

***New Paradigm Person-Centred Therapy:***  
**The reason for practitioners of Person-Centred Therapy to hold onto hope in the**  
**face of the ‘toxic Abominations’**  
**of ‘Person-Centred Pluralistic Therapy’, SCoPEd, and Psychiatry**

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*The Zeitgeist of the early twenty-first century is being shaped by a profound change of paradigms, characterised by a shift of metaphors from the world as a machine to the world as a network... The new paradigm may be called a holistic worldview, seeing the world as an integrated whole rather than a dissociated collection of parts... Physics was the first discipline in which scientists experienced dramatic changes in their basic concepts and ideas...*

*Subsequently, the same change of paradigms occurred in the life sciences.*

*(Fritjof Capra & Pier Luigi Luisi, The Systems View of Life, 2014)*

## **Introduction**

Written for *PCQ*, this article sketches ideas which properly require a much longer exposition and which I’ve been working on for many years: ideas in which I set out what I believe is the way to further develop person-centred therapy as a scientific endeavour; ideas which comprise key elements of what I’ve come to describe as *new paradigm person-centred therapy*.

At the heart of these ideas are the following fundamental thesis and sub-thesis, as propounded in my previous *PCQ* article, ‘*The paradigm shift: Psychotherapy today-psychotherapy tomorrow*’. (See my website [www.ivanellingham.co.uk](http://www.ivanellingham.co.uk)).

### Fundamental thesis:

- In line with the final theorising of Carl Rogers, especially influenced as it was by the ideas of Thomas Kuhn and Fritjof Capra, my fundamental thesis is that the authentic advance of Rogers’ person-centred therapy - and indeed of the whole field of psychotherapy as a scientific enterprise - involves the recognition that what Kuhn terms a ‘paradigm shift’ is currently occurring in our scientific sense-making.

This paradigm shift is:

- (a) From a framework of ideas that entails making sense of worldly events in terms of the dualistic ideas of Descartes and Newton, i.e. construing matters in terms of the two incompatible ‘substances’: (i) non-conscious mechanistic dead ‘matter’, and (ii) conscious non-mechanistic thinking conducted by an alive ‘mind’
- (b) To an ideational framework in which worldly events are construed in a unitary and unifying fashion on the basis of *holistic, organismic, process, and systemic* ideas. Based on the image of the functioning of the living organism, in this framework matter is thought of as ‘living’, and consciousness is associated with more ways of sense-making than intellectual thinking.

### My sub-thesis is:

- That the philosophical movement termed ‘postmodernism’ is best understood as expressive of a viewpoint that is intermediary between the Cartesian-Newtonian and organismic worldviews: on the one hand rejecting the viability of the Cartesian-Newton paradigm in the domain of the human sciences; on the other, rejecting the possibility of the development of its organismic successor. It is, in other word, a nihilistic viewpoint.

It is, then, against the backdrop of this main thesis and its sub-thesis that in this article I carry forward my envisaging *new paradigm person-centred therapy* as contemporary person-centred therapy fortified and purified in accord with the newly emerging paradigm, i.e. *in organismic*<sup>1</sup> terms.

In another previous writing, ‘Rogers’ *‘congruence’ as an organismic, not a Freudian [i.e. Cartesian-Newtonian] concept*’, I have both described the methodology by which this might be done and provided an example of that methodology’s implementation, highlighting how that implementation involves affirming an organismic construal in opposition to a non-organismic one. Here what I provide are three further examples of the same organismically fortifying process in the face of what I’m calling oppositional ‘toxic abominations’: ‘*pluralistic person-centred therapy*’, SCoPEd, and that perennial and much bigger bugbear, the medical speciality of psychiatry.

