

New Challenges to the Helping Professions – 40 years after Carl Rogers

Colin Lago

SYNOPSIS

Ever radical, even in his eighties, Carl Rogers maintained a critical eye upon the development of counselling and psychotherapy as a profession, as well as continuing to stimulate questions about the nature of human relationships, education, society and international relations. In this article I have attempted to retain the spirit of Carl's radical edge in addressing contemporary issues such as: the avoidance of theoretical dogma, the challenges of difference and diversity, the development of new forms of human science, the complexities of the human–technology interface, the cynical reduction of funding mental health, our involvement in politics and other contributions to society, a critique of professionalism for its own sake, and the development of emotional literacy. Dare we speak out about injustices? – and how might we contribute to efforts to work collectively across difference and with sensitivity to world ecological issues? We need to maintain the courage to come out of our offices and offer our contributions, gleaned through our work, to the development of the many organs of society.

Now the years are rolling by me, they are rocking even me,
I am older than I once was, and younger than I'll ever be,
that's not unusual,
No, it isn't strange, after changes upon changes; we are
more or less the same,
After changes we are more or less the same...

Paul Simon, words from 'The Boxer'

Plus ça change: plus ça meme chose

Jean Baptiste Alphonse Karr, 1808–90
(French critic, journalist and novelist)

Introduction

Transposing Jean Karr's well-known phrase above into contemporary parlance, we have the statement: 'the more things change the more they stay the same'. And it is from this general philosophic view of the world that I embark upon exploring the new challenges facing us in the helping professions, inspired by the radical vision and ideas of Carl Rogers' seminal paper to the American Psychological Association convention held in Hawaii in 1972 (later published in the *American Psychologist*, 1973).

In the introduction to this paper, Rogers noted his temptation to reminisce and to talk about his various

experiences as a clinical psychologist over 45 years related to helping troubled individuals, conducting research, promoting personal growth in individuals and groups, endeavouring to work in organisations, and even voicing his concerns about 'our very sick society and the near fatal illnesses of our culture' (Rogers, 1973: 379). 'Such reminiscences', he tells us, 'would cover such things as:

- The strenuous effort necessary to make a place for the small infant – clinical psychology, in the APA (the American Psychological Association) – a struggle that seems ludicrous now (he adds);
- The struggle to prove that psychologists could actually and legally carry on psychotherapy, involving various political 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 suppliers of psychic 'Band-Aids'.

Instead, however, Rogers did not yield to this temptation, but preferred 'to look ahead, to describe some of the challenges' that were current at that time. He noted that, inevitably, there are always a wide range of dilemmas, but chose to address those that he considered couldn't be brushed under the carpet – a seductive tendency that, as humans and organisations, we are prone to!

The issues he focussed on included the following questions:

Dare we develop a human science? Dare we dare to be designers? Dare we do away with professionalism? Can we permit ourselves to be whole men and women? Is this the only reality?

Taking my lead from him and recognising the 'spiral' phenomenon in human reality (the change/no change circular tension and dynamic nature of life), I hope now to take the essence of some of these questions he posed and explore the extent to which, as questions, they remain as valid today as they were then, and to consider quite what are the constituent elements of these concerns in this current era.

In preparation for this article, I also wrote to some close colleagues seeking their own ideas and perceptions of therapeutic issues contemporary to our times. I am

most grateful for their responses and, where possible and appropriate, I have included some of their ideas. In these circumstances I have, of course, acknowledged their source. In one or two other instances beneath, following the request from these sources to remain confidential, I have not obviously attributed them.

