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An Holistic and Person-Centred Approach to Enhancing Professional Practice.

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Abstract.
The study on which this paper is based emerged from a strongly felt dissatisfaction – even disillusion – with what I, a general dental practitioner, perceive as the inadequacy of my profession’s performance in securing oral health for the UK population. I realise that other areas in healthcare – medicine and surgery in particular - are also suffering problems. As the son of two academically-inclined school teachers – one became the head of a large London school – I was acutely aware of similar problems in education long before I began facilitating postgraduate learning myself. Though the particulars are different amongst professions, the issues are similar.

Drawing on the work of Carl Rogers, Martin Buber, and others, this paper describes the Person-Centred Approach (PCA) to mentoring identified as a powerful tool for enhancing professional practice and learning a better way of being with others as a professional. The impact of the Way of Being with others inherent in the PCA is described and attention drawn to a range of perspectives from the field of Positive Psychology which contribute not only to mentoring practice, but an understanding of the nature of the Whole Person involved in such relationships. Inherent within the PCA is a deep respect for the persons – both self and other – in relationship.

This leads to a dialectical consideration of values underlying such relationships and the way such valuing can underpin an ethic based on caring. Caring is itself presented not merely as a value, but as the value that may discriminate between other values: a value that underpins professional practice at its best. At times this may manifest itself as altruism – seen by many as one of the hallmarks of professional practice.

It is suggested (with Carl Rogers) that this way of being with people is of value far beyond its original development in psychotherapy. It is an ideal for professional practice. Further it serves as a model for human relations in society at large. The widely-held desire of professionals to serve in a caring profession and to make a difference suggests a tacit awareness (Polanyi 2000/1958 & 2009/1966; Polanyi & Prosch 1975) inherent in ourselves and our world as if we are called (hence “vocation”) to something felt to be meaningful beyond ourselves. This emergent nature of our world described by de Chardin, and the existential imperative of caring implicit in it, provides the basis for our felt sense of professional vocation.

Key Words.
Profession, position, self, person, vocation, calling, morality, ethics, values, altruism, respect, caring, responsibility, practice, congruence, empathy, person-centred approach, unconditional positive regard, humanitarian.
Introduction

The study on which this paper is based emerged from a strongly felt dissatisfaction – even disillusion – with what the author, a general dental practitioner with a secondary role in postgraduate education, perceives as an inadequacy in the dental profession’s performance in securing oral health for the UK population. This is seen as representative of similar problems in other areas in healthcare – medicine and surgery in particular. As the son of two academically-inclined school teachers – one became the head of a large London school – the author was acutely aware of similar problems in education more than 40 years before he began facilitating postgraduate learning himself. Though the particulars are different amongst professions, the fundamental issues seem to be very similar and, perhaps, now more acute: with a tendency to devalue professionals’ personal sense of professional vocation and autonomy.

At the outset of the study. It was recognised that mentoring - viewed as a developmental and learning relationship (Connor & Pokora 2012 p 8) - is a valuable tool for supporting and enhancing professional practice. Initially, the question driving the study was about “the most effective interventions” (by the mentor) to facilitate desired development (in the mentee). Extensive reading led to the conclusion that the answer to the question was embodied in the writings of Carl Rogers and his work on the non-directive – later person-centred – approach. Rather than there being a “magic bullet” (or question), the power of the mentoring relationship lay in the way the helper (here mentor), related with the mentee. It was recognised very early on that the mentor’s “Way of Being” with the mentee (Rogers 1995/1980) was what mattered and is embodied in this Person-Centred Approach (PCA): an approach that considers the person - the whole person - as its prime value. This prime value applies to both persons in the professional relationship – both to the professional, and to the student / patient / client or mentee.

Consideration of the PCA led to the newly-launched field of Positive Psychology (Peterson 2006) which embodies the values of the PCA. It also invites an holistic approach to what it means to be a person and consideration of the values that drive persons which inevitably leads to issues of morality and professional ethics, conceived as lying at the very root of the sense of being a professional person (Pellegrino & Thomasa (1993 p 31)). In that context, the PCA provides a natural grounding for an approach to professional practice supported by the Ethics of Care - one of the developments in thought that has emerged in recent decades from the field of feminist philosophy (though it is pleasing to observe that there are also male authors in the field).