But before I do so, by harking back to my article on ‘Rogers’ congruence’ I not only provide an example of such an organismic methodology but overview ideas constitutive of *new paradigm person-centred* therapy. These ideas I thereafter employ in Part I to critique the two recent developments in the realm of counselling/psychotherapy in the UK just mentioned, *pluralistic person-centred therapy*’ and SCoPEd: developments relevant to the present and future well-being of Rogers’ person-centred approach and which from such a point of view I consider ‘toxic abominations. Following this, part II is devoted to a critique and organismic extirpation of the contemporary enterprise of psychiatry, an enterprise which Carl Rogers, the founder of the person-centred approach, long deemed a ‘toxic abomination’.

The specific topic I discuss at the outset, though, is Thomas Kuhn’s holistic theorising regarding the nature of science and scientific discovery, theorising that pervades and helps make sense of all the ideas I subsequently espouse.

### **Kuhn’s key concepts of a *paradigm* and a *paradigm shift***

Thomas Kuhn’s theorising regarding the nature of science and scientific discovery centres on the key concepts of a *paradigm* and a *paradigm shift*. Discussion of these concepts featured prominently in my 2022 PCQ article ‘*The paradigm shift: Psychotherapy today - psychotherapy tomorrow*’. There I employed this quotation of a statement Rogers made to explicate the meaning of these terms. Contained in his 1980 book *A Way of Being*, Rogers highlights that

*‘.. our scientific view of the world, at any one time fits into a general pattern. To be sure, there are events and phenomena that do not quite fit, but they are disregarded until they begin to pile up and can no longer be ignored. Then, a Copernicus or an Einstein provides us with a whole new pattern, a new world view. It is not something patched onto the old paradigm, although it absorbs the old. It is a totally new conceptualization. One cannot move gradually from the old to the new. One must adopt one or the other: this is the paradigm shift.’ (1980, pp. 347-8)*

For his part, Kuhn, as I also previously mentioned, further clarifies matters regarding the meaning of *paradigm* and *paradigm shift* by employing certain ideas of the Gestalt psychologists, specifically their use of the Duck-Rabbit puzzle picture. Thus, according to Kuhn, the *paradigm shift* from Ptolemy’s theory - which viewed the earth as the centre of the planetary system - to Copernicus’s sun-centred system is seen by Kuhn as analogous, with respect to the Duck-Rabbit puzzle, to the shift from seeing the drawing as a duck to seeing it as a rabbit.

Further, just as the same lines on the drawing are first seen as a beak and then as a pair of ears - that is to say the *whole* pattern of the form of the duck or of the rabbit determines the meaning of the part - so, in Kuhn’s holistic thinking, the whole pattern of the scientific paradigm determines how, and as what, we are to understand a particular event - the concepts/abstract ideas that are employed to do so being compared to the lines of the drawing that make up the whole form. So viewed, in Newton’s paradigm the fall of an acorn from an oak tree is understood to be an expression of the workings of the concept of the force of gravity, whereas in the Einsteinian paradigm such a fall is viewed as an indication of curvature of time and space, i.e. the concept of space-time.

What’s more, if we apply such a duck-rabbit illustration of the nature of *paradigms* and *paradigm shifts* to the field of psychotherapy, we might compare the therapy provided by a psychotherapist to that provided by a vet. In the case of the vet, it obviously matters a great deal in terms of the help the vet provides whether he or she considers they are dealing with the malfunctioning ear of a rabbit rather than a malfunctioning beak of a duck, the therapeutic procedure being different in each case. Similarly with the psychotherapist, the nature of their therapeutic practice will depend on which paradigm theory they adhere to, both in defining the nature of the problem and the proper practice employed to remedy it.

Such thinking by analogy is endorsed by Rogers also - particularly in *A Way of Being* where he allies himself with Marilyn Ferguson in *The Aquarian Conspiracy* (1980) who describes both the scientist's new 'framework of thought', their 'distinctly new way of thinking of old problems', plus the personal and social transformation involved in psychotherapeutic change, as *paradigm shifts* (Ferguson, 1980, p. 5).