Contemporary Challenges

Can We Truly Welcome the 'Other'? – Acceptance and Openness to Approaches Other than Our Own

The field of counselling and psychotherapy is currently wide ranging and diverse. The wide variety of differing and newly developing theoretical approaches seems to exist as multiple facets on the diamond of life, each offering a prism, a perspective, through which life might be explored and reflected upon. However, these very perspectives can also act as ideologies, as unifying elements for those who practise them, and as distinctive markers by which to judge others of differing perspectives. One respondent to my enquiry, Mick Cooper, wrote:

My personal view is that the biggest challenge for us is to remain open – and particularly open to things that might be uncomfortable to us. How can we steer clear of dogma of any type and remain open to our world and to our clients: willing to change and flow and be available to whatever Otherness is out there? I think, paradoxically, the biggest challenge of that is to the therapies that do profess openness as a value, including the pluralistic approach I've been working on as well as PCA, because it becomes all too easy to overlook our own tendencies towards closedness and dogma. I think a radical 'person-centred-ness' today means being willing to really challenge and reflect on person-centred thinking, to be person-centred about 'person-centred-ness' itself. (Mick Cooper)

It is as if our theoretical beliefs have – dare I even say – replaced the religious beliefs of former times. It can be reassuring that we, in our theoretical collective, are united in these beliefs, which serve to prop us up as cultural insiders, as members of a particular tribe. They serve to describe the limits of inclusion, and thus can be potentially extremely judgemental and excluding to all others holding different perspectives.

Acceptance and Openness to Clients We Perceive to Be 'Other'

How open, acceptant, sensitive and informed are we, as a profession and as individual practitioners, to the challenges of working across difference and diversity? What reassurances do we have that we will not repeat

the oppressive, discriminatory practices prevalent in ALL arenas and organs of society and evidenced by huge swathes of depressing research? What convinces us that our profession will be different?

Divine Charura, another respondent, wrote:

Furthermore in relation to your question, I have been thinking about the transcultural challenges, the difference and diversity challenges and the phrase I have heard you [Colin Lago] use many times, 'these days the world can come into our room', i.e. anyone from any culture can approach us in the helping professions, and this raises the serious question of how equipped we are to deal with their cultural difference to us and the experiential discourses they bring?

The diversity of staff in the workplace is also a blessing and can be a challenge. In the last year I can think of a few examples:

- A nurse (Christian) disciplined by the Nursing and Midwifery council/hospital she worked in for praying for a patient;
- A Muslim woman (teacher) asked not to wear her Hijab whilst teaching students in class because 'they won't be able to see her';
- What if this was a therapist, or other helping professional? What about her faith?
- A psychotherapy student recently suspended from a training course for stating that because of his faith, if he ever was faced with having to work with a Gay couple he could not do it.

There is also the most recent issue of the *Nursing Times* magazine which I get as a Psychiatric nurse, which stated that the UNISON trade union, in one of their 2011 reports, stated that seven out of ten black members who work in the NHS had experienced either racism or racial discrimination. (Divine Charura)

The issue of difference and diversity, despite some changes in societal attitudes in recent times, continues to pose a significant challenge to the profession of counselling/psychotherapy. Many training courses, sadly, despite frequently and genuinely expressing concerns in this area, fail to implement sufficient curricula changes that ensure that this 'sociological, multicultural, diversity' composition of society and the consequent range of experienced identities in its citizens are adequately addressed.

Dare We Develop a Human Science?

Rogers originally raised this question as a critique of psychological science still stuck in a pre-quantum physics era. Manifestly, society has moved on exponentially since then. Descriptive terminology (from the social sciences) now used in relation to contemporary life includes terms such as 'post-modernism' and 'post-structuralism'. Post-modernism, amongst other aspects, embraces the concept of different personae in different circumstances. Post-structuralism embraces a multiplicity of truths and rejects single explanations of causality. Rogers' own theories, needless to say, strove to embrace multiple, idiosyncratic approaches to lives, relationships and identities. Rogers' radical theory of therapy seems absolutely consistent to me with much of the more recent literature related to neuroscience and its findings in relation to human functioning.

A Human Science Involving Technology and Humans?

The, as yet, not much understood, human consequences of this digital age are already catapulting us into many new forms of relationship creation, development and intimacy. All major aspects of life formerly and necessarily conducted interpersonally can now be lived electronically. Going to the library has been replaced by search engines, meeting a new partner at work or in a pub can now be done online, conversations with friends or colleagues can now take place electronically through systems like 'Skype'. Instead of speaking to a friend, you can text them. If you want people to know what you are thinking or doing, send out a tweet. Sexual images pervade the internet. There are many self-help programmes which can be explored without ever doing such work with a therapist. And it is perfectly possible to work with a therapist online without ever meeting them in person.