Taking an holistic view of the person – both professional and student, patient, or client – and viewing the caring professional relationship through the lens of the PCA, an attempt is made to articulate an approach to professional practice based on the PCA that values and respects both parties to the professional relationship; that adjusts power relationships in favour of the student or patient and represents - for the professional – a robust basis for a sense of professional calling or vocation and, ultimately, professional pride and satisfaction.

In this paper these strands of thought are brought together in an effort to produce a coherent exposition of the Person-Centred Approach as a way of being with students, patients or clients: a way of being that could become the grounding of a model for professional practice rooted in progressive contemporary ways of thinking about people in society.

Professional Practice: An Anachronism?

Underlying the concern about dentistry is a long-standing discomfort that relationships in modern society (including professional relationships, particularly in the surgical colleges) were often very authoritarian, paternalistic and instrumental: Martin Buber’s “I-it” (Buber
1959/37), dealing with people – students, patients, clients – in an impersonal and often directive way. By contrast, in society at large, there are many changes underway – becoming less hierarchical, less authoritarian and, in many ways – in general - more “customer-focused”. In this respect, the surgical colleges appeared to have been particularly reactionary and slow to change. Many of the problems perceived are traced to the authoritarian and paternalistic mindset current in Victorian society at the time the Dental profession was founded – taken as the enabling of the first dental diploma at the Royal College of Surgeons of England in 1858 (Hillam 1990). The hierarchical and authoritarian culture established in surgical colleges, centred around the god-like status of “great surgeons”, was certainly still evident in the 1960’s and provided the reactionary background to some highly publicised cases brought before the General Medical Council as late as the early 1990s (Irvine D 2003). Though in dentistry the “surgery” is generally less radical, the authoritarian paradigm of the expert surgeon has certainly been absorbed into the dental context with the focus on the passive patient receiving treatment from the surgeon – a culture facilitated by health service arrangements that rewarded dentists for doing treatment rather than making patients healthy. In this model of professionalism, power is in the hands of the professional, not the patient. The power relationships between patients and (dental) surgeons - illuminated by the work of Lukes (Lukes 2005/1974) - resulted in dentists often positioning themselves (Harré & Moghaddam 2003) and their patients in relationships that were not conducive to the widespread maximum health gain possible for the population given the knowledge and technology available. It is therefore concluded that this authoritarian model of professional practice is an anachronism from which the concept of professional practice must be separated if professionalism is to continue to be valued. These observations are, it is suspected, equally relevant, mutatis mutandis, to any other learned profession, though many – including, education, influenced by thinkers like Dewey (Dewey 1997/38 & 2007) – appear to have gone further and faster than surgery in embracing – and, indeed, leading - societal changes. It was therefore decided to stress in the mentoring programme being developed, the importance of recognising, and relating to, the Whole Person at a deep level: Buber’s “I-Thou” (Buber 1959/37). This orientation was evident in Rogers’ work due in part, no doubt, to his friendship with Buber: Rogers appears, indeed, to be the significant channel conveying the clear and seminal influence of Buber’s thinking into so many different areas, including education, counselling and mentoring / coaching at the present time.

Positive Psychology: Evidence of Change

Despite the lingering authoritarian, hierarchical mindset there is evidence of significant change taking place in society, not least in the way persons with different roles relate to each other. Although unacknowledged, these changes seem to reflect the influence of the PCA, diffusing throughout society: a society often criticised for the observed egocentricity of “individualism” but, at the same time, increasingly recognising the value of the individual (sometimes expressed in terms of customer satisfaction or quality of life: or expressed in the language of “rights” (which raises issues not addressed here).

