



eCOMMONS

Loyola University Chicago
Loyola eCommons

Master's Theses

Theses and Dissertations

1983

Ethics and Science in Psychotherapy

Jeffrey M. Kunka
Loyola University Chicago

Follow this and additional works at: https://ecommons.luc.edu/luc_theses



Part of the [Psychology Commons](#)

Recommended Citation

Kunka, Jeffrey M., "Ethics and Science in Psychotherapy" (1983). *Master's Theses*. 3331.
https://ecommons.luc.edu/luc_theses/3331

This Thesis is brought to you for free and open access by the Theses and Dissertations at Loyola eCommons. It has been accepted for inclusion in Master's Theses by an authorized administrator of Loyola eCommons. For more information, please contact ecommons@luc.edu.



This work is licensed under a [Creative Commons Attribution-Noncommercial-No Derivative Works 3.0 License](#).
Copyright © 1983 Jeffrey M. Kunka

ETHICS AND SCIENCE IN PSYCHOTHERAPY

by

Jeffrey M. Kunka

A Thesis Submitted to the Faculty of the Graduate School
of Loyola University of Chicago in Partial Fulfillment
of the Requirements for the Degree of
Master of Arts

June

1983

Copyright © 1983 by Jeffrey M. Kunka

ACKNOWLEDGMENTS

I would like to thank the members of my thesis committee, Alan DeWolfe, Ph.D., Thesis Director, LeRoy Wauck, Ph.D., and the Rev. Daniel O'Connell, S.J., Ph.D., for their interest in this project, and especially for their constant support. I am also grateful to Ms. Carol Ann Zdora for her patience.

I am particularly indebted to two of my teachers, Errol E. Harris, D.Litt., and Paul J. Bohannon, Ph.D., both formerly of Northwestern University. One provided me the insight, and the other the self-assurance, to undertake such an investigation.

VITA

The author, Jeffrey M. Kunka, is the son of Charles G. Kunka and Dorothy (Jablonski) Kunka. He was born June 4, 1954, in Chicago, Illinois.

His elementary education was obtained in a parochial school in Chicago, Illinois, and his secondary education at Benet Academy, Lisle, Illinois, where he graduated in June, 1972.

In September, 1972, he entered Northwestern University, Evanston, Illinois, and in June, 1976 he received the degree of Bachelor of Arts with majors in Anthropology and Psychology.

In September, 1976, he entered the Doctoral Program in Clinical Psychology at Loyola University of Chicago. He was awarded USPH Fellowships in 1976 and 1979, and he held a Graduate Assistantship in 1977. In September, 1979, he completed an Internship in Clinical Psychology at West Side V.A. Medical Center, Chicago, Illinois.

His paper, coauthored with Carl Robinson, "Expanding Enrollments in Professional Psychology," appeared in The Clinical Psychologist, Winter 1982. It was also presented at a meeting of the Illinois Psychological Association, Fall 1982.

TABLE OF CONTENTS

	Page
ACKNOWLEDGMENTS	ii
VITA	iii
Chapter	
I. INTRODUCTION: SCIENCE AND VALUE IN PSYCHOTHERAPY	1
Psychotherapy as a Technology	5
The Crisis in Science and Psychology	17
Psychotherapy and Moral Responsibility	23
II. ASPECTS OF VALUE-INVOLVEMENT IN PSYCHOTHERAPY . . .	33
Confronting the Problem of Values	35
The Client's Moral Concerns	46
The Therapist's Value Input	56
III. THERAPEUTIC VALUES: DIVERSITY AND CONSENSUS	69
Divergent Value-Systems in Psychotherapy	70
Moral Neutrality as a Value	82
IV. THE NEED FOR VALUE-CRITIQUE IN PSYCHOLOGY	98
The Individualistic Bias in Psychology	102
The Bifurcation of Value-Choices	113
V. OBJECTIONS TO AN INQUIRY INTO VALUES	127
Forms of Covert Resistance	128
The Attraction of Value Pluralism	134
The Psychologists' Qualifications	143
VI. THE NATURE OF VALUE-CRITIQUE	150
The Ambiguous Psychotherapeutic Ideal	151
Alternative Approaches to Value-Critique	159
Value-Critique and Moral Striving	171
Psychotherapy and Value-Inquiry	191

VII. OBJECTIVITY AND SCIENTIFIC INQUIRY	203
The Meanings of Subjectivity	208
The Nature of Scientific Inquiry	217
The Scientific Process in Psychology	226
VIII. THE SYNTHESIS OF SCIENCE AND ETHICS	240
SUMMARY	247
REFERENCES	249

CHAPTER I

INTRODUCTION: SCIENCE AND VALUE IN PSYCHOTHERAPY

It may be mainly on account of a conceptual bias that we consider psychology an offshoot of science and not an evolvment of ethics. The widespread acceptance that psychotherapy enjoys in contemporary circles seems to follow from its pretensions to science, irrespective of their actual legitimacy (Koch, 1974). Psychologists probably would not have gained even a foothold in the 20th century had they suggested that their principles and prescriptions comprised a moral doctrine--that is, a system of directives designating right conduct. Yet persuasive arguments can be mounted in support of this position as well, thereby giving rise to an exceedingly difficult dilemma.

To the modern intellect, these contrasting claims seem virtually irreconcilable. The conceptual scheme within which we operate admits only of mutually exclusive categories: science versus ethics, fact versus value, objectivity versus subjectivity, tentativeness versus dogmatism. This dichotomous perspective compels psychologists to align themselves with one as against the other; the scientific tenor of the times renders their preference nearly inevitable. Not surprisingly, psychology has been identi-

fied as a science. As such, it is supposed to deal exclusively in the domain of facts, to be objective in its approach and tentative in its pronouncements. Psychologists can have nothing to do with moral values, for these belong to ethics and not to any science.

Although this arrangement works well enough in theory, it breaks down irreparably when applied in the arena of human affairs. In the following chapters we will observe that psychologists cannot attain any substantial separation of fact and value without either severely curtailing their current activities or ignoring certain critical aspects of their subject matter; even then, their success is rather dubious. Attempts to salvage psychology for traditional science typically give rise to implications less attractive than those they were designed to overcome.

It is my impression that the problem lies not with psychology, but with the procrustean notion of science and ethics to which we have been taught it must conform. We cannot grasp the character and significance of that undertaking so long as it remains fixed to an inadequate conceptual framework. I propose to put aside our dichotomous preconceptions for a while, and to reconsider whether there may be another option besides representing psychology as either exclusively scientific or exclusively moralistic.

Psychology has invaded nearly every facet of modern life since its formal inception scarcely a century ago.

Because the psychological perspective has been absorbed into the popular wisdom governing our attitudes toward the home and family, the workplace, social life and even the legal system, its impact upon the very way we think and act is inestimable. For this reason, it is a matter of practical importance and not merely one of intellectual curiosity that we should seek a clearer understanding of the character and significance of psychology. No other discipline purporting to be a science has ever so altered our understanding of what it means to be a human being. It may be too soon to assess fully its impact upon human affairs. However, Rieff (1979) considers this movement momentous enough to merit distinction as the epochal rise of "psychological man."

Our age is not set apart from former ones simply because a few intellectuals have devised incisive and convincing explanations of human dynamics. Throughout recorded history--and almost certainly before--poets and scholars have studied the human condition; the observations they have left us are by no means devoid of the sort of insight that nowadays we term "psychological." Rather, it is because psychological principles have been deliberately appropriated as a framework for guiding us in the conduct of our lives that this is the epoch of psychological man.

Traditionally, of course, principles of right conduct have been the province of moral philosophy, religious

or secular. The doctrines of modern psychology are not about to supplant traditional systems of moral governance, but their respective concerns and social functions already overlap to a considerable extent. Until recently, however, this overlap had been virtually ignored; this was partly because the differences between their respective languages were more striking and partly because our preconceptions about science and ethics led us to explain away those similarities that were evident. So although it should have come as no surprise to the exponents of this newer movement that sooner or later they would be challenged to confront the moral implications of their principles and practices, they have been caught largely unprepared. In confronting the moral implications of their work, psychologists must inevitably confront the problem of their own agency--namely, whether or to what extent they play scientist or moralist. These issues seem so intractable that, in Jahoda's words, "one is almost tempted to claim the privilege of ignorance" (1958, p. 77). Unfortunately, some psychologists still do.

When academic psychology--which is primarily research oriented--was first admitted to the ranks of legitimate science, it simultaneously acquired the epithet "value-free." Research psychologists have been able to remain aloof of the value controversy since then only because the problems inherent in the notion of scientific value-freedom are still unfamiliar outside a small circle of philosophers

of science. This has fostered the false assumption that research constitutes a neutral enclave to which psychologists can retreat.

Psychologists pass the threshold of value-involvement unequivocally once they go beyond investigating human affairs and actually attempt to influence them. Applied interests signal a critical shift in emphasis--namely, from observation to prescription. This is readily apparent as regards psychotherapy, the dimension of psychology with which we will be primarily concerned. It is the psychotherapist who must confront the problem of value-involvement in its most obvious and urgent form.

Psychotherapy as a Technology

The transition from theoretical to applied interests is a familiar one in science. With few exceptions, each of the established sciences has developed some corresponding technology. Indeed, it is considered a fundamental tenet of positive science that knowledge must be technically utilizable (Habermas, 1971, p. 76).

In recent years it has become increasingly popular to refer to certain forms of psychotherapy as the technology of behavior change. Whatever its descriptive merit, this relabeling is representative of a more widespread tendency to legitimize the transition from research to practice in psychology by analogy to the well-established natural

sciences. It has been argued before that such analogies may confer upon psychology an unearned or undeserved credibility (Koch, 1974). Here we are interested in pointing out that, contrary to common belief, no analogy to science can extricate psychology and psychotherapy from their involvement in matters of moral value.

The aim of any technology--whether derived from natural science or from psychology--is to obtain some predetermined result by exploiting the particular causal relationships known through scientific inquiry. To the extent that the outcome bears some relation to human interests, every manipulation mediated by science will have significance morally as well as technically. Its moral significance is actually twofold: there is the moral value of the result itself and the moral responsibility of the technologist who mediates that result. Both are overshadowed by the current emphasis upon technique.

Of course, not all judgments made in the course of technological activity involve moral values directly. Some judgments pertain to the instrumental value of a technical manipulation--i.e., its usefulness in bringing about a particular end, without reference to the moral value of the end itself. These have been described as technical or scientific judgments.

Houts and Krasner (1980) argue that most of the behavior therapist's decisions regarding strategies for inter-

vention are of this sort, grounded in science and strictly technical in nature. On the other hand, London (1964) questions whether the therapist's decisions are ever exclusively technical. For example, alternative strategies for eliminating some circumscribed symptom may be equally effective, yet they may have vastly different moral implications. In essence, the relative preponderance of technical judgments is irrelevant to the issue of value-involvement in psychotherapy--or, for that matter, in any other applied science--for at no point do technical judgments replace moral judgments. The value of the result must be assessed ultimately according to whether it supports or hinders the realization of our moral ends, whatever they may be.

Stripped of its complexity and glamour, technology is simply knowledge put to use. No program of technological activity can proceed without some prior specification of the use to which scientific knowledge should be put. At times, this decision-making process is explicit; often, however, such preliminary judgments remain largely tacit. In either case, these specifications follow from presuppositions regarding what constitutes a worthwhile end. That, of course, is ultimately a moral issue.

Applied science is therefore never confined exclusively to matters of factual relationship. Some conception of what ought to be is integral to the direction and design of all technological activity. Such value judgments dictate

not only the uses to which scientific discoveries are put, but even the matters that are selected for investigation and subsequent exploitation (Grunfeld, 1973). In light of these conclusions, the concept of value-freedom in science and technology appears to have been an idealistic but naive attempt to preserve scientists' own cherished illusions about the objectivity and impartiality of their work (Veatch, 1976).

From our present perspective, technology is essentially a sophisticated prosthesis, i.e., an extension or tool that in effect augments man's capacity for implementing his intentions effectively. Up to a certain point, it may be legitimate to think of our technological extensions as value-free, in the sense that a tool is indifferent to the hand that guides it. A number of man's inventions can be put to use for good or for ill. But if the instrument is value-free in this sense, the agent who employs the instrument is not. Moral responsibility for the result must rest squarely upon those persons whose intentions it reflects. The question then becomes whether the technologist himself should select the values that guide technological change efforts, or whether he must abide by someone else's judgments.

Natural scientists have already addressed this issue, in an attempt to clarify their moral responsibilities in the age of atomic science. On the one side, Bronowski

argues:

The individual scientist is not the keeper of the public conscience, because that is not what he was chosen for. The population at large...has chosen scientists to execute certain public orders which are thought to represent the public will. And you cannot ask the scientist to be executioner of this will, and judge as well. (Bronowski, 1967, p. 584)

On the other side, Haybittle replies:

Where the public uses of the end-product of any scientific work are known, then those scientists doing the work share a part of the responsibility for those uses. The scientist, therefore, cannot with an easy conscience escape from the burden of making what may be essentially moral and political decisions about the work he will do and the results he will publish. (Haybittle, 1967, p. 592)

The moral dilemma that confronts behavioral scientists in this regard is considerably more complex. The assumption that a technological extension is indifferent to its user's intentions breaks down when applied to an instrument such as psychotherapy. Every invention is constructed to serve some human purpose and, as such, its design reflects the intentions of the inventor (Harris, 1965, p. 224). Every approach to psychotherapy entails some conception of human nature, and that in turn is bound inextricably to some notion of the ends that human beings must or should pursue. Matson (1976) argues, for example, that one's idea of man determines for the most part what one will become eventually. Several authors whom we will cite later have analyzed in detail the relationship between particular approaches to therapy and particular valued ends.

In short, we cannot consider a program of psychotherapy value-free in the same sense that other technological extensions might be. The design of the psychotherapeutic program is the concrete expression of the psychologists' intentions.

Max Weber, the early champion of value-freedom in the social sciences, argued that social scientists should eschew applied interests altogether. In his opinion, it was virtually certain that some degree of bias and distortion would come into play during the transition from pure to applied science (Veatch, 1976, pp. 24-27).

On the one hand, Weber feared that scientists who chose to subserve the interests of a particular social group might only confer upon those interests the cloak of scientific legitimacy, without regard for their actual worth. On the other hand, he believed that the status enjoyed by scientists as experts in technical matters was often generalized improperly to include expertise in matters of value, either because the public desired guidance or because the scientist desired influence in such matters. These two extremes correspond more or less to the positions espoused by Bronowski and Haybittle, respectively. Within psychology, the first characterizes those representatives of the mental health establishment whom Szasz (1970) indicts as covert enforcers of social conformity, while the second probably describes the majority of psychotherapists.

Despite Weber's reservations, behavioral scientists have continued to pursue matters of practical interest, applying their understanding of human nature to the problems of living. However, neither the sincerity of their efforts to improve the quality of human life nor their demonstrable successes in relieving human suffering can obviate the need for a scrupulous examination of the value presuppositions that underlie those efforts.

Of course, it is possible to assess the effectiveness of a program of psychotherapeutic intervention without any reference to its moral implications. Indeed, if we could trust that the criterion defining its goals were morally adequate, we would have to concern ourselves only with matters of technical judgment. However, as long as we are unaware of the values embodied in the design of our programs, such an approach remains highly presumptuous. Without that awareness, we lack the perspective needed to assess the adequacy of our therapeutic goals or even to consider alternative formulations.

If there is any truth to Matson's warning that our idea of man ultimately determines our own fate, it may be morally incumbent upon us to pursue a self-critical inquiry into psychological and psychotherapeutic values. Specifically, it may be a moral responsibility that we owe ourselves, collectively and individually, inasmuch as our own fundamental interests hang in the balance.

Even the most doctrinaire scientist or technologist should recognize that the foregoing consideration must take precedence over all others. Yet, contrary to common belief, a self-critical inquiry into the values embodied in scientific and technological programs would not constitute an external constraint upon their activity. On the contrary, the implicit purpose of scientific investigation and its technical application might be undermined if scientists failed to pursue such an inquiry. We strive to know and to act only in order to augment our own well-being. Science and technology should serve no other end.

Hall (1976) offers an incisive analysis of the current tendency to treat science and technology as inviolable institutions rather than as provisional and tentative attempts to give concrete form to our efforts to adapt. Being in actuality only extensions of this striving, their value is strictly instrumental and subordinate to the fulfillment of fundamental human interests. But when this means-to-end relationship is forgotten, a provisional program of scientific-technical activity may begin to define the scope of "legitimate" interests instead.

According to Hall, human evolution accelerated dramatically once man developed the capacity to create and to elaborate functional extensions of himself. Extensional systems are thus fundamentally constructive in nature; taken together, they constitute what we call culture. How-

ever, we tend unfortunately to lose control over our extensions, because we habitually conceive of them as having an identity largely independent of our own. As a result, they become crystallized, sometimes to the extent that they constrain our ability to direct our own development. Hall applies the term "extension transference" to this tendency for extensional systems to be confused with, or even to replace, the human processes that are extended. He writes that

once man began evolving his extensions, particularly language, tools, and institutions, he got caught in the web of...extension transference and was both alienated from himself and incapable of controlling the monsters he had created. In this sense, he has advanced at the expense of that part of himself that he had extended, and as a consequence has ended up by repressing his nature in its many forms. (p. 4)

The only way for us to undo the consequences of this self-alienation, he suggests, is to make a deliberate effort to rediscover the basic living processes that lie behind our extensions.