### **The rationale and methodology involved in the development of new paradigm person-centred therapy**

Based on Kuhn's ideas, I spelled out the rationale and methodology for developing *new paradigm person-centred therapy* in an article I published in 2001, an article entitled 'Rogers' 'congruence' as an organismic, not a Freudian [i.e. a Cartesian-Newtonian] concept'. Here is what I had to say there, with respect to what I described as the 'crucial flaw' in classical person-centred theory and how to remedy it.

'The crucial flaw intrinsic to person-centred theory has to do, I contend, with its being a mix of concepts from two disparate 'paradigms', two fundamentally different guiding visions of the world: on the one hand, the Cartesian-Newtonian ('C-N') paradigm which underlies Newtonian physics and our common-sense understanding of reality; on the other hand, a paradigm which is still in the process of emerging from the Cartesian-Newtonian, a paradigm variously labelled *holistic*, *organismic*, *process*, and from which has arisen *field theory*, *general systems theory* and *eco-psychology* (see Capra, 1982; 1986). A simple measure of the contrast between the two paradigms is that the former employs the machine as its root concept, the latter the living organism.

On the following grounds, therefore, (a) that Rogers developed person-centred theory in the attempt to generate scientific understanding of the phenomenon of c/p (counselling/psychotherapy); (b) that contemporary advance in scientific understanding embodies a shift from a C-N to an organismic view of the world; (c) that person-centred theory is at its core, organismic, not mechanistic in character. I further contend that in order to remedy this crucial flaw within person-centred theory and so render it a self-consistent vehicle of more advanced scientific understanding (even a paradigm for the field of c/p as a whole), various of the theory's key concepts need to be organismically 'purified'. We should seek to define all person-centred concepts in exclusively organismic rather than C-N terms - an intellectual exercise with which Rogers himself professed agreement. (see Rogers, 1963, pp. 19ff)' (Ellingham, 2001, pp. 96-97).

Then, to summarise what I went to say, I provided an example of how such organismic 'purifying' could be done with respect of Rogers' concept of congruence, such 'purification' being a general procedure that largely, but not exclusively, involved employing *organismic* concepts by individuals beyond the person-centred approach.

With respect to the idea of positive personal transformation (client psychotherapeutic change), in the congruence article I then put this general procedure into practice with respect to such client change being construed as an increase in personal congruence. I thus set about - using not only the organismic ideas of Alfred North Whitehead, Susanne Langer, but also those of Eugene Gendlin and Les Greenberg (in tandem with those of Jean Piaget) - the organismic re-vamping of Rogers' notion of congruence: an organismic 'makeover' which involved:

- a. pointing up that Rogers defines personal increase in congruence in a mechanistic and Freudian, i.e. Newtonian fashion, by construing that process as if it involved the movement in unchanged form of an unconscious idea/unfelt feeling from one part of a machine to another, from one part where it is in the dark to another where it is in the light, i.e. like a cuckoo emerging from the inside of a cuckoo clock
- b. conceiving such personal transformation as a creative growth process involving shifts from a bodily, sensori-motor way of experiencing a psychological problem (i.e. the kind of sense-making dominant in animals and infants), to a form of iconic experiencing that involves sense-making in terms of images (i.e. the kind of non-discursive symbolising dominant in mythic consciousness, that of older infants, and that of artists), to the sense-making/symbolising in our everyday awareness that is discursive and 'language laden', i.e. narrative in form. It wasn't relevant for me to mention the more complex and further evolved form of that sense-making/symbolising: mathematical symbolising and symbolising featuring symbolic logic, which are vital for scientific understanding.

Having so outlined this methodology by which the conceptual frame of person-centred therapy might be revamped to constitute a ‘pure’ expression of the forthcoming *holistic/organismic/process/scientific paradigm*, I now move on to Part I where I consider the very recent emergence of *person-centred pluralistic therapy*, a development that for me doesn’t pave the way for *person-centred therapy* to ascend to sunny uplands but greases its passage down the drain.