The many approaches apparent reflecting PCA principles, such as Transactional Analysis (Berne 1964, Harris 1993, Stewart & Joines 2002), Neuro-linguistic Programming (Knight 2002) or Solution-Focus Coaching (Greene & Grant 2003), contribute to a movement in psychology away from its traditional disease-focused orientation to a focus on promoting well-being designated as “Positive Psychology”. Seligman in his inaugural address in 1998 as President of the American Psychological Association, echoing remarks made by Maslow (1969, p5) declared:

“Psychology is half-baked, literally half-baked.
We have baked the part about mental illness.
We have baked the part about repair and damage.
But the other side is unbaked.  
The side of strengths, the side of what we are good at,  
the side... of what makes life worth living." (Buckingham & Clifton, 2005 p 129)

Peterson (2006), another of the leading founders of the field, states:

“Positive psychology is the scientific study of what goes right in life, from  
birth to death and at all stops in between.  
It is a newly christened approach in psychology that takes seriously as a  
subject matter those things that make life most worth living...  
The most basic assumption that positive psychology urges is that  
human goodness and excellence are as authentic as  
disease, disorder, and distress” (pp 4-5).

It is important to recognise that there are two divergent ways of approaching mentoring, and  
particularly important, for this discussion, to understand the distinctive approach to  
mentoring represented by the PCA. It reflects a whole philosophy, an ontological  
perspective, a social orientation, a valuing of persons, a mentor-centred power-distribution,  
an approach to adult learning and, for the mentor – preferably also for the person being  
mentored – a whole personal orientation or “way of being”. This is likely to influence the  
orientation of the professional vis à vis society in general and patients, colleagues and  
students in particular. The choice of approach has a fundamental impact on every aspect of  
the preparation given to future mentors and dealings with colleagues, patients or students  
and, as will be argued, may usefully guide how professional persons are as professionals  
with their clients. These two contrasting approaches are summarised in Fig. 1, p 6. below).

The Person-Centred Approach: A Way of Being for Professionals

There is a wide range of substantial literature on the process of mentoring based on the  
PCA. Connor & Pokora (2012) is used as the basic text for the mentoring course. The PCA  
is introduced succinctly using the five principles outlined below:

1. **The resourcefulness** of the mentee/student or client: They have the resources  
   within themselves to discover their way forward and the mentor trusts these  
   resources;
2. **The tendency to actualise** in a direction that is appropriate for this person (“the  
   organism” in Rogers’ language): the prime motivator;
3. **The whole person**: the complete person is engaged in the process: body, mind, heart  
   and spirit;
4. **BE-ing: not DO-ing**: this refers to the way the mentor works with the mentee. It is not  
   what they DO that counts but how they ARE with their mentee/patient/student;
5. **Ask: don’t tell** (Green & Grant 2003 p 95): carefully chosen (open) questions are  
   used to help the mentee explore issues, problems, possibilities, solutions and  
   strategies; to discover their own resources. It is hard for the new mentor to resist the  
temptation to give advice, but the mantra is “…don’t tell”, which refers us back to the  
first principle: trust the mentee’s resources.

The fourth principle (BE-ing: not DO-ing) is further illuminated by reference to Rogers’  
“Six Necessary and Sufficient Conditions for change” (Rogers 1957), three (“core  
conditions”) of which are

- **the congruence** of the mentor in the relationship (“genuineness”);
- **the mentor holds the mentee in unconditional positive regard** (“respect”);
- the mentor experiences an *empathic understanding* of the client’s internal frame of reference ("empathy").

These conditions are all related to the way the mentor seeks to *BE* in relation to the mentee. The above five principles taken together with the three core conditions constitute the essentials of the PCA which is the basis of this paper.

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**a. “Trusted Adviser and Friend” (Traditional)**

Gives advice;

Tells the mentee what to do;

Usually directive / prescriptive;

Experienced:

The “Expert”.

*Historical origin* in Greek mythology, the story of Odysseus and his son Telemachus and the appointment by Odysseus of a respected courtier (Mentor, actually the goddess Athena in disguise) as a trusted adviser and friend to prepare Telemachus for kingship whilst Odysseus was absent (Herman & Mandell 2004, p. 10).

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**b. Person-Centred Approach (PCA) - “Ask: Don’t Tell”**

Mentor’s mantra: “Ask: Don’t Tell”

Mentee is the expert (on their own self). Mentor facilitates as “Helper”;

Focus on mentee’s Potential and Resources:

Accompanies mentee on their “journey”;

Respect and Empathy toward mentee.