Hall points out that social scientists have been particularly prone to becoming trapped in extension transference. Their tendency to allow a methodology--the one borrowed more or less intact from the natural sciences--to dictate subject matter, rather than the other way around, is only the most obvious instance. A more subtle and difficult problem is that often social scientists are apt to confuse the models that they construct with the reality

that the models are meant to represent. This confusion thwarts the legitimate function of a model, which is to aid in the organization and interpretation of experience. It also transforms the model into a filter that allows only data congruent with the model to pass through. "The danger is that real-life problems are dismissed while philosophical and theoretical systems are treated as real" (p. 34). We might add that there is a correlative danger: that only technical problems involved in implementing the model are treated as real, while the particular values it embodies are not even construed as such. Hence, the values implicit in our models go unexamined.

In a subsequent chapter, we will analyze the psychotherapeutic enterprise as an extensional system--i.e., as the outcome of our attempts to externalize, formalize and elaborate some natural human process. From that perspective, value-involvement in psychotherapy follows directly from the intrinsic goal-directedness of the process that it extends. However, inasmuch as our awareness of this relationship has been imperfect at best, the values embodied in our current programs may not reflect adequately the values implicit in that underlying process. A critical inquiry into psychotherapeutic values becomes necessary. Its aim would be twofold: first, to elucidate those underlying values, and second, to modify the extended system of psychotherapeutic values accordingly.

The call for a sharper awareness of values in psychotherapy has been received with little enthusiasm, however. The reasons for this will be examined in some detail in the following chapters. For now, we may consider one source of resistance to value-critique that psychologists share with other social scientists.

By the very nature of their vocation, applied social scientists could not follow Weber in rejecting practical interests. Yet, by and large, they have retained his insistence upon a strict separation of their roles as scientists and as private citizens. According to Veatch, this finds expression in "the need to separate so-called scientific facts from 'mere' values and preferences" (Veatch, 1976, p. 23).

This requirement is essentially a vestige of early positivism in the modern doctrine of empirical science. According to Habermas (1971), positivism removed the problematic issues of ethics and metaphysics from scientific discussions altogether simply by ruling them "undiscussable." These issues were excluded specifically "by restricting the realm of decidable questions to the explanation of facts" (p. 79). Facts were defined as the possible objects of rigorous scientific analysis and then identified exclusively with the immediate deliverances of the senses. Thenceforth, scientific conduct entailed strict adherence to methodological rules governing the manipulation of such

"facts." Values had no place in this scheme, so any mention of them was considered unscientific.

Nowadays it is rarely denied that values play a necessary role in steering scientific investigation and its applications. Even Weber had acknowledged that values influenced the selection of research topics, calling this "value-relevance" (Veatch, 1976, p. 21). However, even though the prejudices of modern empiricism no longer enjoy unquestioned acceptance in all circles, scientists have yet to establish new guidelines for deciding when their inquiries would cease being scientific.

This uncertainty is evident in confused attempts on the part of social scientists to reconcile their adherence to the canons of science with some justification of their values. Kitchener (1980) argues, for example, that a number of behavior therapists have tried to maintain two fundamentally irreconcilable positions simultaneously. On the one hand, they assert that ethical claims must be treated as personal biases or preferences that cannot be defended rationally--meaning that they are incapable of scientific justification. Yet, having affirmed this, they proceed to advance (and to defend by purportedly rational argument) one or another moral principle as the basis for their interventions.

An equally common approach to the values involved in behavioral science has been to assume that these warrant no

special consideration. Of this approach, Grunfeld notes:

The position that ends are to be excluded from inquiry, so that our ends need not be examined, is often rationalized by the argument that they are unproblematic because they are universally shared--that is, shared by all "decent, right-thinking people." (1973, p. 53)

This approach sidesteps the inconsistencies that follow from any attempt to affirm the canons of empirical science and of morals simultaneously. However, as Grunfeld goes on to indicate, it is a rather dubious assumption that the values in question enjoy universal support.

In all likelihood, the notion of a strict separation of scientist and citizen roles should join the concept of value-freedom in science and technology as another naive and outdated ideal.

The Crisis in Science and Psychology

Overall, the foregoing considerations suggest that applied psychology cannot be freed from its involvement in moral values merely by aligning it with other scientific technologies. However, some psychologists (e.g., those trained in research or in behavior therapy) have had recourse to a second line of defense in attempting to vindicate their principles and programs: They claim that psychotherapeutic principles and programs are valid--or at least relatively free of subjective bias and distortion--because they are generated in accordance with established scientific procedures.

Ironically, rather than rescuing it from the problem of value-involvement, this attempt to align psychology with empirical science has unintentionally ensnared it in a more intractable difficulty. We have already noted that values underlie even the investigation stage of scientific activity, and that scientists may fall prey to extension transference when handling their models. Although these are serious concerns, they pale somewhat before the more radical chorus of criticism raised by philosophers of science over the last 25 years. Their criticisms challenge the objectivity of any scientific investigation or the truth-value of its results.

Practitioners of science have been taught that the surest route to certainty in the pursuit of knowledge lay in rigorous adherence to the rules of scientific methodology. Psychologists have assumed, quite naturally, that this guarantee would generalize to their discipline as well, as long as they were equally scrupulous about adhering to the scientific method. There is admittedly some debate as to whether the natural-scientific method is appropriate to psychological subject matter, or whether it generates only trivial knowledge when employed by psychologists (Koch, 1974). Nonetheless it is generally taken for granted that, trivial or not, the knowledge so obtained is somehow more certain than that obtained by other means.

This position has been cast in doubt by recent cri-

tics of science, who suggest that our scientific programs actually rest upon unverifiable assumptions. These assumptions are believed to be largely sociocultural in nature and specific to particular historical periods (Kuhn, 1970). These assumptions are made prior to the execution of any science; more importantly, they define the character of scientific activity itself. As a result, they cannot be verified by scientific procedures--which, according to the doctrine of empirical science, is the only way that knowledge can be validated (Popper, 1959). Consequently, there is no assurance that scientific standards are either absolute or unchanging. Feyerabend (1971, p. 228) has gone so far as to suggest that one's preferences in regard to competing theories may be merely a matter of "taste." The character of observational data is believed to be conditioned by the theoretical structure and procedures of the prevailing scientific community--that is to say, observation is "theory-laden" (Hanson, 1972).

Obviously, these conclusions undermine the doctrinal foundations of empirical science. The empirical method, once thought to be the cornerstone of science, has been discredited as the sole route to genuine knowledge. If scientific investigations are to constitute a valid source of knowledge at all, some other way of verifying their underlying assumptions must be available. So far, however, the parties involved have failed to agree upon the nature (or

even the existence) of that principle or procedure. A few critics have abandoned the search altogether, claiming that science is actually a social process; in their view, all judgments as to whether scientific knowledge is valid follow from paradigms that are socially generated and accepted by consensus.

It is not yet settled whether the conclusions outlined above are true of science itself, or whether they are merely the logical consequence of an inadequate conception of the scientific process. I am persuaded by Harris' (1970a) argument that it is the prevailing conception of science that is flawed, and not the process itself. In either case, however, our beliefs about science are clearly in need of fundamental revision. (We will explore this matter further in Chapter Seven.)

It should be apparent that these challenges undermine the empiricist's insistence upon a thoroughgoing separation of fact and value in science. Grunfeld (1973, p. 53) argues that social scientists cannot erase their biases simply by "keeping to the facts": Their judgments as to what constitutes a fact, which facts are to be admitted as relevant, and how these are to be interpreted are already conditioned by the theories they entertain. (Harris, 1970b, makes essentially the same point.) The scientists' judgments are conditioned by other factors as well--e.g., by the values implicit in their initial approach to the phenom-

ena theorized, and (more subtly, perhaps) by their attitude toward the activity of science itself.

We are apt to overlook such preconditioning influences because they are embedded so firmly in the structure of our thinking. When we are aware of them at all, our biases and values seem self-evident or a matter of common sense. More often than not, these are externalized along with the rest of our theoretical framework. Extension transference then comes into play: We begin to treat our biases and values as part of the reality we are observing. This dissociation is actually enforced by empiricist doctrine, first, because it denies that values could be involved in a rigorously "scientific" treatment of facts and, second, because it prohibits the value-critique that could challenge this denial. Grunfeld cautions that "by isolating a theory of behavior from the values on which it is based, we do not make it 'scientific,' we merely take its values for granted" (1973, p. 46).

Psychology is an especially vulnerable target for the argument that scientific formulations are susceptible to the influence of socially-conditioned presuppositions regarding their respective objects. Of course, man's understanding of the natural world in its various aspects may be influenced by his prevailing ideology; the long reign of the Ptolemaic model attests to that. Yet one might only expect that when the object of scientific study is man him-

self, this influence is likely to be magnified considerably. Grunfeld even suggests that

most of the problems of observation in behavioral science stem from the shared humanity of the scientist and his subject matter. Because the behavioral scientist speaks the same language of those whose behavior he is studying, it seems to him as though action is directly observed without mediation of hypotheses. Yet that meanings are shared is only a presumption and different interpretations of the empirical findings are always possible. (1973, p. 48)

No area of scientific investigation can compare to psychology in terms of the depth to which its object is a matter of human interest. The most rigorous possible adherence to the traditional methodology of science may still be insufficient to safeguard against introducing our biases and values into our psychological models of man.

Since the Enlightenment, scientists and moralists have acceded (tacitly, for the most part) to partitioning experience into two discrete realms, that of natural phenomena and that of human affairs, each group claiming its own jurisdiction. This partition corresponds to the purported separation of fact and value. The once precise division between these realms has become increasingly indefinite, however, owing largely to the rise of psychology as a formal science. The subject matter of psychology cannot be fitted neatly into one category or the other, in contrast to those of either the natural sciences or moral and political philosophy. For this reason, the identity crisis to which science has succumbed recently is focused most

sharply in psychology.

When psychologists approach their subject matter unself-consciously, they are more or less indifferent to the traditional lines drawn between science and ethics. They move rather freely between statements of fact and assertions of value, although this movement is disguised partly because both are framed in the language of psychology. Trouble arises when psychologists are pressed to declare their allegiance in terms of that two-category system. They have opted overwhelmingly to align themselves with the factual rather than with the moral, but this is ultimately an untenable solution. One might conclude from this that psychological investigations are destined to remain subjective and therefore undeserving of scientific status. There is an alternative, however. The acute polarization of the scientific and moral attitudes in psychology may provide the opportunity for a synthesis that might spearhead the impending redefinition and renewal of science. We will explore this possibility later.

Psychotherapy and Moral Responsibility

For the most part, natural scientists engaged in routine research and its application have been indifferent to the recent crisis in our understanding of science. To the scientifically inclined, it seems almost ludicrous to deny that the deliverances of modern science constitute

real knowledge, so philosophers of science have been left to debate their epistemological concerns among themselves. The widespread indifference to these concerns about science can hardly be countenanced, however, given their profound moral and practical implications. For one, we can no longer trust that the changes wrought by modern science necessarily represent progress. It is up to us to determine whether the values embodied in the technological extensions shaping our material world--and our collective lifestyle--are adequate. So far only a few scientists have abandoned the spurious mantle of value-freedom to join the ranks of concerned laymen who have begun to ask such questions.

The moral implications of the current crisis in science are even more compelling with respect to the theory and practice of psychology, so the need for a critical examination of the values embodied in those activities is correspondingly greater. As was noted earlier, much of what we believe to be objectively true of human nature may be actually a projection of our own unexamined and possibly inadequate values and preconceptions. Consequently, it is hazardous to assume that developments in psychological science will lead ineluctably to the proper understanding of human nature. Koch (1974) alludes to the moral repercussions that accompany the adoption of any of our purportedly factual models of man:

Such "knowledge," when assimilated by a person, is no

neutral addition to his furniture of confusions: it has an awesome capacity to bias the deepest attitudes of man towards Man, to polarize sensibility. After all, the formulations of the positive study of man pretend to define human reality, to delimit the ends and mechanisms of conduct. (Koch, 1974, p. 7)

The message here is clearly that we should be circumspect about the psychological mold into which we would cast ourselves, suggesting that a critical examination of the values entailed in psychological theory and practice is in order.

As I see it, the activity in which psychotherapists are engaged is essentially that of establishing how, according to the principles of psychology, a person ought to conduct himself or herself. Psychotherapists articulate their psychological insights in practical terms, and then assist or instruct individuals in applying these to the mundane affairs of living. Although undoubtedly susceptible to some qualification--the details of which would depend upon one's theoretical orientation--this characterization does lay bare several basic issues: Are there indeed any objective principles of psychology? If so, what are they and how are they derived? Is the implied (or even explicit) "ought" of psychotherapeutic prescriptions of a moral or a nonmoral nature? Are psychotherapists merely technicians who render their services on a contractual basis, or are they de facto arbiters of moral conduct? Unfortunately, our understanding of these issues has advanced little in the 25 years since the problem of values in psychotherapy was addressed

in its own right.

In simple terms, the psychologist must reconcile the demands of two masters, science and ethics, for his activities straddle their traditional domains. On the one side, he owes much of his current authority to his alignment with science. Having been taught to believe that scientific pursuits automatically enjoy both conceptual validity and technical efficacy, we tend immediately to grant psychology a certain credibility. On the other side, the psychotherapist appears to be the modern counterpart of the shamans, ministers and teachers of earlier moral traditions, at least in terms of his social function. This resemblance prompted London (1964) to describe the psychotherapeutic discipline as a secular priesthood--in his words, the "saving guild."

Even if Koch (1974) is correct that psychotherapists are something less than exemplary scientists--a judgment that presumes the current definition of science is sound--it still seems plausible that they are something more than priests or dogmatists. What they are exactly, and what they do with respect to the categories of science and ethics will be the subject of our discussion.

The one conclusion we cannot avoid is that, by the very nature of their activity, psychotherapists advance and promote moral values of some sort.

When psychotherapists practice their discipline,

their principal intent is to influence in some predetermined way the thoughts, feelings and behavior of their clients. In this regard, it is irrelevant whether they employ explicit directives and behavioral interventions or more subtle techniques such as reflection and interpretation, as long as the intended outcome is obtained. Psychotherapists cannot disavow the influence they wield over others without undermining the claim that psychotherapy is effective (London, 1964). They have no choice but to assume responsibility for the nature of their influence.

What is the nature of the psychotherapists' influence? It is virtually axiomatic that all deliberate and reasoned change efforts are meant to achieve ends considered worthwhile by their initiators. The implicit (or explicit) basis for deciding whether some end is worthwhile is one's understanding of fundamental human interests-- i.e., moral interests. Hence, such selections entail moral judgments, and the change efforts designed to realize those ends involve the advance and promotion of particular values. There are no unassailable arguments for exempting psychotherapeutic change efforts from this general characterization. Therefore, to the extent that psychotherapists advocate, approve, direct or support certain changes, they are affirming concurrently the differential value--moral value--of the corresponding ends.

As I indicated at the outset, principles and pre-

scriptions for human conduct have been traditionally the domain of ethics. Yet the principles and prescriptions of applied psychology apparently serve the same function--namely, that of guiding persons in the proper conduct of their lives. Admittedly, the therapists' interpretations and interventions are framed in a language unlike that of any traditional system of moral governance, and in promoting their model of psychological man they seem to display little of the dogmatism typically associated with those traditional systems. But the novel language may only obscure the values implicit in the therapists' scheme, and the apparent absence of dogmatism may actually suggest that we have already been indoctrinated successfully into that system of values.

I am not suggesting that there is no significant difference between the psychotherapeutic program and traditional ethical systems. We will find later that there is indeed one of great significance. My point is that we should not allow any superficial lack of resemblance between them to obscure their common function: to provide moral guidance. As change agents, psychotherapists are perforce moral agents. Because their object is to change persons along certain lines, they cannot help but to advance and promote particular values.

Once psychotherapists acknowledge this, they may recognize that it is their moral responsibility to ensure

that theirs are the most adequate values available. From the moral point of view, the value of psychotherapy itself rests in the adequacy of the values that therapists advance and promote. If these values are inadequate in some respect, they are liable to lead persons into the sort of error and conflict that moral reasoning is meant to avert.

It is obviously inconsistent with the therapists' fundamental commitment that they might risk engendering error or conflict, even if only unwittingly. After all, they find themselves in a position of moral agency precisely because they intend to bring about worthwhile changes. The assurance that psychotherapeutic values are adequate can come only from a vigorous and open critique of the moral implications of the psychotherapeutic program.

The call for an ongoing value-critique should not be read as a moral indictment of the psychotherapeutic enterprise. It would not constitute even an external constraint, either upon the practice of psychotherapy or upon the intellectual freedom of its proponents. To the contrary, a critical awareness of values is fundamental to the entire undertaking. Bergin (1980) anticipates this in part, warning his colleagues: "If we are unable to face our values openly, it means we are unable to face ourselves, which violates a primary principle of professional conduct in our field" (p. 102).

This principle of critical self-awareness is more

than a matter of professional conduct, however. It is entailed in every program of psychotherapy--the circumscribed and highly focused behavior therapies as well as the broader psychodynamic and existential approaches. I will try to show in the following chapters that the psychotherapeutic enterprise is founded on the self-critical analysis and modification of human values. Indeed, the natural human activity extended as psychotherapy is the value-formative process itself.

Our investigation is planned as follows:

In Chapter Two, we will explore in more detail why psychotherapists are reluctant to pursue the problem of value-involvement in psychotherapy. We will also note some of the ways in which therapists as well as their clients introduce moral values into psychotherapy.

Chapter Three begins with another look at why values are intrinsic to the psychotherapeutic program. We will discover that, on the one hand, current approaches to therapy promote somewhat incongruous value-systems, while on the other hand, most therapists are agreed on one position with respect to values. The unsatisfactory implications of each will be indicated.