Needless to say, the personal digital platform (computer, mobile phone, tablet) is one very extraordinary technological development during these recent decades, the full human implications of which we might not know for a very long time.

As one respondent wrote:

... I think technology has become both a blessing as it enables us to conquer geographical boundaries/limits, but I think it has become one of the most challenging terrains within our work. I am informed that the BACP has some guidelines on counselling online etc., and the UKOP is currently working on these. The chapter I am now planning to write is related to issues of language and mental health

across cultures and the complexities of where technology is involved. So I am currently reflecting on the challenges technology brings, i.e. with regards to ethics, confidentiality, relaying the therapeutic conditions, i.e. empathy, etc. through digital means. (Divine Charura)

To these concerns I would also add a question as to the nature of the development of a working therapeutic relationship. If research tells us that relationship is one of the most significant aspects of successful therapy, where does it feature in online work? Does the client come to relate to the therapist, even if they never see them? Or is their relationship somehow confined just to the computer? (Lago, 1996, 1997). And if this is the case, what are the serious questions posed to human relationships in the current era? Will children growing up within this milieu become less sensitised to interpersonal behavioural phenomena, less able to relate directly to others, less able to apprehend dangers posed by others, less able to enjoy intimate relations other than when mediated through the electronic form?

Lastly I wonder, within all helping professions, whether the shift in roles because of advancement of technology and development of drugs, RMI/scan machines etc., power shifting from medical profession and development of research methodologies, professional training etc. within helping professions, will all mean there is more power to challenge the medical/psychiatric profession against diagnosis, with the consequence of the helping professions growing stronger and having more power in multidisciplinary arenas. Power is also shifting as clients or those we work with become more informed about their conditions/experiences as they can read up on it or search the net etc., and we now also have patient/client advocacy/ liaison groups and rightly their involvement at decision-making levels. (Divine Charura)

These rapidly shifting cultural phenomena, underpinned by extraordinary technological advances, are already influencing, and will continue to influence and change, the previous traditional systems of attitude formation, personal and professional relationships and power dynamics in society. How is our profession engaging with these issues? And what are the theoretical and practice implications for us of such rapid sociological change?

Dare We Dare to be Designers? (Can We Become Involved in Designing the New, Rather than Repairing the Old?)

My own interpretation of Rogers' original concerns with this question was: to what extent dare we seek

to influence other institutions and processes within society? This perspective leads me on directly to the next question, as the two are intimately connected.

Dare We Involve Ourselves More in P(p)olitics?

This is a parallel question related to our collective capacity for courage to move beyond our comfortable, defined professional parameters into other arenas of application (e.g. education, youth work, health services, government policies, involvement with organisations, etc.) in which the quality of relationship and respect for human growth potential need to be paramount.

For me, currently, I wonder where our collective political outrage is regarding the current reduced funding of therapy and subsequent closure of therapy services, leading to a substantial reduction in skilled, human-to-human services across the voluntary and statutory sectors? In response to a modest local survey conducted almost two years ago, some colleagues and I discovered deep reductions of provision in a wide range of therapy services across both sectors. The implications of so many people in our society requiring, yet not receiving, psychological and emotional support are serious, and are likely to have considerable implications, not only for those individuals concerned but also for families, communities and thus society as a whole.

Dare We Do away with Professionalism?

'Professionalism is the enemy of creativity and invention.'
(Leonard Cohen)

Recently, whilst working with a supervision group in France, the story of a young man in the group focussed my own attention, not only on his particular challenges but also on this broader theme. He worked within a social work/mental health setting but was not yet formally qualified as a counsellor/psychotherapist. He had worked in this role for many years and had a wide range of experiences of working with deeply distressed clients (who were long-standing hospital patients). The stories and dilemmas he shared with the group, using this supervision opportunity, were serious, complex and insightful. As another person within the group, I could appreciate his deeply held, 'professionally' committed approach to working with clients who were suffering chronic life difficulties.