*Historical origin* Carl Rogers’ (1902-1987) development of (what later became known as) the “Person-Centred Approach” in counselling initially (Rogers 1995), though he was quick to recognise that the approach was applicable in education, business, the family and other contexts including group work. The philosopher Martin Buber was a significant influence (as a friend) on Rogers’ thinking and his influence has remained apparent in the approach to this day (Buber 1959/37). Levinas (1996) has built on Buber’s thinking with his consideration of the “other”.

Fig 1. Two Approaches to Mentoring.
Having originally embraced mentoring as a tool to support the enhancement of dental care, it became apparent that the PCA - this *way of being* - as Rogers himself had long-ago pointed out (Rogers 1995/1980 p 45), as well as being appropriate for the mentoring / coaching / counselling relationship, is a model way for professionals to work with students / patients and clients, for it positions (Harré & Moghaddam 2003 pp3-8) the client / person at the centre as *expert* on their own needs and strengths, and positions the educator / clinician as the *Helper* (Egan 2009) or *servant*. It has the potential for serving as a model for all professional relationships.

**Being a Professional Person**

A *reflective* approach to practice (Schön 1991/83; Schön 1987) is advocated based on searching questions about "*how I am with my students / patients*” to facilitate such reflection and promote professional development in a person-centred direction. This is a challenge of a different order from that arising, for example, through the development and promotion of a new theory or technique: rather it is a deep self-appraisal with respect to *my positioning vis à vis my student or patient*. This exercise is more a matter of a profession reinventing itself – developing a different philosophy of practice – than it is about acquiring new techniques.

Reflecting, therefore, on what it means to be a professional person in modern society – and questioning the value of continuing to accord that *professional* status to selected groups – it is concluded that the designation *profession* has to be deserved or earned. For the designation of this favoured status, professional persons must offer something to society to warrant such favour. Here, Freidson’s *defining elements* of a profession (largely an *external* view of the organisational and structural requirements necessary for a group of workers to have a valid claim to be recognised as "*a profession*” ) are insufficient alone even when (as might be doubted at this time) they are fully met (Freidson 1994 pp173-8). There is only indirect reference to the professionals’ roles and behaviours as leaders in society. In addition to appropriately deploying special professional skills and knowledge in service of society, professionals may also reasonably be expected to model a *Way of Being* (Rogers 1995/1980) - with those served *and* with colleagues - that exemplifies a better way forward for society in general. This calls for a more *holistic* view of the *person* who is the professional.

**The Whole Person**

It is not intended to labour the rejection of behaviourism as a way of understanding the nature of the human make-up, although there are times each of us manifests “predictable” stimulus-response behaviour. Neither will a theory of personality be discussed, though Carl Rogers’ phenomenological approach (Rogers 2003/1951 pp481- 533) is lucid and illuminating. Instead a simple and familiar description used by Covey is used:

“The *fundamental reality* is human beings are not *things* needing to be motivated and controlled; they are *four dimensional* – body, mind, heart and spirit” Covey 2006 (pp 20-2).

Here, *body* is taken to mean the physical body with the rider that we must not exclude times when our body communicates with us – what we refer to as “*gut feelings*”, for example.

*mind* is taken to refer to our powers of *cognition*, *calculation* and *reason*.

*heart* is taken to refer to *affect* – *feelings* and *emotions*.

*spirit* – the most important component for this present discussion – is taken to include *the senses of meaning and beauty, the sense of ultimate significance: of being*
The Sense of Self as Essentially Moral

In general, humans seem to share a consensus about what is morally right and wrong – the so-called common morality (Beauchamp & Childress 2001 pp 2-12). Taylor, writing in the field of moral philosophy, finds that “[S]elfhood and morality turn out to be inextricably intertwined themes (Taylor 1989 p 3),” and Harré, writing from the standpoint of social psychology, states: “[T]he very idea of a person is bound up with the possibility of that person taking moral action. This in itself is bound up with the idea of action in the interests not only of oneself but of others.” (Harré 1993 p 38.) Thus both authors lay stress on the essentially moral nature of our subjective view of being a self. On the whole persons do seem to share a broad tacit knowledge (Polanyi 2000/1958 & 2009/1966; Polanyi & Prosch 1975); of a moral sense in our universe.