Chapters Four and Five examine various considerations that point to the need for an explicit self-critical inquiry into values as an ongoing part of the psychotherapeutic enterprise. Chapter Four argues that in order to

ensure that the psychotherapeutic design for living is an adequate one, the value presuppositions that condition its theoretical formulations and strategies for intervention must be elucidated and scrutinized. Social and normative values should be subjected to similar scrutiny. Chapter Five discusses various objections and subtle forms of resistance to psychologists' adoption of an ongoing value-critique, demonstrating that these lack a defensible foundation.

Chapter Six begins with an examination of the ambiguity that currently pervades psychologists' understanding of the relation between the psychotherapeutic ideal and social and normative values. We will find that inasmuch as no existing value-system (including the current psychotherapeutic ideal) can be employed justifiably to evaluate its rivals, some other standard of moral valuation is required. An alternative approach to value-critique will be discussed, and it will be argued that the psychotherapeutic enterprise itself is implicitly an embodiment of the process of value-inquiry.

Chapter Seven explores the meaning of objectivity and the nature of scientific inquiry, for one of the major obstacles to incorporating an ongoing value-critique into psychology is the belief that science and ethics must be entirely discrete realms of discourse. We will consider the possibility that the activity of formulating and jus-

tifying a system of moral governance is actually a continuation of the scientific process, and not a departure from it. I will argue that psychology is both the apex of scientific inquiry and the nascent manifestation of an objective value-formative process.

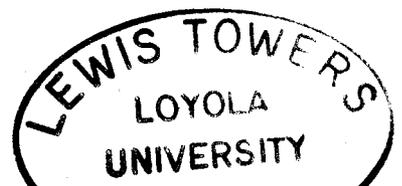
The final chapter, Chapter Eight, is a brief overview of the foregoing issues, and a restatement of the basic position of this thesis--that the psychotherapeutic enterprise implicitly constitutes a concrete synthesis of science and ethics.

CHAPTER II

ASPECTS OF VALUE-INVOLVEMENT IN PSYCHOTHERAPY

It would be misleading to suggest that there has been no interest in the issue of values in psychotherapy. Over the last 25 years a number of prominent psychologists have acknowledged that values play a significant role in psychotherapy. Articles on values now appear with some frequency in several professional journals, an indication that it has become a legitimate topic for discussion.

Although this attention to values may be considered a sign of progress, the issue remains one that is peripheral at best. Most psychotherapists have not yet grasped the immediate implications of their involvement with values, so their approach to the activity of psychotherapy has gone largely unaltered. The scientific attitude toward change is understandably conservative, even inertial, and it is indeed a tremendous challenge to reconcile science and ethics. Yet most therapists devote little attention to values except those introduced by the client. Their awareness that other values may be involved in therapy goes hardly beyond the recognition that they must monitor themselves for any intrusion of personal values into their work. The latter is sound advice, of course, but it is little more than an elaboration of traditional admonitions



regarding countertransference and therapist subjectivity.

The psychologist who hears the term "ethics" in connection with his work is likely to think first of "professional ethics." A code of professional ethics is a set of standards established by a professional organization in order to regulate the activities of its members, and especially to promote propriety in certain aspects of their relationship to the public. The principles devised by the American Psychological Association (APA, 1981) constitute one of the most comprehensive ethical codes of its kind.

Professional codes of ethics address only a narrow range of moral issues, however. Such standards are more analogous to civil law than to ethics proper, and their relation to ethics is similar to that of civil law. Yet it is typically the only formal instruction in ethics offered to students in clinical training programs in psychology. Too often, according to Zemlick (1980), even this is provided only to comply with minimal standards mandated recently by the APA. One might wonder whether this indicates a lack of resolve on the part of the psychotherapeutic discipline to take seriously its moral agency.

Psychotherapists have responded so sluggishly to the issue of their own value-involvement for a variety of reasons. We have already considered those concerns common to all scientists. In this chapter we will examine several others that pertain specifically to psychotherapists.

Afterwards, we will begin to explore the reasons that their attempts to circumvent moral problems are untenable.

Confronting the Problem of Values

Psychotherapy was devised originally as a system of practical techniques for resolving problems considered psychological in nature. To this day, despite its broad impact upon life outside the confines of the traditional therapy setting, the program remains geared primarily toward structured, individual-oriented intervention. Given this emphasis upon technique, therapists have been brought up with the notion that they are applied scientists or technicians, whether or not their techniques parallel closely those of the applied natural sciences. Their preference for a pragmatic approach to problem-solving is understandable, inasmuch as they have been entrusted to provide service to persons searching, sometimes desperately, for relief from their troubles. The pragmatic approach affirms the primacy of activities intended to identify, perfect and implement whatever "works."

Having adopted such priorities, psychotherapists may perceive the demand for moral critique either as an impractical distraction or as a disconcerting complication. Yet in order to ensure that their achievements constitute real progress toward bettering the human condition, a critical inquiry into values may be indispensable. This inquiry

would have to encompass not only those values embodied in existing psychotherapeutic programs, but also any objective moral imperatives that ought to guide our conduct and our development. Otherwise, we could not be certain that our short-term interventions were congruent with our essential, long-term interests.

Psychotherapists are trained to implement models of diagnosis and intervention in applied treatment settings. Their curriculum provides little, if any, exposure to moral discourse, and they are neither advised nor encouraged to inquire into the value presuppositions of their field of study. Considering their lack of preparedness, it is not surprising that therapists are reluctant to discuss values. Yet we should not mistake this reluctance for an uneasiness with abstraction. Modern psychology is deeply rooted in philosophical tradition, and it is only the current intellectual bias that obscures this relation. Koch (1974) even suggests that, for the most part, our psychological texts and treatises are comprised of philosophical speculations, embellished with references to research results of questionable significance. Psychologists' reluctance to discuss values betrays more an antipathy toward anything reminiscent of the "unscientific" roots of their discipline than some vague uneasiness with abstract speculation.

Other factors may contribute to the profession's relative neglect of value-related issues. Weisskopf-

Joelson (1980) suggests that psychotherapists may be unwilling to give up the pretense of value-freedom because it might disrupt the profession's current status before the public. She cites several possible consequences: loss of the prestige borrowed against the public's trust in science; a drop in public support and in professional fees; pressure to modify criteria for the selection and training of therapists; and the obligation to substitute a tentative and humble manner for their authoritarian (if benign) one.

Weisskopf-Joelson hardly flatters the profession, but Albee (1980) asserts unequivocally that a "trend toward status and self-interest" is becoming more prevalent among practitioners, at the expense of their sensitivity to matters of social responsibility. There is apparently little sentiment among therapists that such motives violate the letter of their professional standards of conduct. It is the implicit spirit of those standards that is in question here. One might argue, of course, that this trend merely reflects that of our present society. Yet if therapists are indeed moral agents, they ought to examine their values explicitly. This seems unlikely to occur as long as they accept the model of professionalism encouraged nowadays.

Although such factors as these have undoubtedly contributed to the current impasse, they may not constitute the most serious impediment. The reluctance to admit that value-involvement exists is not universal among psy-

chotherapists; indeed, there are some who acknowledge rather matter-of-factly that psychotherapy is laden with values, including moral values. The problem of value-involvement becomes particularly controversial once that acknowledgement has been made, for there is little, if any, consensus as to how values should be approached.

Not surprisingly, the issues here differ little from those that have occupied moral philosophers for ages. This is merely testimony to the perennial difficulties that accompany any attempt to orchestrate human behavior. Yet, upon entering the arena of behavior change, applied psychologists must inevitably confront these difficulties head-on. In a few words, the dilemma therapists face is that they must formulate moral judgments in the apparent absence of an explicit and well-defended standard of valuation.

London (1964) suggests that psychologists are reluctant to tackle this dilemma largely from trepidation at its breadth. Problems of a moral nature demand a far more comprehensive approach to human conduct than most contemporary psychologists have been taught to accept as legitimate. Recall, for example, that according to the prevailing doctrine of science, we minimize the risk of corrigibility by following conventional methodological procedures. Questions pertaining to values have been left in a virtual limbo because, unless truncated severely, they fit poorly into that framework. If psychologists were to address such

questions, they would have to venture onto uncharted waters where their conventional instruments were relatively useless. Instead, they have steered a cautious course, adhering to circumscribed rules and procedures in their conceptual approach to technique as well as in the research laboratory. Ostensibly, the lesser risk of corrigibility should compensate for the restriction of scope.

The plausibility of this rationale rests largely on the assumption that the movement of science is inherently positive or progressive. We have already found that this assumption is far from certain. Bereft of such support, the risks attendant upon any narrowly scientific approach begin to overshadow its supposed advantages. As long as we dismiss the awkward issue of value-involvement in psychotherapy, we are apt to ignore not only the moral dimension of the therapist's activity, but the moral dimension of psychological problems as well.

Szasz (1970) argues along these lines in his critique of modern psychiatry. For the most part, scientific theories of human behavior have devoted scant attention to the moral dimension of human relations, particularly the moral aspects of human conflicts. According to Szasz, the medical-scientific approach to psychopathology assigns overtly amoral and impersonal explanations to problems that, in truth, cannot be understood properly without reference to issues of a moral nature. Thus, he asserts, the psychiat-

ric perspective virtually obscures the conflicting human needs, aspirations and values that are at the heart of many behavioral problems. Yet theorists and practitioners continue to employ that approach, ignoring that its categories are actually laden with covert value judgments. Szasz concludes that this perpetuates what is essentially a massive fiction, the "myth of mental illness."

This argument is commonly read with an emphasis upon the negative function of the "myth," i.e., the purported misidentification of certain behavioral phenomena as psychiatric disease entities. Consequently, its impact seems to have been blunted by current advances in the study of the biological bases of severe symptomatology, as well as by recent (at least token) acknowledgments that many of the less disruptive behavioral phenomena can be treated as problems of living.

Szasz does not proffer a simplistic equation of myth and falsehood, however. Myths generally have a positive function as well, in the sense that they service some human need. According to Szasz, the positive function of the myth of mental illness is to "render more palatable the bitter pill of moral conflicts in human relations" (1970, p. 24).

In short, we may be reluctant to admit that human life is inherently fraught with moral difficulties. So, rather than face the disturbing prospect that the problems

of living have no straightforward and certain solution, we promote an oblique perspective that offers at least an illusion of moral security.

In their search for a suitable palliative, the covert moralists of "psychological man" appropriated the one problem-solving strategy that seemed unassailable, namely, that of modern science. Their rationale was this: If only our difficulties could be rendered in terms amenable to scientific treatment, then, by its slow yet certain progress, science might eventually provide valid solutions. To all appearances, these requirements were met in the psychotherapeutic enterprise. Its aspirations were avowedly scientific, and at least some attempt was made to carry them over into the actual design of its programs. Indeed, until quite recently, it had seemed entirely plausible that the psychotherapeutic technology could promote the mental health and well-being of persons without having to promote-- or at least to defend--particular values.

The scientific-technical approach was not advanced merely as a subterfuge of moral values, of course. First and foremost, its intent was to apply the most trusted instrument of knowledge-seeking available to real human problems, in the hope of attaining valid solutions. Yet this is hardly separable from its other apparent advantage, namely, that it circumvents the dilemma of having to make value-judgments without incorrigible standards to base them

upon. It is easy enough to appreciate why such an approach would be attractive. The natural sciences have displayed both a remarkable consensus regarding procedural principles and an impressive track record as regards the convergent validity of their results. In marked contrast, ethical studies have been plagued by a decided lack of consensus in their approach to moral issues, resulting in the proliferation of conflicting values and apparently incongruous belief systems.

So far we have indeed failed to develop a coherent and universally accepted program of human conduct along explicitly moral lines, and it is uncertain whether we will ever be able to do so. But the maneuver of substituting the scientific-technical world-view for former ones has proved to be little more than a temporary panacea. Its initial promise was an illusion, fostered by its continual failure to consider the dimension of values and value-conflict. This dimension was avoided by consistently redefining value-conflicts as problems of a nonmoral nature (London, 1964; Szasz, 1970; Weisskopf-Joelson, 1980).

In essence, the illusion is that moral problems, if not resolved, have at least been rendered irrelevant in the effective governance of human conduct. It encourages people to believe, as Szasz puts it, that "mental health, conceived as the absence of mental illness, automatically ensures the making of right and safe choices in the conduct

of life" (1970, p. 23). This notion is patently false, however. It also subverts the basic intent of ethics, which is to submit all human aims and actions to moral critique.

The "good life" is fundamentally a moral concept, and only derivatively a scientific-technical one. The essential link between an ideal standard of conduct and ethics may be lost when the former is reduced to the psychoanalysts' notion of adjustment or the humanists' notion of self-fulfillment. If we restrict our discussions of human conduct to those technical languages, we may fall unwittingly into moral complacency. As Hall (1976) observed, one might overlook critical issues because the only problems considered relevant were those defined by one's theoretical system. The risk is that we might pursue some course of action with unreflective enthusiasm, only to succumb later to inadequacies that had gone undetected, unexamined or ignored. Yankelovich (1981) argues convincingly that we are headed for such disillusionment as the humanistic design for living continues to break down and its inadequacies become apparent.

These considerations suggest that we cannot rely permanently upon any approach to regulating human conduct that neglects its basis in the process of value judgment. To do so only obscures the practical advantage of submitting values to moral critique. If we fail to recognize that the order we try to impose upon human behavior follows from our

values, it is unlikely that we will examine those presuppositions carefully. The purpose of moral critique is to ascertain the degree to which particular values are justifiable, in terms of fundamental human interests. This commitment implies that values that cannot be justified or that prove to be inadequate in some respect do not merit unqualified adherence.

Here we reach the crux of the problem of values for psychotherapists: How are we to go about the task of submitting values for justification? Specifically, what standard are we to employ in order to determine the relative adequacy of particular values?

These questions are perplexing to the modern mind, particularly to one with a scientific bent, biased by epistemological concepts rooted in the empiricist tradition. That tradition, it will be recalled, defines objectivity in terms of adherence to certain methodological procedures applicable to the category of facts but inapplicable to that of values. It is widely believed that although statements of fact can be demonstrated to be true or false, there is no way to decide objectively whether one value is better than another. In other words, value judgments cannot be entertained with the same kind of certainty with which scientific judgments are held.

Of course, this leaves open the possibility that there could be some other kind of certainty, i.e., a sepa-

rate procedure for validating propositions, applicable to the category of values but inapplicable to that of facts. Such a solution was favored in the 17th century. Bacon, for example, supported the doctrine of "double truth," which asserted that the deliverances of both reason and revelation were valid (Russell, 1945). Originally, this doctrine lent support to scientific claims rather than to moral ones, for the scientific attitude was just beginning to challenge the exclusive authority of the theological and moral establishment of the time.

By the 20th century, however, reason had become identified almost exclusively with the procedural rules of modern science. For most intellectuals, revelation had lost all but its emotional appeal. Once ethics was deprived of either support, the belief became more widespread that values were a subjective matter. The social sciences contributed, if only unwittingly, to undermining the plausibility of any rational validation of values. Proponents of emotivism and ethical relativism--popular theories that advance a nonrational approach to values, rooted in positivist and empiricist assumptions--have sought support in social science data (Blanshard, 1966; Kitchener, 1980). Overall, the intellectual mood at present is one that makes any nonscientific (i.e., nonempirical) approach to validation seem somehow inferior and less trustworthy, however vague that feeling might be. The recent challenge to the proce-

dures of science only confuses matters more, since it casts doubt upon any attempt at validation whatsoever.

The fact remains that psychologists must make judgments of relative value whenever they attempt to manipulate human behavior. They must discriminate and choose from among possibilities that are often mutually exclusive. Therapists' selections make sense only insofar as they follow from some rank-ordering of the relative worth of the imagined alternatives. It is not necessary that these judgments be explicit; frequently, they are left implicit or taken as self-evident. But, whether implicit or explicit, this ordering of alternatives must occur. Otherwise, all alternatives are of equal status, and the distinctions among them provide no systematic basis for discriminating among various behaviors.

In short, we are at an ideological crossroads. Either we must conclude that our judgments are arbitrary, and abandon the task of directing behavior, or we must affirm that our choices are subject to justification, at least in principle, and attempt to develop the means of doing so. Yet, as Kitchener (1980) suggests, there should be no question among psychotherapists as to which course they are committed.

The Client's Moral Concerns

Moral values are introduced into psychotherapy in a

variety of ways. A few of these are obvious, but most are subtle and unintended. For the purposes of our analysis, we may isolate three sources of value-involvement in psychotherapy: the therapy client, the psychotherapist, and the psychotherapeutic program itself. In this section we will look at how the client introduces values into psychotherapy. We will examine the other sources of value-involvement in the next section and again in the following chapters.

Of the three, the client is the most readily identified source of value-involvement in psychotherapy. This is obviously so when in the course of treatment the client brings up a particular moral problem or moral conflict that he or she is experiencing at the time. Here the therapist is confronted immediately and openly with the question of how such issues should be handled in therapy. As we have already seen, this is a difficult question for therapists, inasmuch as their studies provide them little, if any, direction in dealing with moral values. Several approaches have been suggested and tried which avoid the therapist's direct involvement in promoting particular solutions to moral problems, but we will find that ultimately none of these is satisfactory.