## Part I

### Not believing and believing in a paradigm

To paraphrase Sam Cooke, I don’t know much about *person-centred pluralistic therapy*, although I have taken the trouble to attend an online open evening where tutors on the course were seeking to entice me to enrol on it (dream on), plus I have looked at literature about the course both online and that provided by the person running it.

The conclusions I have thus drawn from these investigations and from the course’s name are:

- a. that the pluralistic philosophy of Mick Cooper and John McLeod (as espoused individually and in tandem with one another, especially in their book *Pluralistic Counselling and Therapy*) when dressed up with the trappings of the person-centred approach represents a toxic contaminant of that approach
- b. that those involved in running the *person-centred pluralistic therapy* course are (i) overjoyed at being able to be both person-centred and free, free to use all manner of psychotherapeutic techniques and not be confined to employing ‘reflection of feeling’ - if that’s what the client wants; (ii) clueless as to why I might regard the Cooper/McLeod (C/M) pluralistic philosophy underpinning the course as toxic and nihilistic, vis-à-vis not only the person-centred approach, but the field of psychotherapy as a whole.

Here, in no way do I say these things about C/M pluralism lightly. For it is the case that I regard both Mick and John as caring and extremely able individuals, with a lot of knowledge that I don’t have. However, to my mind they have an incredibly corrosive cognitive blind spot, a blind spot due to being seduced by the half-truths of a philosophical movement termed ‘postmodernism’: half-truths that have left them on a par with the person who says he both believes in God and is an atheist, to the ardent vegetarian whom you spot munching a Big Mac in McDonald’s. That is, they are exponents of conceptual confusion and contradiction - of what philosopher Jürgen Habermas terms the ‘performative’ kind, where it involves behaviour.

And what is the key contradiction stemming from a ‘pluralistic philosophy’ that is ‘closely associated’ with a particular brand of ‘postmodern’ thinking, a philosophy that undermines their whole approach? (*Cooper & McLeod, 2011, pp. 14, 15*).

It is this: on the one hand C & M pronounce that their pluralistic approach is based on the belief that generation of a paradigm for the field of counselling/psychotherapy is an absolute impossibility; on the other, they express the hope that the pluralistic approach they outline ‘can provide a starting point for a new paradigm’ thanks to their book *Pluralistic Counselling and Psychotherapy* being ‘an attempt to draw together therapists from *all* orientations to begin to develop a new paradigm for our field’ (*pp. 162, vi*).

But perhaps you doubt my claim that their pluralistic approach doesn’t indicate that they don’t believe in paradigms. Allow me to disabuse you.

Concerned that as ‘*counsellors and psychotherapists...we are moving towards a therapeutic ‘monoculture’, in which cognitive-behavioural therapy (CBT) dominates and in which other therapeutic orientations - such as psychodynamic, person-centred and integrative therapies - are marginalised*’ (p. vi), and influenced by the ‘Dodo bird’ research finding (of different therapies being ‘closely similar’ in their effectiveness (p. 23), C & M sought refuge in postmodernist ideology (p. 15), postmodernism being, as Vivien Burr defines, ‘*The rejection of ‘grand narratives’ in theory and the replacement of a search for truth with a celebration of (equally valid) perspectives*’ (Burr, 2015, p. 238). Which is to say, a grand narrative closely associated with *relativism*: ‘*the view that there can be no ultimate truth, and therefore all perspectives are equally valid*’ (*ibid.*).

Thus, as Jean-Francois Lyotard, a major spawner of postmodernist ideology, puts things in *The Postmodern Condition: 'Simplifying to the extreme, ...I define postmodern as incredulity [i.e. lack of belief] towards metanarratives'* (1984, p. xxiv).

This then, for me, is the central contradiction at the heart of *Pluralistic Counselling and Psychotherapy*, given that what postmodernists call a 'metanarrative' or 'grand narrative' is what Kuhn calls a 'paradigm' or 'paradigm theory'. On the one hand, C & M indicate they believe in scientific paradigms, the *sine qua non* of a scientific venture; on the other they swear allegiance to a philosophical movement that doesn't believe in such paradigms.

