

# Carl Rogers experiential education as a perspective for medical education

*Educação experiencial de Carl Rogers como perspectiva para a educação médica*

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## ABSTRACT

**Introduction:** Contemporary demands for medical education propose a broader education that combines knowledge and humanistic skills with the necessary technical and scientific training. Since the Curricular Guidelines for undergraduate medical courses enforced in 2001, the country's medical courses have been undergoing curricular restructuring, as it seeks, among other things, to build the profile of a professional who is empathetic and sensitive to social demands. This essay analyzes the contributions that the theory of Experiential Education, proposed by psychologist Carl Rogers, can provide to the discussion on medical education.

**Developmen:** Carl Rogers (1902 - 1987) is a representative of humanistic psychology and his proposal, initially aimed at psychotherapy, spread to other fields and formed the Person-Centered Approach. Valuing the experience lived in the relationship is one of the premises of his theory, both for psychotherapy and education. Learning happens when it is experienced and appropriated by the subject, and this process is experienced by the whole person, both cognitively and sensitively. The promotion of this proposal is linked to facilitating conditions, three of which are directly linked to teacher performance: empathetic understanding, unconditional positive regard and genuineness, which shape a way of being a teacher. This teaching attitude would be justified by the notion of an updating tendency, which would lead to a belief in students as capable of directing themselves towards learning. Two other conditions that facilitate experiential education are related to the centrality of the problem and the way in which teaching resources are used. The recognition of the importance of the teaching attitude and teacher-student relationships are acknowledged in the field of medical education, which makes it possible to identify coherence between these studies and Carl Rogers' proposal.

**Final considerations:** The theory of experiential education has elements of reflection that can contribute to understanding the possibilities of medical education considering the demands related to the training of students in the field of learning necessary for a humanistic and reflective training.

**Keywords:** Education, Medical; Learning; Humanism.

## RESUMO

**Introdução:** As demandas contemporâneas para a educação médica propõem uma formação ampliada que alie conhecimentos e habilidades humanísticos à necessária formação técnica e científica. Desde as Diretrizes Curriculares para a graduação em Medicina promulgadas em 2001, os cursos de Medicina do país atravessam movimentos de reestruturação curricular, buscando, entre outros aspectos, a construção do perfil do profissional empático e sensível a demandas sociais. O ensaio analisa contribuições que a teoria da educação experiencial, proposta pelo psicólogo Carl Rogers, pode fornecer à discussão sobre educação médica.

**Desenvolvimento:** Carl Rogers (1902-1987) é um representante da psicologia humanista, e sua proposta, inicialmente direcionada à psicoterapia, ampliou-se para outros campos e constituiu a Abordagem Centrada na Pessoa. A valorização da experiência vivenciada na relação é uma das premissas de sua teoria, tanto para a psicoterapia quanto para a educação. A aprendizagem acontece quando experienciada e apropriada pelo sujeito, e esse processo é vivenciado pela pessoa toda, cognitiva e sensitivamente. A promoção dessa proposta está ligada a condições facilitadoras, três delas diretamente ligadas à atuação dos professores: compreensão empática, consideração positiva incondicional e genuinidade, que compõem um jeito de ser docente. Essa postura docente seria justificada pela noção de tendência atualizante, que levaria a uma crença nos estudantes como capazes de se direcionar para a aprendizagem. Outras duas condições facilitadoras da educação experiencial estão relacionadas à centralidade do problema e à forma de utilização dos recursos didáticos. A importância da postura docente e das relações professor-estudante é reconhecida por estudos no campo da educação médica, de maneira coerente com a proposta de Carl Rogers.

**Conclusão:** A teoria da educação experiencial pode contribuir para a compreensão das possibilidades da educação médica, no sentido da formação dos estudantes no campo das aprendizagens necessárias para a formação humanística e reflexiva.

**Palavras-chave:** Educação Médica; Aprendizagem; Humanismo.

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## INTRODUCTION

Contemporary demands for medical education are based on the questioning and resignification of the concept of health, medical practice and professional training, developed in forums, conferences and national and international protocols. The 2014 National Curriculum Guidelines (DCN, *Diretrizes Curriculares Nacionais*) for undergraduate medical courses indicate that graduates will have “a general, humanistic, critical, reflective and ethical training (...) with social responsibility and commitment to the defense of citizenship, human dignity, the integral health of the human being...”<sup>1</sup>. The enactment of the 2014 DCN reinforced a process of curricular reforms in medical courses in Brazil, largely based on Active Learning Methodologies<sup>2,3,4,5,6,7,8</sup>. Studies that evaluate the impacts of the implemented changes indicate the need to advance knowledge on how to achieve medical training that combines technical and humanistic skills and ensures the identification of students with the new professional profile<sup>5,9,10,11,12</sup>.

The DCN indicate that the pedagogical perspective appropriate to the formation of this new profile should be based on a “pedagogical project centered on the student as the subject of learning and supported by the teacher as a facilitator and mediator of the process”<sup>1</sup>. The concepts of student-centered education and the teacher as a facilitator are based, among other theories, on the perspective of experiential education proposed by American psychologist Carl Rogers. This essay analyzes the contributions that this theory can provide to the discussion on medical education in Brazil, specifically learning related to postures, attitudes and behaviors, such as empathy, sensitivity, openness to dialogue, listening capacity and humanization of care.