The question of how to handle the client's moral concerns in therapy is not an uncommon one for the therapist. As the editors of an early symposium on values in counseling pointed out,

many of the problems which he is called on to help solve relate to moral values and their violation in the most direct possible manner: to sexual irregularities, vocational irresponsibility, guilt, religious defection, hatred, deceit and all the varieties of misconduct to which troubled people seem prone. (Bier & McCall, 1959, p. 143)

Before that, Rosenthal (1955) had garnered empirical support for his assumption that moral values centering around sex, aggression and authority were commonly involved in neurotic conflicts and that the client's improvement in therapy was related to changes in his or her values. According to London (1964), clients bring up moral issues in therapy because such concerns are genuinely troubling to them, and they seek the therapist's guidance in resolving their moral conflicts because they feel that some resolution is necessary if they are to live more harmonious and more satisfying lives.

In the last section we discussed Szasz's contention that many of the problems encountered in living are moral problems, or at least involve moral issues. Both Buhler (1962) and Lowe (1969) suggest that this may be particularly true now, as compared to former generations, inasmuch as there seems to be considerable confusion over basic values. Without the benefit of a stable, shared tradition, we are left in an environment of perpetual moral ambiguity. Competing values vie for our allegiance, and our attempts to adhere simultaneously to mutually incongruous values predispose us to tension, confusion and conflict. Moreover, we

must continually interact with others who do not share our values, thereby magnifying even further the possibility of occasioning such undesirable consequences.

All in all, it is clear that value-related problems are likely to be a common feature of modern life--emotionally as well as intellectually, and interpersonally as well as intrapsychically. It is no wonder that people bring up these problems in therapy, especially since they have been taught that psychotherapy is the most effective vehicle for working out the problems encountered in living. Therapists must take responsibility as well as credit for the layman's trust in the efficacy of psychotherapy, for it is this they have worked hard to promote.

Initially, of course, psychotherapy was not intended as a setting in which moral issues could be dealt with. It began as a relatively circumscribed treatment for the relief of specific physical symptoms. But, as London (1964) points out, its scope was expanded almost immediately. As clients were given permission to talk about their general concerns, it was discovered that they were sometimes relieved of the troubling symptoms that had brought them into treatment; even more frequently, they were relieved of other less focalized but no less troubling dissatisfactions with themselves. In light of this, therapists followed what seemed to be a natural sequence of inferences:

Once a connection had been made between disorders of

bodily function and psychological conflict and discontent, permitting the argument that the basic problem which gave rise to ailments was a psychological one, it became reasonable to think that psychological problems should be treated even if they had not yet produced physical ailments in a person. Finally, and equally plausibly, it was argued that psychological problems should be treated even if they would never give rise to physical illness, for physical ailments are peripheral events and psychological problems central ones in the lives of modern men. (London, 1964, p. 18)

In short, moral values are introduced into psychotherapy as soon as it admits consideration of the clients' concerns regarding the ways in which they behave, the ends that they seek, or the manner in which they interpret the meaning of their experiences. As we have already noted, these are fundamentally moral concerns, whether or not they are addressed explicitly in traditional systems of moral governance or even discussed in terms of right and wrong. Once this transition is effected, psychotherapy ceases to be merely a medical treatment: It is transformed from a procedure for curing psychosomatic disease into a vehicle for discovering how to conduct oneself so as to minimize the tensions, confusions and conflicts encountered in living. Hence, even the psychotherapists' prescriptions are no longer medicinal--they are moral.

Psychotherapists are generally able to remain indifferent to the moral significance of their clients' concerns as long as conduct, aims and meanings can be discussed in the amoral language of psychology. However, this becomes far more difficult when the client violates the overtly

value-free environment of the psychotherapeutic interaction by framing his or her concerns in explicitly moral language or by raising an issue that is inescapably moral in its ramifications. Then the therapist is faced squarely with the problem of how to handle moral values in therapy.

Ironically, the introduction of moral concerns into psychotherapy is considered a problem for therapists for the same reason that values have become such a problem for their clients--namely, because there is no universal consensus as to which values should be considered proper. If there were some thoroughgoing agreement as to which constituted the proper values, there would be no question as to the ways in which the clients should behave, the ends that they should seek, and the manner in which they should interpret their experiences. Indeed, if the answers to these questions were self-evident, we might not even recognize that they were value-determined at all.

That is not the case, however. Most therapists are aware that values are partisan issues in this pluralistic society, and that venturing particular solutions to value-conflicts is tantamount to taking sides. As we have seen, the therapist's role is defined as that of an applied scientist, and traditional science provides no criterion with which therapists could evaluate the moral adequacy of alternative solutions to value conflicts. The only judgments they believe themselves competent to make are technical

judgments. Even psychotherapists who are acutely aware of value-involvement in psychotherapy reject the possibility that they might render or promote particular moral judgments. Patterson argues, for example, that the therapist should "leave to the family, the church and the school, as institutions representing the moral and ethical standards of society, the teaching of such standards" (Patterson, 1959, p. 74).

Later we will discuss in some detail whether, in contrast to this position, the psychotherapeutic enterprise itself is one such moral institution in modern society. For now, we should note that even the therapist who disavows rendering his own moral judgments must still respond somehow to the client who raises explicitly moral concerns. Therapists have considered several options in this regard.

The most radical solution is to prevent the client from introducing moral issues into therapy at all. Because values necessarily accompany the client's expression of general concerns about his or her problems in living, this could be accomplished effectively only by restricting the scope of concerns with which psychotherapy dealt--reversing, in effect, the trend that London noted. Some behavior therapists have indeed attempted this, by restricting their practice to the most morally innocuous problems (e.g., phobias, enuresis, unwanted addictions to alcohol or tobacco, and the like). However, these are not the kinds of prob-

blems for which the majority of people turn to therapy for help, and the trend among other behavior therapists is to broaden rather than to restrict the scope of problems to which they would apply their techniques.

If the therapist does not adopt that restrictive approach, he must respond somehow within the context of the therapeutic interaction when the client raises a moral concern. Buhler (1962) describes the variety of rather divergent approaches that therapists have adopted in such situations. For example, a therapist may react to his client's concern with silence. He may give any number of verbal responses: reflecting the client's remark, or interpreting it in psychological terms, or even attempting to change the subject. His reaction may be supportive or disapproving or overtly neutral. Some therapists may actually offer their personal opinions, with or without labeling these as their own.

However, according to London (1964), no approach can extricate the therapist from involvement in the moral dimension of the client's problems. The therapist has already committed himself to a position of moral agency the moment he allows the client to raise a moral concern--regardless of the attitude he assumes once the issue has been broached. London's point is that the client who has raised an issue in moral terms is bound to interpret the therapist's response within a moral framework, whether or not

the therapist intended that his response be read as a moral position on the client's issue. Even a therapist's silence or his psychologistic restatement of the issue will influence the client's attitude toward his or her value problem.

We should bear in mind here that the client typically invests a great deal of faith in the authority of the therapist, as well as in the efficacy of the psychotherapeutic process itself (Frank, 1961). He looks to the therapist for solutions to his questions and conflicts over his behavior, his aims and the significance of his experiences--all of which have a distinctly moral dimension. Even if the client understands the therapist's reservations about introducing moral subject matter into psychotherapy--and it is by no means clear that most clients do--he may be unable to observe those conditions in his own mind. Of course, depending upon the therapist's way of responding, the client may learn either to remain silent about his moral concerns or to reframe them in the therapist's oblique language. But for him the issue is a moral one, and one that is both relevant to his psychological distress and unlikely to go away merely by avoiding it or translating it into nonmoral terms. If the therapist ignores this, or attempts to impose his notion of value-free therapy upon the client, the meaning and purpose of therapy may end up being something quite different for each of them.

So therapists cannot avoid communicating to their

clients some stand on the moral issues they bring with them, by their mere presence in the therapeutic interaction when those issues are raised. (We will discuss another sort of communication shortly.) The most important point here is that because the message read into this communication is largely a matter of the client's inference, the moral position ascribed to the therapist in any instance may not correspond to his actual position, if indeed he has formulated one. Naturally, if the therapist refrains from making his own position explicit, such discrepancies are more likely to occur. In this event, the client could only project onto the therapist his own imaginings as to the latter's position on his moral concerns. I believe that this situation is potentially more serious than others in which projections onto the therapist occur, for here the client is left particularly vulnerable to his own neurotic distortions. The client has no opportunity to test the veridicality of his imaginings unless the therapist reveals his own position. Yet this is precisely what therapists are reluctant to do, for the reasons noted earlier.

In short, however reluctant therapists may be to involve themselves in the moral problems of their clients, the point is that they are already involved. Therapists influence their clients by their response to the moral concerns raised in the context of therapy, whether or not they intend or even desire to have such influence. There is no

way to extricate themselves from that involvement short of removing themselves altogether from the therapeutic interaction.

The question, then, is whether therapists should allow the impact that they have on their clients in moral matters to go unchecked, or whether they should assume responsibility for their influence and attempt to exercise some deliberate control over it. To my mind, when the issue is laid out in these terms, therapists have little choice but to assume that responsibility and to address the problem of values explicitly. In the following section we will see that there are other reasons for doing so as well.

The Therapist's Value Input

Every individual has moral concerns--i.e., concerns regarding his behavior, his aims and the meaning of his experiences. Although he may be uncertain about these in some respects, he must possess a relatively stable core of assumptions about the way he ought to live. Life is essentially activity, and (at any level we consider) living activity must be organized and directed along some lines. Hence, some more or less orderly framework of guiding principles is absolutely prerequisite in order for an individual to function at all. This framework is not merely an intellectual construct, however. Indeed, it may remain largely unconscious in most persons. But, whether articu-

lated or not, it is integral to the individual's identity, expressed in his personality and in the design of his ongoing activity. We may designate this core of explicit and implicit assumptions as the individual's personal system of values.

All of this must apply to the psychotherapist, of course. He too must hold some assumptions about right conduct and about the proper ends to pursue, embodied in his personality as much as in his conscious convictions. Consequently, we cannot expect that he be able to activate or to suspend his personal value-system as he moves back and forth between his roles as private citizen and as professional. It remains at least implicit in the character of his unconscious reactions as well as in his deliberate responses. Moreover, the psychotherapist cannot help but to interpret his experiences--including his experience of his clients--in terms of the framework of moral meanings that structures his awareness.

In discussing the client's moral concerns, I indicated that the therapist cannot avoid communicating some moral stand on the client's issues simply because he is present when these are brought up in therapy. Inasmuch as the content of that sort of communication is comprised largely of the client's own inferences, it may or may not represent the therapist's actual position. But when we consider that the therapist's values are necessarily implicit

in his attitude and in his behavior, we should expect that he does in fact communicate some of these to the client as well--and that, again, he cannot avoid doing so.

There are at least two respects in which the therapist's personal system of values might be implicated in the psychotherapeutic interaction. First, his values may influence his interpretation of the client's behavior, his formulation of therapy goals for that client, and his unconscious as well as his deliberate responses in the therapy setting. Secondly, and as a result, the therapist's values may be communicated to his client in ways both direct and indirect; whether intentionally or unintentionally, the therapist may actually impose or impress these values upon the client to some extent. Clearly, if there is any substance to these considerations, the therapist's value input plays a significant role in determining the course of the psychotherapeutic interaction.

As a matter of fact, most authors who discuss the problem of values in psychotherapy acknowledge that the therapist's personal values are manifested in his activity and communicated to his clients. In an early review of related research, for example, Patterson (1959) marshalled considerable evidence to suggest that the therapist's values influenced those of the client, as well as affecting the character of the therapeutic interaction, in ways that were usually unintended and so subtle that neither the ther-

apist nor his client was even aware of them. Since then, others have developed further the implications of these initial indications of the therapist's personal value-involvement (e.g., Buhler, 1962; London, 1964; Lowe, 1969; Szasz, 1970; Weisskopf-Joelson, 1980; Wilder, 1971).

One particularly seminal piece of research was Rosenthal's (1955) study of changes in clients' values following psychotherapy. He found, first, that clients tended to revise certain of their moral values (specifically, those centering around sex, aggression and authority) over the course of therapy. Second, those clients who had revised their values in the direction of their therapists' values were rated (on several independent measures) as having improved, while those who had revised their values away from their therapists' values were unimproved or worsened.

According to Rosenthal, these findings support the notion that a client may not only perceive his therapist's values, but may also be influenced by them--regardless of the therapist's efforts to avoid promoting or even revealing his own moral position. A later study by Welkowitz, Cohen and Ortmeyer (1967) provides clearer evidence of this. They demonstrated that clients who had been assigned randomly to therapists were more likely to share their own therapists' values following therapy than to share the values of the therapists to whom they had not been assigned.

Rosenthal suggests that, inasmuch as most therapists

believe it is improper to exert any influence over their clients' (or patients') values,

it may be that the therapist communicates his values to the patient in many unintended, subtle ways, even when trying to avoid doing so. The patient, who is often sensitized to the therapist's every word and inflection, may be able to receive these communications, and because of his trust, admiration, and respect for the therapist, may permit himself to be influenced by them. (Rosenthal, 1955, p. 436)

This theme is echoed by Frank (1961) and by Lowe (1969), who argue that the client's characterological dependency upon other persons for guidance in structuring his life, combined with his ascription of competence and authority to the therapist, are likely to make him highly suggestible and prone to adopt his therapist's personal value-system.

While not rejecting this interpretation, Pepinsky and Karst (1964) suggest a broader context for understanding the finding that clients tend to assume their therapists' values. Drawing upon considerable and diverse evidence, they conclude that "every therapeutic interaction is characterized by an amount of convergence, which involves a measurable shift in client behavior toward that of the therapist" (p. 335). These authors conceive of this shift in the client's behavior and beliefs as an analogue of the process of convergence or conformity in judgment-making and other behavior elicited in the laboratory by experimental psychologists. They consider particularly illuminating the laboratory finding that the uncommitted member of a dyad

will tend automatically to shift his beliefs toward those of the member whose beliefs are firmly anchored--a rather obvious parallel to the therapeutic relationship. According to Pepinsky and Karst, the convergence evident in psychotherapy signals the client's acquisition of the "psychological grammar" provided by the therapist. By this they apparently mean that the client learns to structure his interpretations and his conduct according to the conceptual framework that the therapist represents in various ways. Weisskopf-Joelson (1980) has advanced a similar argument.

Altogether, the arguments and supporting evidence put forward suggest that the psychotherapist does indeed communicate his values somehow to the client and that, in doing so, he may influence the development of the client's values along lines corresponding to his own. The general consensus seems to be that although to some extent the therapist's influence may be unavoidable, it should at least be acknowledged and an effort should be made to keep the therapist's values from insinuating themselves into the therapeutic interaction in ways over which the therapist has neither awareness nor control. Almost all agree that, as the first step, therapists should strive to become more vividly aware of their own personal value-systems. Typical of this is Wilder's (1971) opinion that such an awareness would constitute an analogue of the astronomers' "personal formula," by which a therapist could make adjustments in

his interpretations and responses so as to minimize any distortion introduced by his personal values. Patterson (1959) and Buhler (1962) advise therapists to label their own values and opinions clearly as such whenever these are expressed to the client. Weisskopf-Joelson (1980) argues that inasmuch as the therapists' prescriptions are liable to be colored by their own subjective values, they should present these to the client in a tentative rather than in an authoritarian manner.

The overwhelming sentiment among therapists is that they should not teach moral values nor promote a particular philosophy of life in psychotherapy. Instead, the client should be permitted and encouraged to develop his or her own system of values, without any interference on the part of the therapist. (We will examine this position further in the next chapter.) Only a few therapists (e.g., London, 1964; Murphy, 1955; Samler, 1959) have argued in favor of the opposing view.

What we see in these solutions to the problem of the therapist's value input is the attempt to enforce some separation of the therapist's two roles, that of scientist-practitioner and of private citizen. While acknowledging that their personal values do intrude upon the therapeutic interaction in subtle and to some extent unavoidable ways, most therapists are intent upon minimizing this involvement, or at least upon making adjustments so as to counteract its

unintended effects.

In my opinion, we are obliged to insist (if only as an ideal) that a distinction be drawn and maintained between the therapist as a professional and as a private individual. Inasmuch as the therapist represents himself to his clients and to the public at large as an agent of the psychotherapeutic process, it is hardly legitimate that in practice he function as an agent of his own idiosyncratic moral view of the world. By confounding the two, he risks compromising the psychotherapeutic process. However, for reasons that I will explain shortly, it is inappropriate and misleading to characterize the distinction between these agencies as a separation of roles.

It is a serious mistake to assume that the therapist's value input could be eliminated merely by preventing him from introducing his personal values into the therapeutic interaction. This assumption itself rests upon another misconception--namely, that the therapist's professional role is as free of values as the role of the scientist is purported to be. Rather, as I have already argued, the principles and prescriptions of applied psychology constitute a system of moral values, inasmuch as these are intended to guide persons in the conduct of their lives. The moral underpinnings of the psychotherapeutic enterprise will be examined in more detail in the following chapter. Here it must suffice to note that even if all input from

the therapist's idiosyncratic value-system could be eliminated, those values that were intrinsic to the psychotherapeutic program itself would remain.

Once we acknowledge that the psychotherapeutic program constitutes a system of values, it becomes apparent that the attempt to eliminate value-involvement entirely is pointless--for the attempt would necessitate the annihilation of the psychotherapeutic program. But behind that sentiment there is, I think, the legitimate conviction that values extraneous to the psychotherapeutic process (or actually antagonistic to it) should be excluded from its program. In other words, we should distinguish between the personal values entertained by particular therapists (which may include social and religious values as well as idiosyncratic ones) and those notions of right conduct, of proper aims and of valid meanings that are implicit in the ideal psychotherapeutic program. It is the latter system of values that properly should be communicated and promoted in the psychotherapeutic interaction.