With more space, I could have elaborated further on my criticism of C & M's ideas—addressed for instance: the questionable nature of their interpretation of Rogers' affirmation that 'the client knows best'; their privileging the view of reality that there are many equally valid realities; their basing their approach to therapy on Western ethics (which regards FGM as absolutely wrong, whereas an African reality is that it is a sacred rite).

So constricted in terms of space, the final point I wish to make though is this. Given that pluralistic postmodern research lacks the scientific *sine qua* of a paradigm, that such research lacks a *raison d'être* for doing scientific research and an objective yardstick by which to evaluate matters - why aim to improve the wellbeing of one approach or compare one approach with another when they are all going to remain equally valid?

Plus a quotation from Stephen Pinker, to highlight the fact that these days it's not me that is in the minority in deeming postmodernist discourse to be nihilistic.

The humanities have yet to recover from the disaster of postmodernism, with its defiant obscurantism, self-refuting relativism, and suffocating political correctness. Many of its luminaries—Nietzsche, Heidegger, Foucault, Lacan, Derrida, the Critical Theorists, are morose cultural pessimists who declare that modernity is odious, all statements are paradoxical, works of art are tools of oppression, liberal democracy is the same as fascism, and Western civilization is circling the drain. (2018, p. 406)

Lastly, for those person-centred practitioners who are loathe to abandon pluralistic philosophy because they want to be free to use all manner of techniques, there is not just comfort in Rogers' remark that '*if a therapist has the attitudes that we regard as essential probably he or she can use a variety of techniques*' (Warner, 2000, p. 28), but also in *new paradigm person-centred therapy* insofar as symbolisation can take a variety of forms beyond the use of language.

### **SCoPEd - Wanting the gravy**

*'The aim of the SCoPEd project is to agree a shared, evidence-based generic competence framework to inform the training requirements, competences and practice standards for counsellor and psychotherapists working with adults'*.

In my view, SCoPEd, 'The Scope of Practice and Education for the Counselling and Psychotherapy Professions' is a toxic abomination vis-à-vis person-centred therapy that, although radically different from *pluralistic therapy*, nevertheless has something very much in common with it, something that I believe is highly significant. That something is fear of dominance (even annihilation) by CBT, the Big Brother of psychotherapy in the UK today. For just as C & M expressed their concern that 'we are moving towards a therapeutic 'monoculture' in which cognitive-behavioural therapy (CBT) dominates', so my view is that the motive behind the setting up of SCoPEd was fear of that same domination and being deemed to be inferior.

What is particularly ironic, though, is that while C & M adopted an egalitarian strategy which involved valuing all therapy approaches to counselling and psychotherapy equally, the SCoPEd-ers were governed by a strategy which was the exact opposite: the differentiating of the sheep from the goats in the psychotherapy world by ranking practitioners in terms of expertise—thereby safeguarding, hopefully enhancing, both status and income - especially *à la* the NHS, where, for instance, CBT therapists are **paid** on Band 7 and others doing the same job but **named** counsellors not 'therapists' are on a lower pay band, according to an article in the April 2023 edition of *Therapy Today*. (Here, from personal experience working

in the NHS, I can empathise with their point of view. One CBT psychologist in our team on Band 8C (the highest level of Band 8, the highest pay band) was very quick to discharge 'patients' for not doing their homework, while a psychodynamic counsellor who was self-evidently a better therapist was on Band 5).

Anyway that's my take on what the SCoPEd-ers describe as a 'framework' or 'shared way of representing the therapeutic work that counsellors and psychotherapists do'.

Now, as with '*person-centred pluralistic therapy*', I can't say I'm a great expert regarding the details of what SCoPEd will turn out to be - but is anybody when it's not going to be set in place by BACP until October this year? With BACP is there going to be an opt-out category for those who don't want to be known to the world as a lower, middle, or upper class/okay, better or best/A, B, or C practitioner? Not at the moment.