Carl Rogers (1902 – 1987) is a representative of Humanistic Psychology. This movement emerged in the United States in the mid-twentieth century aiming at overcoming limitations of the then predominant lines – behaviorism and psychoanalysis. In his theory, known as the Person-Centered Approach<sup>13</sup>, Rogers emphasized the relationship between psychotherapist and client that is established in the therapeutic encounter. This relationship would be sufficient to provide the conditions for people to find their paths of development<sup>14</sup>. This proposal is based on the belief in the actualizing or self-fulfilling tendency, a concept according to which people tend to full development, not achieving it due to the limits imposed by education or the context<sup>15</sup>. The experience of a helping relationship with the psychotherapist is capable of creating meanings for the patient’s experiences and promotes the appropriate psychological climate for the development of this tendency<sup>14,16</sup>.

*In the therapeutic process it is not necessary for the therapist to ‘motivate’ the client or provide the energy that causes the change. In a certain sense, the motivation doesn’t come from the client either, at least in a conscious way. Let us rather say that the motivation for learning and change derives from the self-fulfilling tendency of life itself, from the tendency of the organism to go through the different channels of potential development*<sup>14</sup> (p.328).

According to Rogers, the psychotherapist “... uses their feelings as movements directed at the client, with an intimate and intersubjective dialogue occurring between them”<sup>14</sup> (p.147). The experience thus constitutes the foundation of the possibility of personal development in the therapeutic relationship. The experience will also be central to Rogers’ proposal for education.

## CARL ROGERS’ EXPERIENTIAL EDUCATION IN A DIALOGUE WITH MEDICAL EDUCATION.

### Two premises

Rogers addresses education at different moments in his work. In the 1960s, the topic is present in *Becoming a person*<sup>14</sup> and *Freedom to learn*<sup>17</sup>. In the following decade, in *Person-centered Therapy*<sup>18</sup>, and in the 1980s, in *A way of being*<sup>19</sup>. Based on the study of these works, we indicate two premises of the author’s educational perspective.

The first premise is that learning will only be able to influence behavior if it is experienced and appropriated by the person. Rogers states that only self-discovered and self-appropriate learning is capable of significantly influencing behavior<sup>14</sup>. Meaningful and experiential learning presupposes personal involvement, is self-initiated, “comes from within”, even when there are external stimuli, and generates behavioral and attitudinal changes.

The second premise is that *learning happens both sensitively and cognitively*. Rogers defends learning “by the whole person”, in a process that contains cognitive, affective and experiential elements<sup>18</sup>. He criticizes the educational model that considers only the cognitive aspect and states that education would be more influential on the behavior of students if it involved them in a global way<sup>19</sup>. Rogers envisions a new field of research, which considers the “total organism” in the learning processes<sup>19</sup>. It proposes the integration between cognition and corporeality, adopting the terms “experiential” and “organismic” to refer to the centrality of experience in learning.

Thus, two basic premises of Rogers’ educational theory are: 1) learning is experiential and 2) the experience that sustains learning is that of an organism, involving cognition and feeling, body and intellect. The author presents three necessary conditions for the promotion of experiential education.

## The Necessary Conditions for Experiential Education

### First condition: teacher congruence

The first element that promotes experiential education is the congruence or authenticity of the teacher. "This implies that the teacher is the person they are and that they are fully aware of the attitudes they assume. Congruence means that they accept their real feelings"<sup>14</sup> (p.331). This posture is acquired progressively. According to Rogers: "It is important to be precise about our feelings, capable of being aware of them. Hence, we must agree to take the risk of highlighting them as they are"<sup>17</sup> (p.114). Rogers points out that is about the person's congruence with themselves, different, therefore, from the use of ready-made phrases that sound like participation in feelings, but are not authentic.

### Second condition: empathetic understanding

The second element of experiential education promotion refers to empathetic understanding. It is important for teachers to be able to deal with students' feelings in a comprehensive and receptive way in the face of learning challenges, since feelings have a strong connection with traditional academic learning and are related to the person's development<sup>14,17</sup>.

### Third condition: unconditional positive regard

This third element that promotes learning can be translated as a feeling of "appreciation for the learner as an imperfect human being"<sup>17</sup> (p.109). It is a non-possessive esteem, which includes appreciation and acceptance of the student as a person worthy of respect. This appreciation expresses confidence in the capacity of the human organism<sup>18</sup>. Unconditional positive regard does not mean acceptance of any form of expression or behavior by students and is not intended to prevent teachers from evaluating and indicating the need for change. However, the teachers' actions are based on a positive regard of the subjects in their learning processes.

## Applicability of Experiential Education in Medical Education

Can the experiential education perspective be applied in the context of medical education? What can its contribution be to the reflection on pedagogical practices in medical courses? We propose two answers to these questions: 1) the promotion of meaningful experiences and 2) attention to the teacher-student relationship.