Sadly, however, in contrast to these examples of exemplary therapeutic practice, this same young man was suffering hugely in striving to produce the necessary written work required to achieve his psychotherapeutic

‘The process of professionalisation has taken place exponentially over the last 30 years.’

qualification. He had experienced complex challenges to his learning as a child in school, exacerbated by the effects of a highly oppressive disciplinary regime imposed by his parents, particularly his father, from a very young age. In short, his work (and thus in some complex way, himself) had never been ‘good enough’. All his life he felt he had failed in the academic arena. He had developed an almost phobic approach to any required written work.

His circumstances graphically illuminated some of the complex tensions inherent in our organisational thrust towards professionalisation. Here was a young colleague working more than satisfactorily, indeed successfully, with chronically and seriously affected clients; yet sadly, through his own complex personal history, he was struggling physically, psychologically and emotionally to complete the written requirements of his course. This scenario illustrates the profound tensions that can exist between an individual’s undoubted therapeutic capacities and dispositions, and the demands of an increasingly externalised and professionalised institutional culture.

The process of professionalisation of counselling/psychotherapy has taken place exponentially over the last 30 years within the Western world, and has inevitably (and sadly) imposed categories, limitations and requirements on individuals, groups and organisations which, inevitably, leave some people – both therapists and clients – outside of the frame. Economically driven session numbers, increasingly stringent pre-counselling assessment procedures and measures, regular paper-based outcome measures being applied, examined and interpreted, restrictions on the availability of particular therapeutic orientations, enhanced and expanded requirements for further qualifications, accreditations and professional recognitions are just a few consequences of

the thrust towards ‘professionalisation’. In a very profound way, such procedures, whilst being considered by some to be valuable professional processes, can become in reality restrictive gateways to access. A critical view from sociology suggests that these mechanisms are not there to protect clients (however much this is an oft-quoted defence); rather, they are there to protect the profession!

A deeply respected and dear American friend of mine who responded to my invitation to comment on the subject of this essay wrote:

...my sermon always (or usually) has to do with following the RADICAL principles (of my original training) ever more radically. For example, I have refused to hold a license, although I’ve been warned not to confess to this too readily. In my first interview with clients, I always tell them that I do NOT have a license. Then I tell them why. Being honest is at the top of my priority list. My decision is based on the limitations a license puts on my practice. At the first whisper of suicidal tendencies, I am supposed to call Emergency Medical Services or get a client in to the hospital for 72 hours minimum. Needless to say, I have never notified EMS, nor have I ever lost a client to suicide. (I hate to say that as I’m afraid it will change!) I simply live through their despair with them. My gripe with licensing is that it puts serious limits on my freedom to ‘be with’ – and other things. Although clients need some protection, I would do away with licensing. I don’t particularly admire licenses, and I don’t think it has a thing to do with making a practitioner more able or more skilful. (Source anonymised)

Whilst composing this piece I recollect reading, many years ago, in a text by Rogers, a reference to research that demonstrated that a therapist’s academic qualifications were no guarantee of therapeutic effectiveness. Indeed, some highly qualified colleagues (in academic terms) were less effective in their interpersonal work than much lesser qualified colleagues. (Unfortunately at the time of writing this I was unable to locate the original reference.) This point raises the discomfiting questions: what is ‘development’, and is ‘development’ always for the good?

Any setting of standards, limits, gateways, levels etc. will inevitably leave some, both clients and therapists alike (who otherwise are perfectly capable of the therapeutic task), locked outside the gate, disenfranchised, not fully received or accepted; in short, not respected in their full humanity and full therapeutic capacity. At the same time, this ‘developmental’ cyclical process of unfolding life is inevitable – we cannot escape it or life will atrophy. It demands that those of us within the profession be

‘ We all need supportive, responsive relationships in which we can be open and share our experiencing. ’



fully engaged with our time. Life goes on. Our collective task, from my own perspective, seems to be centred around the challenge of how we might ensure an ongoing commitment to the delivery of sensitive, individually responsive, therapeutic opportunities that are available at the point of need and request, without establishing a plethora of inordinately demanding fences be hurdled over, either by the client, the therapist or indeed, now, the therapy organisations.