Certainly, from what I do know, it's definitely a toxic abomination from a general person-centred point of view. Briefly, here's why I think so.

- SCoPEd was set up by three main organisations with no person-centred organisation involved; the views of person-centred practitioners never having been given equal weight.
- A major focus is upon distinguishing between counsellors, as lower class types, from psychotherapists, as upper class types. A distinction considered meaningless in the person-centred approach - remember Rogers back in the 1940s writing a book entitled 'Counselling and Psychotherapy' and declaring that in his view no difference exists between intense counselling and intense psychotherapy. He only chose the term 'counseling', single 'l', because 'psychotherapy' was then the province of medical doctors and he didn't want to be accused of practising medicine without a license.
- As David Murphy has highlighted, it was claimed that evidence from research was one of the criteria for distinguishing between okay, better, and best practitioners, but research showing the effectiveness of person-centred counsellor/psychotherapists has not been taken into account.
- The medical model of categorising psychological distress is being privileged: a model that has always been anathema to Rogers and members of the person-centred approach. Thus, as Janet Tolan and Pete Sanders have written regarding SCoPEd:

The analysts came out the most highly qualified followed by the psychotherapists, and then the counsellors. But the placing revolved largely around the mechanistic competences that complied with and enacted the values of medicalised practice. Those deemed sufficiently trained to make a diagnosis and formulate a treatment plan got more Brownie points than those who did not. (2023, p. 28).

- For possibly the majority of person-centred practitioners, those who have completed a counselling diploma, grade A would be their fate. This could lead them to be graded lower than others who trained at a university rather than a college; unable to get a job advertised for B or C grade practitioners; as a private practitioner fearing to work with clients it was deemed unethical for an A grade to work with; graded lower than a practitioner with whom they have a management role, etc.

But finally, getting back to my conception of *new paradigm person-centred therapy*, what really struck me about the SCoPEd framework was:

(a) that, by defining SCoPEd as 'a shared framework of the work that therapists do' and given the fact that the venture of psychotherapy is a scientific endeavour, wasn't what the SCoPEders were aiming at was to develop a scientific paradigm of counselling/psychotherapy?

(b) that a key criterion, possibly the key criterion, SCoPEders employed - perhaps because here they had a straightforward common variable across different therapies - was the quantity of 'time' it took to become qualified. While in contrast to this there seemed little focus on assessing differences in terms of theory and actual practice, i.e. to qualitative differences in what the different orientations considered counselling and psychotherapy to be in the first place.

In other words, that once more here we were back to the C & M stance of all therapies being ‘equally valid’ and thereby what was completely out the window was the SCoPEd venture being a scientific paradigm. Back, too, to the impossibility of bona fide integration since, as Campbell Purton attests, ‘*although the different theories [of psychotherapy] are different in some ways, most of them are permeated by the Cartesian picture in which a human being is a composite of ‘mind’ and ‘body’.*’ (Purton, 2014, p. 37). In other words, back to thinking in terms of the flawed Cartesian-Newtonian paradigm.

From my point of view, true integration can only occur on the basis of a shift of paradigm to an *organismic* worldview, which is why, in the face of the current dominance of SCoPEd, also, I think there is reason to hold onto hope for the future well-being of the person-centred approach in the guise of *new paradigm person-centred therapy*. We may be in the back seat now, but the future will show who is better suited to be behind the wheel.

**(Part II is due to appear in the next edition of PCQ)**

## Notes

<sup>1</sup> I mainly describe the upcoming paradigm as ‘organismic’. ‘Holistic’, ‘process’ and ‘systemic’ I take to be in the main synonymous terms.

<sup>2</sup> Other relevant articles of mine can be found on my website, [www.ivanellingham.co.uk](http://www.ivanellingham.co.uk), including ‘Counselling as a social process’, an early critique of John McLeod’s postmodernism; and my article on Rogers’ formative tendency’ and on ‘transference’.

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