This idea links with the statement (p 3 above) relating “issues of morality and professional ethics, [to] the sense of being a professional person”.

Values

Values form a helpful basis (an axiological approach) for a discussion of professional ethics. Two core values are presented to illuminate the orientation and the sense of vocation of the professional, thus endorsing the emphasis placed on values in Positive Psychology (Peterson & Seligman 2004). In this approach, values are considered as amongst the resources of the person (the first principle of the PCA given above, p 5). Later a discussion of a person-centred approach to professional practice is based on values, for values are experienced or felt by the professional’s spiritual self – albeit with some input from the reasoning self.

In the following discussion, it is assumed that attitudes underlie behaviours, and human qualities are a summation of the attitudes and behaviours that define a person – the moral understanding of the self discussed above. In short, it is assumed that values (“what is important to me right now: what is my overriding need right now”) drive behaviour and, conversely, behaviour reveals values genuinely held and operating in the moment (though not necessarily awarely considered and held).

Because absolutely anything could be valued by somebody, a list of values could be infinitely long. Here, two values particularly pertinent to the PCA are considered.

Two Primary Values and their Anti-values

It is helpful to recognise that anything that might be valued has a polar opposite. One person, for example, values peace and tranquillity: another values being surrounded by noise and incessant lively activity. In the right situation, either pole may be chosen without being regarded in itself as “morally wrong”. There are some values however, where one pole is undoubtedly generally agreed as being morally good – for example, universal respect for human life. There is, in general (Taylor 1989 pp 4-9), a revulsion against the polar opposite – disregard for life. To put it succinctly, therefore, it is possible to say that some values (here referred to as “primary values”) take precedence over others (“secondary values”). Some values are, it might be said, more fundamental and that fundamental nature has a weightier moral quality.
Values may be helpfully considered paired with their antonym or anti-value. “Caring”, for example, has the anti-value of “Indifference (Not Caring)”. This dialectical approach is used here as it helps to focus on the degree to which a value is espoused. The polar opposites represent extremes of value held. Behaviours will reflect the value position on the continuum between these extremes that indicate the person’s level of care or indifference.

Value: Care (Caring)

“Care is probably the most deeply fundamental value” (Held 2006 p17).

Care is taken to be the fundamental value; indeed, the biological and existential necessity for survival of our species and planetary ecosystem. Giving and receiving care constitutes the foundation of personal relations in which, when either giving or receiving care, we emerge – out of mere potential – to full actualisation as persons. This is how we express our humanity. Given our existence as a species displaying personhood, this is the moral value to which all other values are subsidiary and from which all other moral values are derived. As the foundation of Care Ethics – “the basic moral value” (ibid p 134) - it takes account of variation, complexity and subtlety operating in a dialectic with other values to permit fine discrimination and a variety of solutions to subtly different dilemmas. This is the “I-Thou” of Buber (Buber 1959/37); the “responsibility for the other” of Levinas (Levinas 1996 p 158).

Antivalue: Indifference

The antivalue does not accept the responsibility to enter caring or may take the easy way out - “Go by the book.” or “Just do it!”

Value: The Person:

This is also a fundamental value. Taken with care, the two together might be seen as the binary primary value, for Care without an object is meaningless. The Person provides the primary focus of care: Care needs the Person as its object. Caring - or not caring - derives its significance as the fundamental moral value from its potential to affect the one-cared-for (Noddings. 2003/1984 p 9) enhancing - or detracting from - their wellbeing or life-experience.

The Person is the one I meet in the relationship at this particular moment – student, patient, mentee, colleague or staff-member: valued as persons and worthy of care.

That is not all.

The professional: the educator him- or her-self, is also a person. I will only be able to give unconditional positive regard to the other to the extent that I experience unconditional positive self regard or self-acceptance (Kirschenbaum 1990 p 19). That is the challenge: to be fully present as a congruent whole person in the relationship.

This binary value – caring for the person – comes before, and modulates, all the others.

Antivalue: Exploitation; Manipulation; Oppression

The antivalue does not value or respect the person for themselves but merely for what they can yield when used, dominated, manipulated or controlled.