In this light, the insistence upon a "separation" of the therapist's professional and personal roles should be interpreted as requiring that the therapist become more consistently an agent of the values intrinsic to the psychotherapeutic process. To my mind, this necessitates action on two fronts: First, the values intrinsic to the psychotherapeutic process must be explicated. Second, therapists

must modify their own personal value-systems in accordance with those values, in order to reflect more adequately the psychotherapeutic ideal.

Most of our inquiry will be devoted to exploring the problems involved in explicating the psychotherapeutic ideal. But something should be said about the second task as well. I suggested a moment ago that it was inappropriate and misleading to characterize as a "separation of roles" the distinction between the therapist as a professional and as a private individual. This is so, in my opinion, because the purported separation would have to be between two systems of values--one a reflection of the psychotherapeutic ideal and the other personal--and not between value-freedom and value-involvement. As a purely practical matter, I do not believe that it is possible for the therapist to maintain successfully the compartmentalization of two distinct systems of values, nonetheless to be able genuinely to adhere to the two of them simultaneously. Yet this is essentially what is implied in the notion of a separation of roles.

We noted earlier that because the therapist's personal values are embodied in the structure of his personality as much as in his conscious convictions, they permeate his attitude and his behavior whether or not he intends it. So it is doubtful whether he could suspend the influence of his personal values in the therapy situation--i.e., "sepa-

rate" his personal role from his therapeutic one--merely by an act of will. To the contrary, several critics have concluded that it is the therapist's personal values that find expression in his working notion of the psychotherapeutic ideal. For example, Lowe suggests that "the concept of mental health is little more than a therapist's or a personality theorist's description of the ideal person...and in large measure is therefore a projection of the therapist's own highly personal values" (1969, p. 50). Lowe quotes several authors (Burton, 1960; Ginsberg & Herma, 1953; Halmos, 1966) who voice the same conclusion; this is shared as well by others whom I have cited (e.g., London, 1964; Weisskopf-Joelson, 1980).

On its face, this involvement of the therapist's personal values in the formulation and promotion of the concept of mental health might seem an insuperable obstacle to the objectivity of the psychotherapeutic enterprise. Weisskopf-Joelson (1980), for one, was led to conclude that we should acknowledge openly the relative and subjective character of the values disseminated by psychotherapists. However, even though the values promoted by particular therapists may be derived in part from their subjective systems of personal values, this does not imply that the psychotherapeutic enterprise itself is inevitably bound to remain subjective.

It is necessary to abandon the simplistic notion of

a separation of the therapist's professional ("value-free") and personal ("value-involved") roles. But in its place, I suggest that we affirm what might be termed a "transformation of roles." That is, instead of insisting upon the impossible requirement that he suspend his personal values while in his professional capacity, the therapist should be encouraged to examine his personal values self-critically in light of the objective psychotherapeutic ideal. The only way the therapist can ensure that he will function as an agent of the psychotherapeutic process is to emend his own system of values so that it is congruent with the value-system implicit in that process. Then the therapist's personal value-system--which, as we have seen, conditions to a large extent the therapeutic interaction--would become a vehicle through which the psychotherapeutic message was communicated, rather than remaining a source of subjective bias and limitation.

The notion that therapists should engage in a self-critical inquiry into values--their own personal values, consensually supported values, and the values implicit in the psychotherapeutic enterprise--will be the major theme of the chapters that follow. We will explore reasons for considering that an ongoing commitment to value-critique is both a moral obligation and a professional responsibility, if therapists are to fulfill their implicit mission, which is to formulate an adequate design for living and to

facilitate its concrete realization. In the course of our discussion we will also have an opportunity to examine the various forms of resistance to the incorporation of an explicit value-critique as part of the psychotherapeutic program.

CHAPTER III

THERAPEUTIC VALUES: DIVERSITY AND CONSENSUS

So far we have seen that value-judgments are an integral part of the psychotherapist's activity. For a number of reasons, however, therapists are reluctant to confront their involvement in matters of moral value. Foremost among these are, first, that moral values are not amenable to conventional scientific treatment, and second, that no other standard has been identified by which the relative adequacy of particular values might be determined.

We have also found that the therapist puts himself in a position of moral agency as soon as he allows his clients to express moral concerns, or even to consider questions about aims, goals or intentions, and the means of attaining them. The issue this raises is whether the therapist should assume responsibility for the impact he has upon his clients in moral matters--an influence that he wields in any case, whether or not he intends or even desires to do so. In the last chapter we examined several aspects of the therapist's value input: first, his clients' natural tendency to interpret within a moral framework any response he makes to their moral concerns; second, the inevitable influence of his own personal values upon his interpretations and responses within the therapeutic interaction; and

third, his implicit function as an agent of the values intrinsic to the psychotherapeutic process.

Once we acknowledge that the psychotherapeutic enterprise entails a system of values, we must confront the task of elucidating in concrete detail the psychotherapeutic ideal. However, when we turn to the current psychotherapeutic programs for some clue, we find that there appears to be a diversity of value-systems that purportedly represent the psychotherapeutic ideal. In this chapter we will also examine the untoward implications of the one position regarding values in psychotherapy that is held in common by a broad spectrum of therapists.

Divergent Value-Systems in Psychotherapy

I have already suggested that the principles and prescriptions of applied psychology constitute a system of moral values, inasmuch as they are intended to guide persons in the conduct of their lives. At first glance, the psychotherapeutic program may not resemble traditional systems of moral governance. It seems not to display those features commonly associated with traditional moral systems, which are often considered dogmatic, authoritarian or obligatory in character. Of course, these features should not be taken as the defining characteristics of an ethical system. But even in regard to these characteristics, the lack of any resemblance between the psychotherapeutic program and tradi-

tional systems of moral governance may be more apparent than real.

As regards dogmatism, a number of psychotherapists (e.g., Bugelski, 1971; Houts & Krasner, 1980; Singer, 1980) claim that their program is unique in that it is scientific rather than speculative, and (by implication) open rather than close-minded. However, our observations about science in Chapter One (which will be amplified in Chapter Seven) leave some doubt as to whether the current psychotherapeutic program is entirely free of dogmatic underpinnings.

In general, the principles guiding the psychotherapeutic program are not imposed upon persons in an authoritarian manner. But there are exceptions to this, sometimes obvious (as in the management of psychiatric patients) and sometimes subtle (as when, for example, therapists set ground rules and conditions for the continuation of therapy).

The matter of obligation is perhaps the most subtle of the three. Except for legal psychiatric commitments--which actually have very little to do with psychotherapy--persons are free to adopt or to reject the psychotherapeutic principles of guidance. However, there is a tacit assumption that they must adhere to these principles in order to participate in the psychotherapeutic design for living. In this regard, the psychotherapeutic program bears more than a passing resemblance to such traditional moral systems as the various programs of religious observance. In each case,

there are the believers and the nonbelievers, those who will be benefited (saved, liberated, adjusted, actualized) and those who will not. Therapists may not make explicit their conviction that adherence to their system is obligatory, but this is implicit in their evaluations nonetheless.

Although such resemblances are worth noting, there are more fundamental reasons for asserting that the psychotherapeutic program comprises a system of moral values. When we analyze that program in terms of its essential elements, it becomes evident that value judgments are an intrinsic and indispensable feature of psychotherapy.

To my mind, the purpose of psychotherapy is essentially to facilitate some change which, for one reason or another, is believed to be favorable. Following this characterization, there are two elements essential to the psychotherapeutic process: first, the presence of the person who is to undergo change, and second, some notion of the sort of change that should occur.

All deliberately initiated activity is intended to bring about some kind of change. In psychotherapeutic activity, the change intended is some modification of an individual's behavior. Before the psychotherapeutic process can proceed, that individual--the so-called client or patient--must first be identified.

We generally conceive of the psychotherapeutic process as an interaction between two persons, the therapist

and his client. We emphasize either the "treatment" aspect of this interaction or its "relationship" aspect, depending upon our theoretical orientation. However, in my opinion, it is not an indispensable requirement that there be present a person who acts as therapist. Of course, the therapist's presence is necessary in order to execute most of the technical programs that currently represent the psychotherapeutic process. Yet this person might also be considered only one agent or facilitator of that process, albeit the most prominent one. There are, for example, certain self-modification and self-help programs that do not require the presence of a therapist. Under those conditions, the procedural principles themselves constitute the agency facilitating the process.

I am not suggesting that we should consider the interactive (therapist-client) model of psychotherapy any more or less appropriate than another. My point is simply that when we view the psychotherapeutic process as not entirely dependent upon the physical presence of a therapist, it is much easier to appreciate the power that the principles and prescriptions of applied psychology may have outside the traditional therapy setting. In either case, however, the psychotherapeutic process obviously requires the presence of someone (the client) who is to undergo change.

Before the potential client can be identified, it is necessary to ascertain the kind of change that should result

from psychotherapy. Generally speaking, change in psychotherapy entails a transition from one psychological or behavioral state or condition to another. Consequently, the potential therapy client is a person for whom that transition is possible, or at least conceivable. This carries several implications. First, this individual's psychological or behavioral condition must differ initially from the one that is intended to result from therapy, for otherwise there could be no transition or change. Second, this initial condition must be somehow inferior by comparison, for otherwise there would be little point in changing it.

In short, the potential therapy client is an individual whose psychological or behavioral condition deviates in some respect from one that is considered more acceptable. Psychotherapy is aimed at transforming that individual's actual condition into at least an approximation of the other.

Clearly, our definition of therapeutic change will depend upon the criterion employed to differentiate acceptable and nonacceptable conditions. This criterion is in fact the pivotal element of psychotherapy, for without it we could establish neither the identity of the potential client nor the direction in which change should occur. From this perspective, psychotherapy is aimed essentially at actualizing the psychological or behavioral order envisioned in that criterion, by modifying the actual condi-

tion of individual persons accordingly. Individuals become the concrete embodiment of that envisioned order.

In practice, the particular criterion that one accepts determines both the population of potential clients and the character of the change efforts constituting the program of therapy. We will see shortly that there are numerous ways of characterizing the current approaches to psychotherapy. By my account, practitioners have employed at least four distinct sorts of criteria:

(a) The medical-organic approach to psychotherapy focuses upon physiological parameters ascertained by reference to the organic conditions of individuals identified as normal and as deviant;

(b) The psychosocial approach utilizes behavioral parameters established, directly or indirectly, by reference to real or abstracted social norms;

(c) The social-libertarian approach favors a standard of behavior whose form is to be specified by each individual for himself or herself;

(d) The self-actualizing approach promotes ideal and universally applicable standards that purportedly characterize the condition toward which human nature may or must tend.

These otherwise diverse criteria display one common feature that situates them in the sphere of ethics. Without exception, each delineates some systematic array of

psychological or behavioral conditions, organized in a way that clearly entails judgments as to their relative value. Every condition acquires a particular valence, corresponding to its position in that array. This valence represents the degree or extent to which that condition should either be abandoned or be emulated, relative to the others differentiated within the system. The result is a more or less explicit scale that enables one to evaluate the psychological condition of any individual and to establish the direction of therapeutic change.

These criteriological systems shape the fundamental character of the various approaches to psychotherapy because they shape our conceptions of conformity and deviance. Yet their general outlines are commonly taken as self-evident, whether it be in the day-to-day practice of psychotherapy or in attempts to further its theoretical development. For the most part, therapists direct their attention and their efforts toward elaborating the system that they have chosen, extending or refining its categorization scheme and devising practical steps whereby the designated changes can be effected.

Although the moral dimension of these criteriological systems is apt to be neglected under such circumstances, it remains fundamental to the entire enterprise. The valence that any psychological or behavioral condition acquires within one of these systems is essentially a value judgment.

For all practical purposes, those having the most positive (or most favorable) valence in the scale are established as ideals after which we should model ourselves (or others). Moreover, inasmuch as the means that therapists devise for achieving those ideals are primarily modes of conduct--i.e., ways of being and acting--their approaches to therapy are comprised of principles or guidelines by which persons might govern their lives properly. As we have already seen, any such set of principles or guidelines constitutes a system of moral values.

Traditional models of moral conduct identify behaviors as good and bad, or right and wrong, by reference to some more or less explicit standard. Psychotherapists generally avoid using such morally evaluative terms, considering them improper in a scientific lexicon. When employed in a therapeutic context, their use is restricted to describing instrumental relationships, e.g., that a certain behavior might be a right or a wrong way to achieve a particular therapeutic end (Houts & Krasner, 1980). In such contexts, these terms are more or less synonymous with the terms effective and ineffective.

However, as I indicated in the introduction, the dimension of moral judgment cannot be abandoned by retreating to the level of technical judgment. Any question regarding the effectiveness of some behavior in bringing about a particular result has relevance to therapists only insofar as

the result itself is considered worth achieving. After all, the entire psychotherapeutic change effort rests upon the belief that not all psychological and behavioral conditions are equally desirable. (Without this assumption, therapists could justify no activity meant to modify an individual's given condition.) Any evaluation of their relative desirability--or of the direction of desirable change--is essentially a form of moral judgment. The scale or criterion at the basis of those judgments is essentially the value-system implicit in the psychotherapeutic program.

According to Buhler (1962), there are several valued ends upon which most (if not all) therapists would agree. As the result of psychotherapy, persons should be capable "of functioning better, of mastering their lives, and of conceiving of life as worthwhile" (p. 28). She also mentions one methodological value--that clients should "think things through" on their own--which may no longer be universal, given the recent upsurge of highly directive behavior therapies.

It should not be surprising that most therapists could hold these values--good functioning, self-mastery and a sense of meaningfulness--in common. Hardly anyone would find them objectionable, inasmuch as they are formulated so vaguely. They are not rendered any less valid for their vagueness. However, they are rendered practically useless as the sole standard for determining in any detail the na-

ture of the psychotherapeutic ideal. The problem is that these formulations are susceptible of so many different and conceivably incongruous interpretations that each interpretation can be considered a distinct system of values.

The current approaches to psychotherapy are so diverse that any statement of common values may have to be deliberately vague in order to make good on its claim. This becomes apparent when we consider that this diversity is fundamentally a matter of differences among their underlying value-systems, and not merely one of differences in technical detail or technique. I suggested a moment ago that at least four distinct kinds of criteria have been employed by psychotherapists: the medical-organic, the psychosocial, the social-libertarian and the self-actualizing models of the human condition. Although nearly every critic of value-involvement has offered his or her own analysis of the same spectrum, they all converge upon one conclusion: that the current diversity of approaches to psychotherapy reflects the coexistence of several relatively incompatible value-systems.

London (1964) offers a relatively simple, two-category scheme, according to therapists' technique and definition of the problem: Insight therapy, which defines the problem as a lack of self-awareness, and Action therapy, which defines the problem as coextensive with the observable symptoms. Several four-fold schemes have been proposed.

Glad (1959) delineates four approaches to psychotherapy-- the psychoanalytic, the interpersonal-psychiatric, the dynamic-relationship, and the phenomenological--each of which is guided in its methods and its goals by a distinct set of "operational values." Buhler (1962) identifies four basic tendencies of life that also constitute distinct therapeutic goals: "need satisfaction," "self-limiting adaptation," "expansive creativity," and "upholding of the inner order." Lowe (1969) suggests that there are four basic value orientations evident among therapists, based upon the human motives that each category of therapists considers the most highly valued aspect of human experience. He refers to these as the humanistic, the naturalistic, the social and the existential meanings. (Lowe excludes the disease model of mental illness from his scheme, believing that it is no longer widely entertained.) Finally, Matson (1976) suggests that there are three dominant models of man which determine therapists' approaches to their activity: man as animal (associated with psychoanalysis), man a machine (behaviorism) and man as creator (humanistic psychology).

Other schemes for categorizing the various psychotherapeutic orientations could undoubtedly be added to this list. Yet such additions should only lend further support to the conclusion already indicated--namely, that therapists have developed (and continue to promote) several mutually incongruous approaches to psychotherapy. These ap-

proaches are not necessarily incompatible in terms of technique, as the so-called eclectic approach bears witness. Rather, it is with regard to their respective objectives (i.e., valued ends) that they are so difficult to reconcile (Lowe, 1969).

Each approach to psychotherapy rests upon some distinct framework for conceptualizing human nature and its constituent features. This conceptual framework actually encompasses two dimensions, and it cannot be understood adequately without reference to both. Its descriptive dimension, comprising a purportedly factual representation of various psychological and behavioral conditions and the interrelationships among them, is typically the only one acknowledged. The hidden dimension, so to speak, is the evaluative one, defining the relative desirability of those conditions according to their respective positions within the more or less systematic structure of that framework. This dimension is as indispensable as the first, inasmuch as it establishes the direction of therapeutic change. In doing so, it fulfills the fundamental purpose of developing such a framework, i.e., to inform and to guide all change efforts. Indeed, it is probably impossible to separate entirely the descriptive and evaluative dimensions of any psychotherapeutic approach, for the two are articulated together and tend to support one another.

The aim of our investigation is to discover some jus-

tification for the values intrinsic to the psychotherapeutic enterprise. The finding that the current approaches to psychotherapy posit apparently discrepant interpretations of human nature and incompatible objectives thus constitutes a problem of considerable proportions. Put simply, it is hard to imagine how several mutually incongruous ideals could be promoted concurrently as the proper goal of therapeutic change efforts--or, for that matter, of human striving in general.