Can We Permit Ourselves to Be Whole Men and Women?

Can we permit ourselves to be whole men and women? Our educational processes and professional training frequently preference our cognitive development and ignore our emotional lives, with consequences for our capacity to live meaningfully and fully. Some years ago a colleague shared a story with me of a school in which his son worked. The school population numbered over one thousand young people and approximately one hundred teaching staff. A survey was conducted amongst the young people who were asked the question: If you were troubled, which teachers do you think you could go and talk to? Sadly, only three names were featured in the responses. If this is a more frequently experienced scenario in many schools (colleges and universities?), how sad this seems to me. How can we encourage our colleagues in allied professions to pay more attention to the affective health of young people? What about the kids who get themselves to school every morning having

endured another night of parental arguments, abuse, caring for sick relatives, not eating as there's nothing to eat, and so on? 'If you are truly heard by someone then that can improve your relationships with everyone.' (A quotation picked up from the TV series 'Ali McBeal')

We know this in our profession. We all need supportive responsive relationships in which we can be open and share our experiencing. Such opportunities aid our innate human capacities for self-righting (Bohart and Tallman, 2010), for the development of our resilience capacities and for our social relationships. The act of therapy supports both autonomy and homonomy. And yet some of our politicians continue to pursue a policy of increased and demanding content-determined school curricula (and then often 'scientific' content) at the expense of the affective domain of child development. Dare we raise our concerns about this serious imbalance in our educational systems? What are the long-term consequences for human development when children's affective processing capacities are not welcomed?

Dare We Open Ourselves and Our Practice to the Realities of Our Whole World?

I think person-centred theory has the seeds which we could actualise more to facilitate the organismic, holistic and ecological aspects of being human in our practice and our ways of being. I'm also all for exploring entropy more in our practice and theory as part of our processes. (Suzanne Keys)

There have been concerns raised about the nature of our (i.e. human beings') relationship to the planet for several decades now. Indeed, I personally remember Carl Rogers being consulted on this question towards the end of his life. Two of the respondents directly addressed this issue in their responses to me. Gill Wyatt listed the following points:

- How to reconnect our fragmented world and learn to live within an interconnected world? What role could the helping professions play? I guess I see too much emphasis being placed on the individual rather than the collective, and the helping professions mostly support this bias. We need to learn again how to live and work together for the benefit of all. Embracing difference rather than polarising into dualities like 'right' and 'wrong'...
- We need to develop the capacity to live with complexity arising from the interconnected nature of the world, to walk the edge between chaos and order where creative emergence occurs. How can the helping professions

facilitate this and help to develop these capacities?

- And to understand the relationship between 'inner' and 'outer'... how our beliefs shape our experience and the world within which we live (Gill Wyatt)

In short, part of Rogers' original concerns (and I believe they are still radical today) is the question: Dare we seek to work in other ways with people and issues where they are? Dare we develop more modes of, and opportunities for, working with groups of children, adolescents, adults etc. that offer fresh opportunities for learning about, and being in, community? How can we encourage the possibility of wider and acceptant inter connections between us, as humans, between us and other nations, between us and nature?

Space does not allow me to go into detail here but the following are some further questions that I think are worthy of radical consideration:

- Can we, dare we, move out of our interviewing rooms to other locations where people are, and seek to work with them in pursuit of humane and caring relationships?
- Where are our collective voices of protest at the grossly widening gap in financial inequalities in society; a gap that only serves to exacerbate and deteriorate the quality of life right across the social spectrum, manifesting itself in increases in many social ills? (Wilkinson and Pickett, 2009)
- How active are we in engaging with social responsibilities?
- How active are we in engaging with ecological/global issues?
- Do we pay attention to the human implications of dominant political discourses and policies, to those who are excluded, oppressed, rendered poorer and diminished?
- Whilst working with groups is generally acknowledged within our profession, how might we expand this work to ensure greater access to this form of personal learning and therapeutic opportunities for all?
- Both Rogers and his colleagues and the psychoanalytic movement (at more or less about the same time) began to experiment with larger group processes in the late 1950s and 1960s. These provided extraordinary opportunities for participants to engage in matters of great pertinence and relevance to our lives. Within the international domain such opportunities facilitated the exploration of:
 - (1) The impact of violent histories between groups, cultures and nations, and of
 - (2) Stereotypes and projections.

- Large groups have enormous potential and wisdom. (See, for example Kreeger, 1975 and Surowiecki, 2005.) How come there are so few examples of counsellors and therapists convening and being involved in such profoundly important opportunities for personal and political learning about the world?

'I am because we are.' How might we, as a body of concerned practitioners, take on the full implications of this Zulu proverb? We live in an increasingly deeply interconnected world. I believe our task is to support not only the development of autonomy but also to contribute to homonomy, our capacities to relate to others. Unfortunately, systems of power and politics can separate and divide us. How might we, as a broad profession, contribute to humanising society?

Concluding Thoughts

If the foundation for a people's mental health lies in the existence of humanizing relationships, of collective ties within which and through which the personal humanity of each individual is acknowledged and in which no one's reality is denied, then, the building of a better and more just society, is not only an economic and political problem; it is also essentially a mental health problem.

Nacho Martin-Baro, Social Psychologist killed by Armed Forces in El Salvador, 1989

In short, what I have attempted to do in this article, specifically from the notion of 'the more things change the more they stay the same', is to deeply respect the radical perspective and vision of Carl Rogers in his 1973 paper, and, I hope, to maintain that 'edgy' radical view of our work in these contemporary times. Yes, of course, the specific organisations involved and our profession's current preoccupations and concerns are certainly different to those being experienced 40 years ago. But whether 40 years ago or today, the challenge to all of us is to engage with the issues that are besetting us and society at this time.

I am certainly not arguing, as one might be tempted to, that since 'the more things change, the more they stay the same', therefore no action, no direct engagement on our behalf is required. Much as I appreciate in my counselling practice the Buddhist sentiment, 'if I keep from imposing upon people, the more they become themselves' (we could call this 'benevolent non-action'), I am also firmly of the belief that professions require active members, and that those in the helping professions need to be political as well as therapeutic (Lago, 2006). It is always our task to

engage and work in the 'here and now'. As Albert Einstein once noted, new challenges require new thinking: old answers are not enough.

The corollary to the previous sentence is exemplified by the work of MacMillan (1999), who drew attention to the extraordinary similarities in theoretical stance between Carl Rogers and Ibn El-Arabi (an 11th century Sufi mystic), despite the many centuries that separated them. What, perhaps, remains similar over time is the 'human condition' played out through the various complex forces, attitudes and tensions involving 'truth' and power, and how these are mediated through our relations, our discussions and our professional contributions.

Citing another respondent:

I also do NOT think that client-centred therapy is stuck in a pre-quantum physics era. I believe if we follow the theory to its edges we will see that the process strives to 'unite' us with the other as if we are one... – be it group work, education, or therapy. (If we don't learn about unity of consciousness in Person Centred Approach groups, then what are we missing?) Alongside our decision NOT to impose diagnoses or assumptions on to clients/students comes the understanding that, 'observation creates reality' (Heisenberg). My propensity to find all I need in Person Centred theory may be laziness rather than loyalty – but I always find the sense I am looking for in Carl's tendency NOT to reify. (Peggy Natiello, USA)

In maintaining a deeply human radical perspective on the nature of human beings, relationships and societal issues, Rogers blazed a very brave trail, and provided us with a vision of someone who deeply and openly engaged with the issues of his time. Let us hope we are up to his challenge. ⑤



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individual, small group and large international group work. Despite ageing, he continues to run (crawl) on the local hills and dance to swing music!

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