Shortly attention will be drawn to the value and power of “Caring” as a primary value that serves as a discriminator when secondary values may appear to be in conflict. First, attention is drawn to a further dialectic related to the nature of Caring, key to the concept of “altruism” regarded by many as a feature of being a professional (RCP 2005 pp19-20).
Care for Self and Care for Other

Within each person there are two directions (modes) in which Caring may be applied: two modes which are also polar opposites. These two poles are inwardly-directed and outwardly-directed caring: caring for the self and caring for the other. Caring for the self is validated by the biblical golden rule “...love thy neighbour as thyself” (Bible: Matthew 19. 19) and is explicitly endorsed in contemporary culture by the frequent practice of concluding a conversation or meeting with the exhortation “Take Care (of yourself)”. It is necessary for each of us to act from the self, and the mentor is exhorted to relate to their mentee from the position of unconditional positive self regard. Even Buber’s primary word “I-Thou” starts with the “I”, for there are no relations without “I”.

Care may be applied to discriminate between secondary values; between values that permit different degrees of caring; and to adjudicate between values that may generate a tension between caring-for-self and caring-for-other. The evidence before us tells us that when human beings in groups (from two upwards) live their lives based on attitudes of caring, (respect, empathy, support etc.), society works well. That is our common experience. The evidence before us also tells us that when self-assertion, self-interest and self-indulgence hold sway, society does not function well. The implication of this observation is that caring-for-other is the desirable default - or aspirational - orientation. Because the self is a person, as the other is a person, so both are equally deserving of care. In general, there is often a natural tendency to default to caring-for-self. There are times, however – moments of altruism - when caring-for-other is given precedence as a temporary disadvantage to the self (e.g. a financial sacrifice in giving a sum of money to a Disasters Emergency Committee appeal). There are times when the sacrifice demanded of the self is greater (e.g. the dentist advising a patient against a lucrative form of treatment that, professionally, is perceived to be harmful to the patient’s best interests for long-term dental health). This advice, if given frequently as a matter of good practice is likely to lead to the dentist’s long-term financial disadvantage. Taking the argument to its limit there are rare occasions where a person is faced with risking their life to save another – perhaps jumping into a river to save someone in difficulty or, on the battle field, taking risks to save an injured comrade. The virtuous nature of such risk-taking or sacrifice is honoured by society as heroism: taking the caring-for-other to an extreme that may cause the fatal loss of the self. Although it is hard to demand that the rescuer risks – or sacrifices – his life, the failure to do so nevertheless, if recognised or reported, may incur accusations of cowardice.

Caring for Other and Altruism

In summary, the value of Care is presented as having a dual function:

1. The first function of Care is as a primary value in itself. In conversations with colleagues a key reason for choosing dentistry as a career frequently elicits the wish to care for people. Dentists as clinicians value being part of a healthcare profession. Those of us involved in education, value our position of influence in supporting the nurture and growth of developing persons – at whatever stage in life they be. Undoubtedly, parallel statements apply to medicine, nursing, etc.

2. The second function for Care – as a “primary or first-order value” is as a discriminator which guides us in sifting, balancing and refining other “second-order values”. Enjoying my loud music (a second-order value), though not “morally wrong” in itself, takes on a moral quality – of not-caring – if I am disturbing another who needs quiet to study.

In both of these functions, “Care” is more completely categorised as “Care for the Other”. When “Care for the Other” is chosen in spite of disadvantage to the “one-caring” (Noddings 2003/1984), then this is called “Altruism”.

…
It would be possible to set out a long list of values and anti-values. They are manifest in everything we do – or don’t do. When there is a discrepancy between enacted values and professed or espoused values, then on the basis of the common wisdom that “actions speak louder than words” we are likely to attribute more credence to the values manifest in action than to the professed values.