Moral Neutrality as a Value

As a matter of fact, therapists of widely differing value orientations and technical styles have been able to agree upon one basic position as regards their approach to values in psychotherapy. This position actually entails two complementary concepts, which may be delineated following Buhler's (1962) distinction between methodological values and valued ends. Methodological values are those that apply to the therapist's conduct of therapy, while valued ends apply to the effect of that therapy upon the client. The methodological value entailed in this position has been termed "moral neutrality." The valued end has been characterized as "individual moral freedom." The concepts of value neutrality and individual moral freedom are complementary inasmuch as the therapist is supposed to withhold all moral judgments or guidance while the client is encouraged to for-

multate his or her own values unconstrained.

According to Lowe (1969), this position corresponds to what has been termed loosely the "new morality." In his understanding, "the new moralists base their values upon what they experience as their personal identity, rather than conventional standards" (p. 256). Generally speaking, the new morality promotes an individual's freedom to choose his or her own values--and basically to do as he or she pleases --limited only by some general (and often inexplicit) notion of social responsibility or obligation to respect the rights of others. This position is shared by a broad spectrum of modern thinkers, so--although the concept itself promotes pluralism in values--it has become virtually the contemporary moral standard.

Lowe suggests that despite the many disagreements among competing approaches to therapy, almost all therapists would agree on the goal of increased moral freedom for individuals.

Therapists are still unlikely to agree among themselves about the meaning of mental health. They are more likely to agree, however, that the so-called good life is a highly personal matter, and that one should select his values without even those attempts at social suasion which are intended to be helpful. (1969, p. 258)

Lowe himself is a particularly forthright exponent of this position. He argues that when the aspiring therapist adopts the profession of psychotherapy, he has necessarily chosen to become an advocate of the individual. According-

ly, although the therapist need not feel personal approval over his client's decisions, he "must stand behind the client as he wrestles against the social pressures that would force him into an encapsulating mold of moral demands and expectations" (p. 277).

Other therapists may not be as insistent in advocating the goal of individual moral freedom, but their statements seem generally to support Lowe's impression of a broad consensus. Buhler (1962) and Bergin (1980) draw similar conclusions. Buhler believes that most therapists have abandoned "authoritarian and advisory dictates and...mystical or philosophical speculations" in favor of "freedom of choice" (1962, p. 194); nearly 20 years later, Bergin finds that most therapists still reject various forms of external moral authority, advocating instead some principle of individual autonomy.

This theme appears frequently whenever the matter of values is addressed, although the language may differ somewhat from one author to another. Patterson (1959, p. 57) argues that "each individual has the right of self-direction, to choose or select his own values and goals and to make his own decisions." Strupp (1980) suggests that the "dual goal of personal freedom and human relatedness" constitutes the humanist's essential values. According to Rogers (1957, p. 296), as we strive for "the good life," we should discover that "doing what 'feels right' proves to be

a competent and trustworthy guide to behavior which is truly satisfying." Even behavior therapists' efforts to maximize their clients' own "reinforcement possibilities" follow from their adherence to "the dictum that what is valued is actually valuable, at least to the individual making the judgments" (Walker, Ulissi & Thurber, 1980, p. 431).

This is merely a sampling of the current trend, and the number of examples could easily be multiplied several times over. Having observed this broad consensus, Lowe concludes that "it seems appropriate...to seek in personal freedom the resolution of the ethical dilemma posed for the therapist by competing and contradictory value orientations" (1969, p. 258).

There is undoubtedly a certain attraction to this position, inasmuch as it suggests a way around the two difficult problems that beset therapists with respect to values: first, how to avoid taking a moral stand regarding the clients' concerns, and second, how to overcome the professional factionalism that follows from the proliferation of incongruous treatment goals. The concept of moral neutrality provides an apparently innocuous solution to the first problem. By adopting a neutral stance, therapists seem to avoid imposing any values upon their clients; they merely allow each individual to develop his or her own values in a nonrepressive, nonjudgmental environment. As regards the second problem, the ideal of individual moral freedom sug-

gests itself as the pre-eminent therapeutic goal, given the widespread support it enjoys across the spectrum of therapeutic orientations and approaches. If this were acknowledged as the fundamental value implicit in every psychotherapeutic endeavor, any discrepancy between particular orientations could be interpreted as mainly a technical matter.

Upon careful examination, however, these purported solutions both prove to be seriously flawed. The solution to the first problem is an entirely illusory one, while the solution to the second only involves psychotherapists in an even more intransigent plight. We will examine these failures in turn.

According to London, the term "moral neutrality" is a profound misnomer. He argues that the

so-called moral neutrality in the therapist is as much a moral position as any more blatant one. It is, from the therapist's side, a libertarian position, regardless of how the client sees it. (1964, pp. 13-14)

London describes the concepts invoked to legitimize and popularize moral neutrality as those that uphold an individual's freedom to pursue his or her own self-interest, tempered with vague allusions to social responsibility. (We may recognize in this description the ideas that essentially characterize the "new morality.") He then goes on to question whether therapists should be considered obliged to represent themselves to the public as social agents commit-

ted to a particular moral position.

In other words, the position of moral neutrality (with its complementary commitment to individual moral freedom) actually rests upon some very definite value judgments, even though ostensibly it promotes no particular values. We should credit Lowe with having acknowledged this point, but it is doubtful whether other therapists who subscribe to that position are as aware of its implications.

The decision to suspend all (or even select) value judgments of an individual's behaviors, aims and interpretations constitutes a rather potent moral position, and one that is definitely not upheld by everyone. When the therapist assumes his own moral neutrality and promotes the notion of individual moral freedom, he commits himself to a particular stand regarding the latitude allowed any individual vis-a-vis the social and other moral institutions of life. To be specific, he affirms the priority of individual self-interest over social or other moral interests.

That stand has its detractors, of course, and severe criticisms have even come from several quarters within psychology. Two of the more recent and articulate challenges are particularly instructive.

The first challenge is from Bergin (1980). He proposes a rather straightforward objection to the current trend toward affirming values associated with individual freedom. In his opinion, this trend represents an ill-con-

ceived abandonment of theistically based values, encouraging the virtual exclusion of such considerations from the mainstream of contemporary thought in psychology. Bergin defines theistically based values as ones "espoused by people who believe in God and try to guide their behavior in terms of their perception of his will" (p. 99).

It should be noted that Bergin's criticism is not merely that most therapists are indifferent to theistic values. Such indifference would only be expected if therapists assumed an attitude of moral neutrality. His point is rather that there is a fundamental conflict of values at issue, between therapists' support for a person's right to formulate his or her own values and the moral tradition that values issue from divine law.

Bergin would also dispute Lowe's contention that being a therapist necessarily commits one to a position congruent with the so-called new morality. He argues instead that it should be possible to incorporate theistic values into the basic framework of psychotherapy.

Another sort of challenge is advanced in Yankelovich's (1981) scathing attack upon the same trend in contemporary psychology. In his view, psychologists have promoted a "search for self-fulfillment" that encourages a preoccupation with individual freedom at the expense of any deep commitment to a social ethic. He writes of this modern, "duty-to-self" ethic that

it has, to be sure, some benefits to offer the individual, but the core idea is a moral and social absurdity. It gives moral sanction to desires that do not contribute to society's well-being. It contains no principle for synchronizing the requirements of the society with the goals of the individual. It fails to discriminate between socially valuable desires and socially destructive ones, and often works perversely against the real goals of both individuals and society. (p. 47)

Yankelovich advances practical as well as ideological reasons for objecting to this more or less exclusive emphasis upon individual moral freedom. Self-fulfillment is a legitimate goal, he concedes, but that goal has been badly misconstrued by most psychologists. As a result, their programs and pronouncements have fostered unrealistic expectations and ineffective long-term strategies. Because the model of self-fulfillment through self-interest fails to address several crucial complexities of modern life, people have been left confused and unprepared to cope with the impending demands of the next few decades.

As might be expected, Yankelovich offers an alternative notion of self-fulfillment, in the form of an "ethic of social commitment." This alternative "demands that people form commitments that advance the well-being of the society as well as their own" (p. 89). Obviously, if therapists were to adopt such a concept in their effort to help their clients achieve self-fulfillment, they could no longer remain aloof of social and moral issues.

Let us pause for a moment to recapitulate: Having

wanted to avoid involvement in moral matters, psychotherapists adopted the seemingly innocuous position of moral neutrality, with its complementary affirmation of individual moral freedom. Yet this position commits them in actuality to a role as covert agents of a particular ethic, namely, one of individual self-interest. The irony of this predicament should be apparent, and it is the reason for my earlier statement that moral neutrality constituted an illusory solution to the problem of value-involvement.

Moreover, as again I have already suggested, therapists' professed moral neutrality plunges them into yet another serious predicament. Because this position is actually partisan as regards moral values, therapists are responsible for excluding certain categories of values (e.g., religious and social values) from their programs, even as they promote certain others. Bergin's and Yankelovich's criticisms are about precisely this issue. In effect, they challenge therapists to defend their judgments on moral grounds.

This challenge finds psychotherapists at a definite disadvantage, for they are virtually unprepared to respond on the same level as their critics. The decisions that led them to embrace or to exclude various kinds of values did not originate out of explicitly moral considerations, for the most part. Consequently, therapists must either invent a suitable rationale after the fact, or else subject

those decisions to a critique of their own.

It might be profitable to consider what the original grounds were for excluding certain categories of values from psychotherapy. To my mind, these seem to have followed from therapists' desire to avoid imposing upon their clients any values that could not be justified. To this scientifically inclined profession, objective justification meant validation by empirical test. Therapists sought to exclude morals as much as possible, because these could not be validated in that manner. Instead, they concentrated upon those features of human problems that were susceptible to technical treatment. As a result, certain considerations (e.g., needs and desires, individual freedom and self-interest) began to be emphasized at the expense of others (e.g., social commitment, spiritual ideals).

The adequacy of this approach depends ultimately upon whether the assumption is valid that psychological problems can be resolved without addressing moral issues. It is evident from the current form of psychotherapy that, by and large, therapists have accepted its validity. What has crystallized is a design for living and coping with human problems that omits input from--or even reference to--considerations thought by adherents of other ethical systems to be equally important in the governance of human conduct.

In a last ditch effort to salvage the therapists' position, one might point out that therapists have no exper-

tise as arbiters of morality and, more importantly, no way of verifying values objectively. From this perspective, their decision to exclude values from therapy would be morally the most responsible one. The rationale may be summarized in a rhetorical form, as follows: Which is better, one might ask, to encourage others to observe values that may be valid only for oneself, or to refrain from promoting values, allowing each person to develop standards that satisfy the dictates of his or her own conscience?

In the end, however, the attempt to defend the therapists' exclusion of moral concerns proves unsatisfactory. It rests upon a false assumption, namely, that values actually can be eliminated from psychotherapeutic models and programs. We have already found it inescapable that psychotherapy itself is essentially a vehicle for values of some sort. In formulating their approach to the problems of living, psychotherapists must make some judgment as to the relative importance of various potential considerations. Because the conceptual framework that develops as a result becomes the basis for future decisions regarding therapeutic ends and means, it clearly constitutes a system of values. In other words, therapists necessarily commit themselves to some moral position, even in their decision to disregard the moral dimension of life.

In short, when therapists elect to introduce some considerations and not others into the psychotherapeutic

program, they affirm tacitly that certain values figure as essential elements in the solution of psychological problems. In doing so, they imply concurrently that other values are, if not irrelevant, at least not indispensable to the success of that program.

Contemporary critics of psychotherapy such as Bergin and Yankelovich seem to be united on one point, although the implications they draw out subsequently may differ. All suggest that, in one way or another, the values currently embodied in our models of human nature--as well as in the therapeutic programs built upon them--comprise an inadequate basis for resolving the psychological problems that plague individuals and confront the public at large. In other words, we have been trying to cast "psychological man" in a mold that is inadequate.

Practicing therapists are apt to find this point too abstract to be taken very seriously, since it does not address directly the immediate and practical concerns that occupy most of their attention. However, although this attitude is understandable, it can hardly be defended. The foregoing criticisms constitute a radical indictment of the conceptual framework that psychologists have promoted as a guide to well-being, so we can no longer go about the business of psychology and psychotherapy with the same naivete as before. Two options remain: Either we knowingly ignore that our current approach may be inadequate in some respect,

or else we make a concerted effort to ascertain whether that is indeed the case.

As I understand it, a critical inquiry into the values that underlie our guiding models serves ultimately to secure our individual and collective moral freedom. This end should not be confused with the so-called moral freedom promoted as the complement of value-neutrality. Psychologists have adopted the interpretation that moral freedom means an individual's right to select his or her own values, free of any suasion; usually it carries the added implication that the values that individuals select for themselves are indeed right for them. This position is a problematic one for psychologists. To begin with, their adherence must be rather selective, inasmuch as some values are necessarily encouraged in the process of establishing definitions of therapeutic change. Determining what those values are and whether they are adequate clearly becomes important if we are to entrust ourselves to psychology. Beyond this, the position rests upon several questionable assumptions--for example, that every individual is actually capable at present of deciding what is best for him, or alternatively, that his right to select his own values without external input or interference takes precedence over whether or not his selections are objectively right (supposing an objective standard indeed exists).

We will have reason to discuss these criticisms in

more detail in subsequent chapters. For now, I will merely suggest that it might be better to conceive of moral freedom as the capacity to govern one's conduct in the light of values that reflect one's essential nature as an individual human being, rather than as license to affirm whichever values happen to have been acquired by an individual as accidents of experience, upbringing and education. From this perspective, our moral freedom is limited primarily by our own ignorance about values, and not by the pressures or persuasions of any external authority (except insofar as these figure in perpetuating our ignorance). If there is a remedy for this limitation on our individual and collective moral freedom, it must entail a deliberate and sustained inquiry into human values, those we entertain and those we ought to entertain.

Likewise, if we are to ensure that the psychotherapeutic enterprise is supportive of our striving for moral freedom--or, at the very least, not inconsistent with it--we must evaluate whether its conceptual framework illumines or obscures the moral dimension of life. Psychotherapists presume that their approach does nothing to hinder our efforts at moral improvement; indeed, they argue that they aim at helping persons to function well enough to select values for themselves without neurotic impediment (Buhler, 1962; Lowe, 1969). Yet--owing to the prevailing identification of psychology with empirical science, coupled with

the popularity of the so-called new morality--therapists are reluctant to examine the moral implications of their models and programs. This constitutes a potential impediment in its own right, for critics of the psychotherapeutic program seem to agree that its current value-system omits reference to aspects of human nature that should figure prominently in determining how we ought to govern our lives.

To summarize: Psychotherapists have come to support the ethic of individual self-interest, but largely by default and not through a critical process of moral reasoning. We may draw several conclusions:

(1) Therapists believe that they have been able to remain aloof of the field of competing value-systems, for the most part, by reason of their professed value-neutrality. But their position is hardly a neutral one, and it is challenged by other value-systems that claim to be more adequate.

(2) Because therapists have defined their position as scientific and not moralistic, they are prohibited from either examining their own value presuppositions or evaluating the claims of rival value-systems. Thus they constrain themselves from engaging in the moral discourse through which reconciliation of those value conflicts might be possible.

(3) As long as therapists fail to confront the nature and extent of their value-involvement, and so fail to

examine and emend their values where necessary, their explicit and implicit claims regarding the adequacy of the psychotherapeutic design for living must remain in doubt.

CHAPTER IV

THE NEED FOR VALUE-CRITIQUE IN PSYCHOLOGY

So far we have considered several respects in which psychotherapy is enmeshed in matters that once belonged exclusively to ethics and moral tradition. This involvement follows from the sorts of concerns addressed by psychotherapists and from the character of their response to those concerns.

Nowadays it is virtually taken for granted that many of the problems encountered in living are psychological in nature, having some cognitive, affectional and/or behavioral dysfunction at their root. It is believed that these problems can be understood in terms of the psychologists' conceptual framework and corrected by means of various psychotherapeutic interventions. However, without disputing psychological interpretations of human behavior, we have found reason to suggest that psychological problems and moral problems do not constitute mutually exclusive categories. Hence, when one category of problems is addressed, the other may be implicated as well.

This is apparent in our observation that problems designated as "psychological" typically relate to the ways we conduct ourselves, to the ends we seek, and to the kinds of meaning we ascribe to our experiences. Such considera-

tions bear upon moral issues inasmuch as they imply questions regarding how we ought to act, which ends we ought to seek, and in what ways the ultimate meaning of human existence ought to be interpreted. Thus, in their attempts to understand the problems of living, therapists and their clients seek some solution to those moral questions, at least implicitly. For this reason, the psychotherapeutic endeavor is involved in moral matters.

Value-involvement in psychotherapy runs even deeper, for psychotherapists do not usually limit themselves to a dispassionate analysis of the problems of living. Rather, in accordance with their understanding, they proceed to generate and to implement practical solutions to those problems. Clearly, the solutions proffered must have moral implications as profound as those of the problems addressed.

Psychotherapists claim that, when implemented, their approach can be effective in helping persons to resolve their problems in living. To accomplish that end, they prescribe some definite course of activity for persons to follow. These prescriptions are generally in the form of rules of conduct, i.e., behavioral guidelines that the therapy client must observe if he or she is to achieve the envisioned solution. No psychotherapeutic program can exist without such rules of conduct, although their form, number and explicitness may vary from one program to another.

The psychotherapists' prescriptions have an import

that is moral as well as technical, precisely because their purpose is to guide persons along certain lines of conduct and toward particular ends. In effect, if not by deliberate design, every psychotherapeutic program constitutes a system of values. These values are not merely incidental to the psychotherapeutic program. They are inseparable from it, being embodied in the character of its conceptual framework and in the aim of its interventions. Consequently, the justification of any psychotherapeutic program rests ultimately upon whether its implicit value-system can be defended.