### The promotion of meaningful experiences

The living of significant experiences can contribute for students to construct learning related to humanized

and empathetic practice. In medical courses, two ways in which students live experiences, commonly called practices, are known. The first is the inclusion of students in practice environments from the beginning of the course, in activities that allow contact with health, disease and care contexts. The second is to carry out activities in the educational institutions themselves, in classrooms or skills laboratories, such as simulations or conversation circles, in which students can experience simulated situations and are encouraged to reflect on the experience. The Rogerian perspective indicates that it is not enough for students to be exposed to practices or experiences, and that learning is effective when appropriated, incorporated, in a movement that comes from the subject. For that purpose, it is necessary a space for the "whole person", that is, the recognition of sensory and affective aspects, in addition to cognitive ones. Thus, practical activities should not be considered only possibilities for observation and discussion of concepts and protocols. The experience itself is important, as long as the organization of activities and teachers' conduct stimulate students' awareness and reflection of their feelings, sensations and thoughts. That is, activities that "foster dialogue and encompass the student's subjectivity in their formative process"<sup>20</sup>(p.16).

### Attention to the teacher-student relationship

The necessary conditions for experiential education presented by Rogers indicate the centrality of the teacher-student relationship in this process. Authenticity, empathetic understanding and positive regard would be skills to be developed by teachers:

*The teacher who is capable of warm acceptance, who can have unconditional positive regard and enter into an empathetic relationship with the reactions of fear and discouragement that are present when facing a new subject, will have done a great deal to establish the conditions for learning<sup>14</sup>. (p.332)*

The teacher's role in promoting learning capable of modifying behaviors can be understood by the expression that is the title of one of Rogers' works analyzed here, "A way of being". Teachers must be aware of their feelings in relation to teaching and be congruent with them, which allows them to appreciate students as people with potentials and limitations, regarding them in a positive way.

*The facilitation of meaningful learning is based on certain qualities of behavior that occur in the personal relationship between the facilitator and the learner. We have reached such discoveries in the field of Psychotherapy, but its application in classrooms is becoming increasingly evident<sup>17</sup>. (p.105-106).*

The formation of these qualities is a constant, inconclusive process, and has an effect on the teacher themselves, who changes as much as the students<sup>17</sup>.

It is important to question whether the conditions of teaching in medical courses in Brazil allow teachers to seek authenticity, empathetic understanding and positive regard towards students. Still, we understand that recognizing the importance of these relationships can be an enhancing aspect.

The expansion of the teachers' role in the training of future doctors has been a challenge recognized since the beginning of this century. Lampert, discussing in 2009 the challenges of implementing the 2001 DCN, recognizes that the teachers' performance was far from the figure of facilitator and advisor of the teaching-learning process recommended by the document. He states that teachers played a role closer to that of an actor than an educator, focused on teaching and demonstrating practical procedures<sup>23</sup>.

Recent studies on teaching in medical education recognize the importance and possibilities of the teacher-student relationship and indicate that the traditional relationship should be replaced by a dialogical one<sup>21</sup> and that the consideration of students' subjectivity is part of the teacher's task<sup>22</sup>. Studies carried out with medical teachers in recent years recognize this need and indicate advances and limits in relation to its effectiveness. Some authors identify "teacher malaise", dissatisfaction and perception of unpreparedness among teachers in the daily routine of medical training<sup>24</sup>, in addition to a process of "dehumanization" that leads teachers and students to "build a protective armor against the vicissitudes experienced in the daily life of academia"<sup>22</sup>. Others observe the resignification of the teaching activity that involves "the emotional availability to deal with the affective needs that permeate the students' lives"<sup>25</sup>.

Rogers' perspective allows us to emphasize the attention to the teacher-student relationship, as an element of discussion and attention by medical courses, perhaps occupying a space that has been destined to the discussion of teaching methodologies. The consequence of the "way of being a teacher" implies, for the author, that methodological resources are seen as possibilities and not as "... guides, expectations, commands, impositions or requirements"<sup>14</sup> (p.334). Methodologies and didactic resources should, therefore, be thought of based on the needs indicated in the relationships established between teachers and students.

## FINAL CONSIDERATIONS

Carl Rogers' perspective on education can be a path for discussion about medical education, as a theoretical anchor for reflections on the humanistic, critical and reflective

character attributed to the profile of medical graduates. The proposal of experiential education experienced by the whole person presupposes that teachers and students experience the processes of teaching and learning, not only cognitively, but recognizing feelings and sensations triggered by these processes. We conclude this essay with a statement by Rogers that seems to us to be a stimulus to our journey as teachers in the context of medical education: "The conclusion to which these various studies lead us is that it is worthwhile to be personal and human in the classroom"<sup>14</sup>.

## AUTHORS' CONTRIBUTIONS

Maria Gabriela Parenti Bicalho contributed to the study planning, bibliographic survey, debate, writing of the manuscript and supervision. Ana Beatriz Torres de Oliveira and Isabela Cristina Ribeiro contributed to the study planning, bibliographic survey and writing of the manuscript.

## CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

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