and the co-creative nature of transactions, life scripts (which we rename 'co-creative identity'), ego states ('co-creative personality'), and games (co-creative confirmations). We frame this approach within a positive health perspective on and in transactional analysis, as distinct from what we see as an undue emphasis on psychopathology, and argue that co-creative transactional analysis provides a narrative or story about transactional analysis itself that offers new and contemporary meanings to old transactional truths. We talk about psychotherapy and counselling as offering clients new relational possibilities, what Stern (1998) referred to as a 'ways-of-being-with'. Interestingly enough in the light of Rogers' challenge about being designers, we argued in our original article that, as helping professionals, we perhaps need to see ourselves as transactional designers as much as transactional analysts. As de Bono (1992) put it: 'With analysis we are interested in what is. With design we become interested in what could be.' (p. 63) This fits well with the question Rogers (1973) went on to elaborate about the wider view of psychologists and, more broadly, other helping professionals: 'whether [we] can develop a future-oriented, preventive approach, or whether it will forever be identified with a past-oriented remedial function' (p. 381). Addressing this question himself, Rogers argued:

- That we need to be radical in the true sense of the word and get to the root of things, which may involve leaving

our secure offices and getting out into the community; this might include taking our practice outdoors and working with people in the/ir environment.
- That we need to be at the heart of designing environments. How many of us are involved in designing our working environments?
- That we need to be involved in building flexible institutions which account for and prioritise human relationships, and continuing relationships with the community – and, I would add, our environment.
- That we need to be significant in relationships between minority groups, and to bring about improved communication in 'interface situations', as Rogers put it: 'between these often bitter and alienated groups and the culture that has often mistreated them' (p. 382).

Looking Back Further

At the beginning of his article, Rogers (1973) wrote that he was tempted to reminisce about certain developments in the profession, which he identified as:

> the struggle to prove that psychologists could actually and legally carry on psychotherapy, involving various professional struggles with psychiatry; the attempt to open up therapy to detailed scrutiny and empirical research; the effort to build a theoretical formulation that would release clinical work from the dying orthodoxy of psychoanalytic dogma and promote diversified and creative thinking; the efforts to broaden the scope and the vision of clinical and other psychologists; and perhaps finally the effort to help psychologists become true change agents, not simply remedial appliers of psychic Band-Aids. (p. 379)

Whilst Rogers chooses not to yield to the temptation of reminiscing about these efforts, I do want to revisit what Rogers obviously considered to be major achievements that the psychology profession had made to (then) date, as I think that, in a number of ways, psychology as a discipline and as a profession has taken some retrogressive steps, which have both impacted on and echo in other helping professions.

- Regarding the right to practise – whilst this now may not be a problem for the majority of psychologists, the fact that, in many countries, psychologists have allied themselves with the medical profession and, specifically, with other health professionals who have sought and gained state registration, means that it has become harder for other related professionals, such as psychotherapists and counsellors, to practise without also being state registered. Indeed, what I refer to as 'the domino argument', i.e. 'Psychologists are registered, so we should be registered, too', is now being used in arguments for statutory regulation. The professional struggles for legitimacy that psychologists had with psychiatrists have been replaced by struggles that other professionals with less power or standing are having with the state and with agents of the state – and, in some cases, with psychologists.
- Regarding *detailed scrutiny:* Rogers does not elaborate on what he means by this, but I and others would argue that there is now too much scrutiny of therapy, with the result that it is becoming too defensive (Clarkson, 1995), too straight (Samuels and Williams, 2001), too managed and audited (King and Moutsou, 2010), and too safe and domesticated (Totton, 2012).
- Regarding *research:* Whilst therapy has opened up to 'empirical research' (as Rogers put it), this, too, has not come without problems, most of which derive, again, from psychology being overly influenced by medicine and the medical paradigm regarding research. There are some signs of good news, in that the so-called 'gold standard' of research is beginning to be challenged from within the medical establishment by people such as Rawlins (2008), and by the American Psychological Association (APA), whose latest definition of 'evidence-based psychological practice' has stated that it comprises: 'the integration of the best available research *with clinical expertise in the context of patient characteristics, culture and preferences'* (APA, 2006: 273, my emphasis). This reflects the view that practitioners can and should be informed both by researchers and academics and by clients, and holds the possibility if not the promise that we can move away from the obsession with a restricted 'evidence-based practice' to a more open, inclusive and diverse 'practice-based evidence' (see Morgan and Juriansz, 2002).
- Regarding *theoretical formulation(s) which promote/s diversified and creative thinking:* In his article Rogers wrote forcibly about 'the dying orthodoxy of psychoanalytic dogma' (p. 379) and, whilst this, in its dogmatic form, has largely died, and, clearly, there are many different theoretical formulations of psychology and therapy, psychoanalytic and psychodynamic thinking is still hegemonic; and, across theoretical orientations, 'diversifed and creative thinking' is a minority, even a peripheral, activity.
- Regarding *a broader scope and vision for clinical and other psychologists:* I would say that the scope and vision of clinical psychologists have, with rare exceptions, narrowed; community psychology, popular and influential