Chapter Three closed with the conclusion that as long as therapists failed to submit psychotherapeutic values to critique, the moral adequacy of the modes of conduct they promoted would remain in doubt. Such an inquiry must proceed on two fronts: On the one hand, we must identify the values implicit in our current programs. On the other, we must elucidate further the ideal that we intend to realize concretely through psychotherapeutic activity, and that we presume is at least approximated in the values we presently entertain. As we articulate the psychotherapeutic ideal in breadth and in detail, we must modify our provisional values and programs accordingly--assuming, of course, that the ideal itself can be justified morally.

Once the need for a self-critical inquiry into psychotherapeutic values has been established, we must ascer-

tain how such a critique should proceed. This is perhaps the more difficult question, for as I indicated earlier, considerable doubt exists as to whether an objective justification of values is even possible. So, rather than address particular value problems encountered by therapists, we will devote our attention to formulating a defensible working notion of value-critique. My hope is that the delineation of an approach acceptable to both moralists and broadly scientific-minded psychologists might encourage other and more frequent attempts at value-inquiry in psychology. That, in turn, might eventually facilitate some resolution of the particular moral dilemmas that are the practicing psychologists' immediate concern.

I am convinced that, in the long run, the incorporation of an ongoing value-critique would prove to be psychologists' greatest achievement. In one important sense, value-critique constitutes our capacity for self-transcendence--i.e., the capacity to overcome the impediments to self-realization and self-fulfillment consequent upon inadequacies in the structure of human character and its understanding of itself. The development of such a capacity is, in my opinion, the fundamental purpose of psychology and psychotherapy.

In this chapter, we will highlight further the need for a value-critique applied to psychology as a conceptual system, and then to psychotherapy as its technical extension.

The Individualistic Bias in Psychology

It would be misleading to imply that no psychologically oriented process of value-inquiry existed at present. We have actually made considerable progress over the last century in developing and promoting such a process. We call it psychotherapy and apply it mainly to individual persons. Later we will consider why value-inquiry should be conceived of as the root of all psychotherapeutic activity, irrespective of its theoretical orientation.

However, the sort of value-inquiry I am proposing at this point is one that psychologists would apply, first, to their own concepts and activities, and second, to the collective (social-cultural) level of human organization, within which both they and the persons they study are differentiated. Our progress in this regard lags far behind that in other dimensions of the psychotherapeutic enterprise.

Psychologists typically eschew any critique of social and normative values, under the assumption that their concerns should not extend beyond the province of individual human functioning. But that position itself rests upon certain value presuppositions, inasmuch as the distinction between the individual and his social matrix is more a function of social-cultural definition than a matter of scientific determination (Hall, 1976). This statement does not challenge the psychologists' conviction that their task is

primarily to augment individual human functioning. But it does suggest that their efforts in that regard are liable to be thwarted at some point--owing to inadequacies in their conception of human functioning--as long as they fail to inquire into the value presuppositions upon which their understanding rests.

Mannheim (1936), for example, argues that the value-determined bias evident in the psychologists' approach constitutes a definite restriction on their understanding of human behavior. That bias, which he terms "the fiction of the isolated and self-sufficient individual," has its roots in the value of individual autonomy that has dominated Western thought since the Enlightenment and the rise of individualistic liberalism. The "fiction" is, in short, that the individual is a more or less discrete and self-contained entity, possessing from the very first a more or less fixed structure and set of capacities; these inherent characteristics are supposedly released and developed in the course of the individual's contacts with a material and social environment that is, for all practical purposes, fundamentally external to him.

According to Mannheim, this position is defective because it overlooks the powerful role of society and the processes of group life in the molding of the individual. As long as these determinants are masked by uncritically accepted values, psychologists may ascribe certain traits to

"human nature" when in fact these merely reflect particular formative influences characteristic of the social matrix within which they and their subjects are embedded. Such misidentifications may compromise the effectiveness of psychologists' attempts to modify human behavior as well as to understand it.

Although nearly 50 years have elapsed since these concerns were put forward, psychologists have apparently advanced very little in appreciating the relation between the individual and the social order. In a recent essay, Sampson (1981) has criticized prevailing trends in contemporary psychology along lines substantially the same as those expressed by Mannheim. Sampson isolates two related conceptual biases, prominent in Western thought, that have been assumed uncritically by psychologists in the cognitivist and psychodynamic traditions. These biases--labeled the subjectivist and individualistic reductions--portray the psychological structures and processes of the individual person as more or less self-contained phenomena, neglecting almost entirely the formative influence of material conditions and objective social practices in constituting and maintaining those mental phenomena.

Despite the recent trend toward interactionist interpretations of psychological phenomena, the subjectivist/individualistic bias in psychology has not been surmounted. In fact, according to Sampson, the interactionist approach

only perpetuates that bias further, inasmuch as it treats the psychological subject as the active agent in the "interaction," while relegating social reality and its social products to the status of relatively passive externalities. Again echoing Mannheim, Sampson warns that as long as psychology fails to recognize the social and historical determinants of psychological processes, "it will continue uncritically to affirm existing social arrangements even while it purports simply to be discovering and describing the nature of human realities" (p. 739).

Sarason (1981) adds another kindred voice to this small yet incisive chorus of criticism. In his view, American psychology has essentially invented its own subject matter, in the form of the self-contained individual. Without minimizing the substantial contributions that have issued from the psychology of the individual, he argues that our persistent adherence to that limited perspective only imprisons our understanding and constrains our capacity to prevent and to correct human problems. He writes:

A clinical psychology not rooted in a realistic social psychology--that is, a social psychology which sees itself as a cultural and social-historical product and agent, which sees itself by virtue of time, place and social and institutional status as both a cultural cause and a cultural effect--is a misdirected clinical psychology. (p. 835)

The entire psychological movement must be understood ultimately as a product of Western culture. Its conceptual biases are, as Mannheim and Sampson suggest, essentially a

reflection of our society's highly individualistic value-system. But the ideological influences that have shaped the current practice of psychotherapy may have operated as much through concrete and rather mundane social, political and economic conditions as through intellectual prejudices in the intellectual arena.

Sarason (1981) suggests that a combination of such factors was responsible for psychologists' ready and unreflective adoption of the individualistic approach to therapeutic intervention: the expectation that psychologists participate in a delivery system that had already been oriented to individual treatment before other alternatives were considered seriously; the financial incentives for such participation (originally in terms of governmental funding, later from other sources as well); the consequent linkage of clinical psychology to the medical treatment setting; and finally, the complex politics of competing status interests and the potential for influencing public policy.

As psychologists became enmeshed in this burgeoning social institution, they began quite naturally to identify their interests with its perpetuation. This identification was sealed by means of appropriate modifications in their theoretical framework, thereby obscuring the social origin of the presuppositions and values that underlie our current approach to psychotherapeutic intervention.

Reppucci and Sarason (1979) advance a scathing in-

dictment of psychologists' failure to pursue the sort of inquiry needed to expose the inadequacies of institutionalized psychology while opening the universe of alternative approaches. In their opinion, this failure verges on immorality.

Thousands of psychologists are in one way or another involved with [human service] institutions and very few, if any, of them would deny that in general the state of these institutions is morally and conceptually bankrupt: morally, because these institutions have long been a social cancer in our society, and conceptually, because their conditions and resistance to change...suggest that psychologists' way of thinking about these institutions is obviously inadequate. In the realm of human affairs, theories and theorists, practice and practitioners are never amoral. As a science and profession, psychology is devoted to acquiring new knowledge, exposing myth and ameliorating human misery. However, we believe that it is fair to say that psychologists, to a very large degree, buy into and perpetuate the professionalism and individualism myths. (p. 539)

The upshot of the foregoing criticisms is clear:

Psychologists persist in conceiving of the individual as a self-contained entity; hence, they continue to assume that psychological problems originate primarily in individual malfunction. As long as they do so, they are likely to disregard the kinds of change efforts that may be required in order to realize significant improvements in the human condition.

The critics I have just cited assert that the psychological processes--and hence, the psychological problems--of individual persons largely reflect the character of the prevailing social order. If their position is correct, it

suggests that truly constructive change at the individual level must entail some substantive modification of the objective social conditions that predispose persons to develop those problems in the first place. In this light, the contrasting bases for therapeutic intervention, clinical reconstruction versus prophylaxis or primary prevention, follow closely the distinction between the individualistic and the social-historical perspectives.

These alternative routes to reform of the human condition have been characterized succinctly by Dewey (1948), himself a staunch critic of the concept of the self-contained individual. Of the individualistic approach he writes:

When the self is regarded as something complete within itself, then it is readily argued that only internal moralistic changes are of importance in general reform. Institutional changes are said to be merely external.... Individuals are led to concentrate in moral introspection upon their own vices and virtues and to neglect the character of the environment. Morals withdraw from active concern with detailed economic and political conditions. (p. 194)

In other words, when we view the individual as a more or less self-contained agency, it seems only reasonable to emphasize direct intervention into the lives of particular individuals as the way to correct or to augment individual functioning. From this perspective, the material and social environment is relatively passive and malleable, mirroring the psychological condition of the individuals who occupy it. Problems in the social arrangements of life resemble symptoms, inasmuch as they are external indications of in-

ternal psychological problems that need to be corrected. It follows that once the idiosyncratic internal impediments to optimal human functioning have been removed, individuals should impress their improved character upon their environment.

Dewey then goes on to contrast this with the social-historical perspective:

The real difficulty with the individualistic approach is that the individual is regarded as something given, something already there....But when self-hood is perceived to be an active process it is also seen that social modifications are the only means of the creation of changed personalities. Institutions are viewed in their educative effect:--with reference to the types of individuals they foster. The interest in individual moral improvement and the social interest in objective reform of economic and political conditions are identified. (pp. 194-196)

An understanding limited to the terms of the individualistic approach is inadequate because it neglects the constellation of objective social processes that produces specific kinds of individuals. From the social-historical perspective, individual persons mirror the condition of their material and social environment as much as that environment mirrors their psychological condition. The bounds of their understanding and conduct, the manner in which they typically think and respond, the kinds of values they entertain, the ways in which their lives are arranged--and their approach to resolving the problems they experience--are all conditioned by the prevailing ideology and social practices, and by the material circumstances of life. Reich (1972) takes this a

step further, suggesting that the character structures typical of individuals in a given social system not only mirror that system, but also constitute the means by which the social order is anchored and propagated.

All in all, change efforts that focus upon the intrapsychic determinants of human problems, to the neglect of the underlying social conditions that foster those problems, are liable to be insufficient. The outcome may be more akin to symptom reduction than to an actual cure. Sampson, for examples, notes that

by reducing conflicts to individual subjective processes, we overlook those questions of social structure that are necessary to ground both our understanding and our recommendations for resolution. When we psychologize conflicts and their resolution, we fail to test or challenge the structures and practices of the larger society within which the various subjectivisms have developed and whose interests they often both veil and serve. (Sampson, 1981, p. 737)

Criticism of the individualistic approach is not tantamount to an abandonment of individual concerns in favor of social ones. The social-historical perspective offered as an alternative merely incorporates those concerns within a more comprehensive framework. It denies neither the significance of individual psychological problems nor the importance of current strategies aimed at ameliorating those problems. To the extent that psychotherapists have demonstrated an ability to reduce human misery and to improve the quality of individuals' lives, their efforts cannot be faulted. Yet the broader perspective reveals that such in-

terventions are primarily reparative and fail to attack human problems at their root. If therapists restrict themselves to patching up the casualties of the prevailing social order, they may even countenance its pathogenic arrangements, albeit unwittingly. As long as our aim is to improve significantly the quality of human life, that approach must prove inadequate.

According to the critics I have cited, significant improvements in the character of individuals' psychological functioning and in the overall quality of human life cannot follow from individual-oriented psychotherapeutic interventions alone. Some modification of the social institutions of life--moral, political, cultural, economic--must occur as well. This was put rather forcefully by Reich (1972), who had attempted change efforts on both fronts:

There are millions of neurotic people, people whose psychic structure and capacity for work and pleasure have been seriously impaired; every hour of every day fresh thousands of neuroses are produced by family education and social conditions....From a social point of view, the position of individual psychotherapy is a hopeless one....The only prophylaxis worthy of serious consideration is one for the practical implementation of which the present social system lacks every prerequisite; that it is only a thorough turnover of social institutions and ideologies...which will create the preconditions for an extensive prophylaxis of neuroses.
(pp. xx-xxi)

We will find that much of the controversy surrounding the adoption of the social-historical perspective and value-critique follows from concern that psychologists might become active social critics and advocates of social change.

In our adherence to the individualistic perspective, we may overlook another important consideration: Our theoretical formulations and strategies for intervention are as conditioned by social factors as are the psychological problems to which these are addressed. Thus we are led once more to assert the need for a self-critical value-inquiry in psychology and psychotherapy. The individualistic approach that dominates modern psychology is not only asocial and ahistorical--there is a sense in which it is amoral as well. Psychologists cannot avoid making value judgments, for value judgments are a fundamental feature of the psychotherapeutic endeavor. However, their adherence to the individualistic approach blinds them to the importance of examining either the values implicit in that approach or the values of the prevailing social order within which they operate. By contrast, the social-historical approach treats psychological inquiry and value-inquiry as complementary aspects of a single process. The aim of that process is simply to augment the capacity of every individual to achieve the greatest possible fulfillment for himself or herself.

One other matter bears mention here. Although it has just been argued that we are conditioned by the material and social arrangements within which we exist, this does not mean that our capacity to think and to act is entirely limited by those conditions. I believe that our ability to engage in a self-critical inquiry into values enables us to

comprehend those limits and, in doing so, to formulate a more adequate course of action--i.e., one that subordinates and exploits existing conditions to further our own well-being.

We will explore the ramifications of this perspective later. But it does suggest that the activist dedicated to truly advancing human interests should set about the task of facilitating that process at all levels, individual and social. For this reason, as long as psychologists fail to incorporate an ongoing value-inquiry as part of their program, we may wonder with Smith (1973) whether psychology is part of the problem when it would like to be part of the solution.

The Bifurcation of Value-Choices

The prevailing attitude toward values in psychotherapy is largely a reflection of the individualistic perspective that dominates psychotherapists' approach to problem-solving. Because their attention is focused upon the internal--and, ostensibly, the internally originating--condition of the individual person, therapists tend to concentrate upon individuals' idiosyncratic values to the exclusion of any other sort.

As before, by an individual's values I mean the grounds for his conduct, the design of his aims, and the meaning he ascribes to his experiences; by idiosyncratic

values I mean those that are the result of the individual's peculiar psychological development. Although therapists generally do not label them as such, they routinely evaluate and attempt to modify their clients' idiosyncratic values. At the same time, however, they typically refrain from the critical evaluation of values evident in the existing social arrangements within which those individuals are embedded. The values entertained by any group having some legitimate standing in society are similarly exempted.

Buhler's (1962) approach to values in psychotherapy provides a particularly interesting example of this polarization. Her argument is largely a response to those therapists whose only way of handling their clients' value-conflicts is to interpret these indiscriminately as manifestations of some underlying neurotic conflict. Buhler's main assertion is that not all value problems experienced by a therapy client originate in a neurotic process. She distinguishes two kinds of value problems; those that are essentially neurotic and those that are basically non-neurotic or "normal." Neurotic value problems have their source in some psychological malfunction, and are therefore amenable to clinical analysis. So-called normal value problems are of an entirely different sort, arising out of confusion over two or more rival values, each of which enjoys the support of at least some segment of society.

Buhler believes, along with most psychologists, that

the psychotherapeutic approach can provide no justifiable grounds for selecting among rival social-cultural values, nor any specific guidance in that regard. The therapist is limited to two types of interventions with respect to the client's normal value problems. Primarily, we works to eliminate the neurotic conflicts that interfere with the client's ability to think, judge and act autonomously and without distortion. Here it is presumed that as the client grows more realistic and more flexible, he will be able to reconcile and to integrate his various conflicting motives and preferences. Buhler suggests that, once the client's neurotic problems have been corrected, the therapist may offer (at his discretion) an impartial clarification of the alternative value solutions available to the client, so the client may make value-choices that are informed as well as free.

Buhler admits that, in practice, this approach is neither simple nor straightforward. Unequivocal criteria have not yet been established for discriminating between those value problems or value-choices that are of neurotic origin and those that are basically normal. Consequently, therapists must still often decide for themselves whether to take a therapeutic stand regarding particular value-conflicts or to withhold their involvement except for purposes of value-clarification.

Once one accepts this distinction between normal and

neurotic values, this uncertainty is undoubtedly troubling. However, in light of our discussion, it is far more significant that therapists maintain that such a clear-cut distinction is possible even in principle. In determining that certain value problems and value-choices are neurotic while others are normal, therapists are unequivocally involved in making value judgments of their own. We must question where and upon what grounds these judgments fit into their two-category scheme.

We have already seen that the entire psychotherapeutic change effort rests upon two related kinds of value judgments: first, judgments of the relative desirability of particular behavioral conditions, which establish the direction of therapeutic change, and second, judgments of the degree to which individual persons' behaviors deviate from those behaviors determined to be favorable, thereby identifying the client population. When psychologists identify a particular behavior as neurotic (abnormal, maladjusted, etc.), they mean essentially that it falls beyond the limits of what--for one reason or another--is considered normal (healthy, well-adjusted, etc.). As we noted in Chapter Three, this is ultimately a matter of moral judgment, regardless of the particular criteria employed in making that discrimination. Szasz emphasizes this when he writes that

the statement "X is a mental symptom" involves rendering

a judgment that entails a covert comparison between the patient's ideas, concepts or beliefs and those of the observer and the society in which they live. The notion of a mental symptom is therefore inextricably tied to the social, and particularly the ethical, context in which it is made. (Szasz, 1970, p. 14)

Therapists have apparently adopted a similar approach with regard to an individual's value-choices. Buhler's distinction between normal and neurotic value-choices suggests that therapists can identify (or otherwise establish) criteria that indicate which value-choices belong to the domain of acceptable alternatives and which do not. Again, as with the therapists' discrimination between normal and deviant behaviors, this discrimination between normal and neurotic value-choices is ultimately a matter of moral judgment.