**Vocation (“Calling”) as Response: The Experience of Being a Professional Person.**

It is suggested that it is values held and manifest in behaviour – ultimately disclosing a *moral position* – that define *professional practice*. This invites further consideration of what describes a profession. Earlier (p 7 above), it was observed that Freidson’s defining elements of a profession “are not sufficient alone”. What is required to complete the description of a profession is an account of the inner experience of *being a professional person*. Each professional community consists of individuals who have made a commitment to *respond* to a particular sense of *vocation* or *calling to serve* in relation to a specific area of work by undertaking appropriate training and then making ourselves available to others – acknowledging that when need arises in our particular area of work, we shall *respond* – feeling and accepting a *responsibility* – by making our skills and knowledge available. Applying the concept of *position* described by Harré & Moghaddam (2003) to the professional’s accepted *responsibility to and for others* and comparing this to the *position of caring* in general for the *other*, suggests that they are almost indistinguishable, for both invoke the natural human sense of obligation to *care*. The sole difference lies in the professional’s vocational commitment to *responsibility* in their particular area of expertise. In other words, each of us as a professional has undertaken to *care* within the field of our calling. Since caring is a fundamentally positive *moral* position – enhancing the goods of the cared-for and protecting them from harm, then professional practice is itself a fundamentally *moral* commitment and the professional community (“the profession”) collectively accepts and shares this moral commitment. That is our *response* to our calling.

The *moral* nature of our *sense of self* as individuals is now linked, therefore, to our sense of being part of a professional community with shared *values*, a *shared responsibility*, and a *shared commitment*. It is suggested that our individual identity as “a professional” is validated (or not) by our *moral position* and that, conversely, (for better or for worse) the standing of our (professional) community is defined by our collective moral contributions. In short, it is suggested that for a group of persons to claim to be a profession is not only to claim a particular level of knowledge and expertise in a specialised and personally significant field of learning, but also – and more importantly - to declare a particular *moral position*. Evidence of that morality may be revealed by our qualities, behaviours, and attitudes which in turn reflect our deeply held values and beliefs about *what is right and good for me to do* – often associated with the desire to *make a difference* - which, in turn, distinguish that moral position which, it is suggested, *is the humanitarian orientation of the true professional*.

**Conclusion – a High Calling**

Implicit in this paper is the question:

> “What is the value in maintaining the concept of professionalism in the 21st century?”

It has been indicated that power-seeking, authoritarian positions – and, therefore ambitions - are out of keeping with the current social sense. The nature of professional practice as a *response* to being *called to serve* in a particular way (education, dentistry, etc) has been emphasised. It has been suggested that each professional, as part of our contract with society, has a responsibility to practice the highest order *way of being* with people as an
example and a model. Failure to achieve that, it is suggested, seriously undermines our claim to being *professionals*.

It is suggested (with Carl Rogers) that this *way of being* with people is of value far beyond its original development in psychotherapy. It is an ideal for professional practice. Further it serves as a model for human relations in society at large. The widely-held desire of professionals to serve in a caring profession and to *make a difference* suggests a *tacit* awareness (Polanyi 2000/1958 & 2009/1966; Polanyi & Prosch 1975) inherent in ourselves and our world *as if* we are called (hence "*vocation*”) to something felt to be meaningful beyond ourselves. This *emergent* nature of our world described by Teilhard de Chardin (1955/59) and the existential imperative of *caring* implicit in it, provides the basis for our felt sense of professional *vocation*.

In responding to our call, professionals place ourselves under obligation to reflect constantly on the adequacy of that response: the degree to which we meet the needs of our clientèle and the social community we serve. Perhaps the most useful question in reflection is:

*"How closely do my inner mental processes and feelings in the professional encounter accord with those I would wish for in someone caring for me in a similar role?"

If mental space is available, then the same question may have even greater value used *reflexively* - in the heat of the moment. By thus constantly reviewing the manner in which we position ourselves in our professional role we may be experienced by our students and clients as focusing above all on *their* goods and on the development of *their* strengths and resources. This is a high calling.

To the extent that those we serve experience our commitment to *their* goods rather than our own ends; to the extent that they experience us as helping them to develop their own potential, rather than ourselves wielding power over them; in other words, to the extent that our students experience from us an orientation of *unconditional positive regard*; to the extent that they recognise the *genuineness* of our position towards them and our willingness to *empathically* enter their world in order to help them identify their own needs, preferences and potentialities: to that extent society may conclude that our claim to be *professional* is deserved and may continue to accord us that privileged status.

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