in the 1970s and 1980s, has all but disappeared; and few people talk about 'critical psychology', a tradition which is still supported by the e-journal *The Journal of Critical Psychology, Counselling and Psychotherapy.*

- Regarding *psychologists as change agents:* Whilst there still are some community psychologists and some radical psychologists, these appear to be a dying breed, which leaves change agency to organisational psychologists.

Picking Up the Challenge

Rogers ended his article by asking psychologists (the APA in 1972) and, in a sense and more broadly, other helping professionals and professions (in 1980): 'Do we dare?' (p. 387). In Māori culture, as part of the powhiri (welcome) process, one of the hosts may lay down a wero or challenge, usually in the form of a leaf. Wero literally means 'to cast a spear', and is made by an elder with some authority. It is up to the visitors whether or not to pick up the challenge. In 1972, with some 45 years' experience in clinical psychology, Rogers was certainly an elder with some authority. Interestingly, with the exception of one short letter from Steiner (1974), there is no evidence, at least within the pages of the *American Psychologist*, that Rogers' challenge was ever picked up by the APA.

Rogers' article was in many ways ahead of its time. Reading it again, 40 years on, it has lost none of its validity, controversy – or emotionality – and still sounds quite radical. Rogers himself certainly did 'dare' to attack some of the 'sacred cows' (then and now) of the professional world. It is also remarkably prescient in that, part Nostradamus and part Cassandra, it anticipated many of the key struggles in the helping professions today. Perhaps the greatest challenge for us, and the next generation or two, is to continue to address these challenges so that colleagues in another 40 years are not saying similar things about the challenges that they will be facing.

By way of ending, I am picking up Rogers' challenge and responding: 'Yes, I – we – dare.'

A Manifesto for Daring

1. We can and must dare to continue to develop a human science in which we are confident in our contribution as helpers in whatever profession, and not least if we identify as humanistic practitioners, and that this contribution is equally if not more valid for our clients than one based on a medical model.
2. We can and must dare to be designers, and, with our clients, to 'co-create' possibilities, solutions and more possibilities.
3. We can and must dare to do away with the professionalism and professionalisation of counselling and psychotherapy, and to reclaim these activities for the vocational, political, spiritual and subversive practice they are – or, at least, and especially in post-regulatory societies, to allow for a pluralism in professions in which diverse and divergent views about these activities can be argued, without fear, favour, discrimination or oppression.
4. We can and must dare to be and to reclaim ourselves as whole people, and not to compartmentalise our or other people's psyches; and to develop the language of wholes as distinct from parts.
5. We can and must dare to acknowledge and honour the reality of different realities.

... and, of course, in order to take up these challenges:

6. We can and must dare to dare – to paraphrase T.S. Eliot (1915), to dare disturb the universe; I suggest that this includes being reflective; being critical – for those in education, this may be framed as being 'a critic and conscience of society' (as enshrined in the New Zealand *Education Amendment Act 1990*); being able to discriminate (see Dalal, 2011); being radical – getting back to roots; being 'bolshie', i.e. in the minority; being disobedient (see Steiner, 1981); and being intolerant when faced with oppression and injustice.

Legal Statutes (New Zealand)

Education Amendment Act 1990
Health Practitioners Competence Assurance Act 2003
Medical Practitioners Act 1995
Tohunga Suppression Act 1907

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