Consequently, the therapists' explicit position with regard to values--that they can offer neither specific guidance nor justifiable grounds in the selection of values--cannot stand unqualified. Inasmuch as therapists discriminate between normal and neurotic value-choices, a more accurate statement of their position would be as follows: Once those alternatives deemed therapeutically unacceptable have been identified and excluded, therapists can direct the client no further in selecting from among the competing values that remain.

It is this bifurcation of value-choices into two discrete classes that enables therapists to pursue some pro-

gram of psychotherapeutic change (which necessarily entails value judgments) while still promoting the notion of an individual's freedom to choose his or her own values. Individuals are indeed permitted to choose their own values, but only as long as the values they select lie within the ostensible bounds of normality. The value-choices that fall outside those limits are presumably of an entirely different sort than those that lie within. From this perspective, deviant value-choices are indicative of some kind of psychological disturbance or distortion, which by definition makes them legitimate objects of psychotherapeutic change efforts.

It should be apparent that serious questions may be raised about the practice of classifying value-choices as either normal or neurotic, even if we admit that in some instances the selection of values is motivated neurotically. The issue having received the most attention so far pertains to the kinds of values that become categorized as neurotic. The main thrust of Szasz's (1970) criticism, for example, is that such labels may be employed covertly in order to justify measures taken to control individuals whom society considers deviant. However, the complementary issue is equally deserving of our attention--namely, what kinds of value-choices comprise the category of normal or acceptable alternatives.

It is my impression that this bifurcation of value-choices follows the distinction between the individual and

the social order that typifies the individualistic perspective. Of course, no therapist would maintain that all values originating with the individual were by definition neurotic. But it does appear that value-choices considered neurotic are invariably idiosyncratic in origin, while all social and normative values--i.e., value-choices that enjoy the support of a significant number of the so-called normal members of society--are assigned to the domain of acceptable options. In other words, a therapist may question whether an individual's value-choices are in his or her best interests, unless those choices pertain to social and normative values. As almost every therapist knows, he is supposed to remain silent about the latter.

Therapists are understandably reluctant to disturb this arrangement, for doing so might draw their discipline into a maelstrom of controversy. Therapists would have to surrender their overt stance of value-neutrality, which has so far kept them above the confusion and conflict that currently typifies the arena of social norms and value-systems. The advocate of value-neutrality may protest that, being thrust into such controversy, therapists could be forced to adopt partisan positions regarding the relative merits of certain competing social and normative values and value-systems.

Although the conclusion is basically sound, that argument tends to be somewhat misleading. It ignores the

fact that the therapists' claim of impartiality is already largely a pretense. There appears to be no bias on the therapists' part mainly because their laissez-faire approach to competing social norms and values fits comfortably well with the prevailing bias of society. We saw in Chapter Three that the position of value-neutrality itself is clearly a moral position--a libertarian one, highly individualistic in its orientation. The so-called new morality upon which it rests springs directly from the tradition of individualism that is a prominent feature of contemporary Western thought, particularly in America.

It should be recalled that when therapists elect to introduce certain considerations into their programs, they are affirming in effect that attention to certain values--i.e., particular grounds for deciding which ends are worth pursuing and by which means--is essential to the success of the psychotherapeutic endeavor. Because they systematically exclude other considerations from their programs, they imply concurrently that other values are either irrelevant or unessential to the task of resolving psychological problems. Similarly, when therapists define the scope of their interests so as to include individual psychological processes and idiosyncratic value-choices while excluding social processes and normative value-choices, they are affirming that it is sufficient to attend to defects in the former in order to realize the basic aim of psychotherapy.

Yet it is precisely this position that critics of the individualistic perspective have called into question. They contend that particular social values--whether transmitted as ideology or embodied in the material conditions of social life--may be as deleterious to individual functioning as any idiosyncratic neurotic process (Sampson, 1981) and may even be the root cause of neurosis (Reich, 1972).

Buhler (1962) acknowledges that some criteria for identifying neurotic involvement is needed in order to distinguish value problems and value-choices that are neurotic in character from those that are not. She suggests that "a healthy or a neurotic value development must depend...both on an individual's ability to integrate his own strivings and on his ability to cope with the environmental impacts" (p. 131). In neurotic conditions, these activities are characterized by severe inflexibility.

The decisive cause for the neurotic's inflexibility, which prevents his freedom of choice, his adequate perception and mastery of reality, his integration, and most of all his inner development is...faulty and obviously unchangeable interpretation, due to distorted symbolic thinking. (pp. 134-135)

This formulation is basically compatible with the current trend toward cognitive-learning theories of human behavior (Mahoney, 1977). Such theories maintain that idiosyncratic, unrealistic and maladaptive interpretations--or cognitive representations--of experience interfere with an individu-

al's ability to function efficiently.

This description of the neurotic process constitutes immediate grounds for questioning whether it is legitimate to exempt social and normative values from the psychotherapists' scrutiny. Social and normative values are essentially interpretative constructs. In some instances, they may play as great a role in determining an individual's conduct as do the truly idiosyncratic constructs that emerge in the course of the individual's unique psychological development. It is at least conceivable that particular social and normative values might also be faulty and inflexible and liable to interfere with the efficient functioning of the individuals who embrace them. Why, then, must therapists be enjoined from taking a stand with regard to these?

Social and normative values are distinguished from the other sort of interpretative construct in that they enjoy some measure of consensual support and, hence, tend to be acquired more or less intact from the social environment. For example, Lowe (1969, p. 2) differentiates "psychological values," an individual's subjective creations, and "morals," the "consensually validated social expectations" produced by the culture. A particular value may enjoy consensual support either because it is affirmed by the society as a whole and embodied in the prevailing social arrangements or because it is embraced by some members of society and tolerated as a legitimate option by the rest.

Although this distinction between idiosyncratic and consensually validated interpretative constructs is a valid one, it should not be employed to delimit the scope of psychotherapists' critical inquiry. That delimitation risks subverting the fundamental aim of the psychotherapeutic endeavor, which is to resolve individuals' problems of living and to improve both the efficiency of their psychological functioning and the overall quality of their lives. Consensual support in and of itself never constitutes adequate grounds for assuming that a particular value does not interfere somehow with the efficiency of individuals' functioning or (more generally) with their overall best interests. When consensus values are exempted from therapists' consideration, factors that contribute significantly to the problems therapists address may be ignored.

Although values that advance human interests often receive consensual support while those that impede human interests do not, history is also replete with examples to the contrary. The full implications of a particular value are not always apparent to the individuals who support it by consensus, nor do those individuals always comprehend adequately the alternatives that might exist. Conceptual myopia--i.e., "subjectivity"--is as much a property of individuals as members of a social group as it is of individuals as self-contained entities. Anthropologists have been impressed by the extent to which cultural values blind members

of one culture to the values of another (Hall, 1976). But this collective subjectivity makes it just as difficult for the members of a given society to grasp the nature--and particularly the shortcomings--of their own values. Hence, they may lend their support unwittingly to values that the objective observer would recognize as somehow inadequate (i.e., partial, biased or distorted) and potentially deleterious to human interests.

In this light, it is a highly questionable practice to accept that a particular value-choice is a viable option merely on the basis of the consensual support it enjoys. Yet this is what therapists do, in effect, when they observe the injunction against employing at the level of social and normative values the sort of criteria used to evaluate an individual's idiosyncratic values. Our discussion suggests that particular consensus values, like particular idiosyncratic values, may interfere with individuals' ability to integrate their own strivings and to cope with their environment. Whether or to what extent this is so can be known only through a deliberate program of critical inquiry designed to surmount the conceptual limitations arising out of subjectivity--personal or collective--so as to reveal any inadequacies in the particular values entertained.

If the consensual support enjoyed by a particular social or normative value is actually warranted, it is only because the individuals who comprise that consensus have

engaged in the sort of critical inquiry just indicated. In this event, the consensus reflects the concurrence in their judgments that the value in question is indeed adequate and worthy of support. If the consensus has no such basis in a value-critique, it must remain open to question. Under those circumstances, adherence to a consensus value may reflect little more than a collective inflexibility.

In short, consensual support is significant only insofar as it represents the social group's affirmation of a particular value based upon their common exercise of critical judgment. As Frankena (1963) notes, it is the ideal consensus (i.e., the conclusion to which all persons who engaged in moral reasoning under ideal circumstances would come) and not the actual consensus (which may be only a distillation of the unreflective prejudices of the majority) that is of importance in ethics.

From this perspective, we should never assume uncritically that the consensual support for a particular value is based upon reasoned inquiry and not upon mere prejudice. It seems only prudent, therefore, that psychotherapists themselves evaluate the consequences upon individuals' functioning of particular consensus values, much as they do with regard to individuals' idiosyncratic values.

Once psychotherapists begin to engage in this sort of value-critique, either of two outcomes may occur. On the one hand, their evaluations might provide a more or less

independent confirmation that particular social and normative values were defensible--i.e., supportive of individuals' psychological functioning and congruent with their overall best interests. In this case, therapists could adopt explicitly and defensibly the consensus position that otherwise they were endorsing only covertly or by default through their refusal to engage in such critique. On the other hand, their evaluations might expose inadequacies in those values that had gone undetected (or that had been ignored) by others. In that case, therapists would be put in the position of challenging the prevailing consensus--questioning the defensibility of those values and, perhaps, suggesting more adequate alternatives.

CHAPTER V

OBJECTIONS TO AN INQUIRY INTO VALUES

I have already suggested that psychotherapists' reluctance to engage in a critical inquiry into social and normative values stems from their concern that they might be drawn into partisan positions on particular moral issues. Behind that concern is the fear that they would become more prone to subjective bias and distortion as a result. This is hardly a valid objection, however, considering that their current position--i.e., their so-called value-neutrality--is itself already a partisan position. Indeed, inasmuch as the purpose of value-critique is to identify and to correct subjective bias and distortion, it is the injunction against engaging in a critical inquiry into values that seems peculiar.

If the consensus that supported particular social and normative values were founded upon reasoned judgment, the therapists' value-critique would pose no threat, and should even be welcomed. On the other hand, one might anticipate resistance to such critical inquiry if those foundations were vulnerable and, hence, when the therapists' evaluations were more likely to challenge the prevailing consensus than to support it.

In my opinion, the various objections to therapists

engaging in value-critique issue (directly or indirectly) from concern that they might abandon their tacit and unreflective support for prevailing social and normative values, becoming critics of some established social and moral institutions and advocates of social change instead. In this chapter we will examine briefly three of the more serious objections lodged against the inclusion into psychology of a comprehensive, ongoing value-critique.

Forms of Covert Resistance

The first objection to psychologists' involvement in value-critique is not so much an explicit argument as it is a pervasive, unverbilized resistance. Several of the critics whom I quoted earlier have commented on various aspects of this resistance. I have already noted Sarason's (1981) argument that a combination of social, economic and political pressures have contributed significantly to psychology's continuing trend toward--and almost exclusive emphasis upon--psychotherapeutic interventions oriented at the individual. According to Sampson (1981), psychologists' resistance to the notion of a concerted value-critique may be a response to the potentially radical implications of stepping beyond the confines of the individualistic approach. In his words,

it would demand a radical break not only with the existing tradition in psychology but also with psychology's relation to society: This step beyond challenges some

of the major value assumptions that have governed Western thought and that continue to serve particular interests and particular social arrangements and practices. (p. 733)

sampson implies that the established institutions of society have a powerful interest in maintaining the prevailing social order as it stands, whether or not it actually supports the overall well-being of all its members. As long as psychologists are persuaded, by both ideological and material pressures, not to abandon the individualistic perspective, the "existing arrangements of power and domination within... society are served" (p. 735).

London (1964, pp. v-vi) points out that our society sanctions the whole psychotherapeutic enterprise only on the tacit assumption that therapists will abide by prevailing social values and that their activities will ultimately benefit the existing social order. We may wonder whether or to what extent society would withdraw its sanction if psychotherapists were to turn social critics.

In Szasz's (1967) opinion, this ambiguous relationship between psychotherapy and the social order has given rise to a hidden tension in the field of mental health. He argues that as the psychotherapeutic enterprise acquired the support and resources of society, it became gradually transformed into a social institution itself. As such, it also came to adopt the conservative premise basic to all social institutions--namely, that the preservation of exist-

ing interpersonal and social conditions (i.e., the status quo) is the desirable end. Szasz then notes that, in contrast, the ideal implicit in the psychotherapeutic endeavor is to clarify the nature of human problems and to facilitate human growth or development through whatever kind of change (individual or social) is necessary. Thus, the social institution of psychotherapy--the psychotherapeutic establishment--now stands more or less opposed to the ideal that it was originally meant to embody.

It is precisely this tension between the psychotherapeutic establishment and the psychotherapeutic ideal that I have tried to expose and to examine in the present study.

The institutionalization of psychotherapy has given rise to practical as well as ideological motives for therapists themselves to resist becoming engaged in value-critique and in social change efforts. For example, inasmuch as therapists are also private citizens, they ordinarily desire a reasonably comfortable material lifestyle for themselves and their dependents. In this regard, the psychotherapeutic establishment serves as a sort of business, offering decent employment to those who observe the tacit social and professional guidelines that dictate what therapists should and should not do. At the same time, it provides little or no support or recognition for activities that do not conform to the established pattern. Albee (1980), for one, believes that this seductive combination

of incentives and disincentives has led a considerable number of psychologists to lose interest in social reform.

There are other professional rewards to consider, which are less tangible than financial security but no less important to many psychologists. I am thinking of two in particular: the gratification that comes of personal accomplishment and the more subtle sense that the collective endeavor in which one is involved is worthwhile and stands some chance of success. On both counts, the psychotherapeutic establishment provides psychologists greater opportunity for such rewards. The therapists' accomplishments in individual psychotherapy and related activities may be minor, but they are adequate in most cases to offset frustration. Moreover, as long as the "myth of mental illness" persists, therapists may seek security in the illusion that the business of psychotherapy is currently on the right track. In contrast, successes in the area of primary prevention are few, and the social order is so refractory to change efforts that it is difficult to stave off pessimism (Sarason, 1981).

One of the most pervasive forms of resistance to value-critique follows from our society's posture of pluralism in regard to social and normative values--i.e., its professed toleration of a diversity of value-choices. This posture plays an important role in preserving the status quo, inasmuch as it affirms the individualistic principle upon which the current social order is organized (Dewey &

Tufts, 1960). We have already encountered the manifestation of value-pluralism in mainstream psychology, in the form of the therapists' notion of value-neutrality and the so-called new morality invoked as its justification. Along with the reasons that I suggested earlier were responsible for its entrenchment in psychologists' attitude toward values, we might add that the social order exerts a subtle pressure upon the psychotherapeutic establishment to adopt this pivotal element of the prevailing ideology.

However, we cannot discount the possibility that psychologists have also a personal interest in promoting the posture of value-pluralism--an interest that goes beyond their current involvement in, and reliance upon, the psychotherapeutic establishment. Every therapist is likely to have committed himself to particular social and normative values in the course of his personal life. Hence, if a radical value-critique were incorporated into the psychotherapeutic enterprise, he might be put in the position of having to challenge a consensus value to which he himself subscribed. As we will note in the following section, most individuals tend to respond defensively to any challenge to their personal values. It is reasonable to suspect that therapists might do the same.

In this light, the therapists' position of value-neutrality serves their own defensive interests as well as those of the other members of society. As long as it is

maintained that therapy clients should be free to select their own values--excepting certain limitations with regard to "neurotic" value-choices--it is implied that therapists should be granted the same right. Indeed, Principle Three of the Ethical Principles of Psychologists affirms outright the notion of pluralism in values:

Psychologists' moral and ethical standards of behavior are a personal matter to the same degree as they are for any other citizen, except as these may compromise the fulfillment of their professional responsibilities or reduce the public trust in psychology and psychologists. Regarding their own behavior, psychologists are sensitive to prevailing community standards and to the possible impact that conformity to or deviation from these standards may have upon the quality of their performance as psychologists. (APA, 1981, p. 634)

However, in view of the issues we have discussed, this principle is clearly inadequate. It is actually little more than a restatement of the fundamental moral problem that psychologists must face--namely, to what extent moral values figure in the practice of psychology. Yet its language is so equivocal that the issue is made to appear virtually unproblematic.

In Chapter Two we discovered that a therapist's personal values influence his clients' attitudes and behaviors in subtle and unintended ways, and that this influence cannot be eliminated entirely. Indeed, inasmuch as the therapist's own notion of the ideal person colors his conception of mental health and determines his preference for a particular therapeutic approach (Lowe, 1969), his personal values

pervade even the psychotherapeutic value-system he offers his clients. With this in mind, I question whether the line between psychologists' personal values and those they must observe as professionals is as discrete as Principle Three suggests. In my opinion, there are no such discrete lines, and we only deceive ourselves in thinking that we can compartmentalize our values so thoroughly.

It follows from this that psychologists' personal values are no longer entirely a personal matter once they attempt to influence others, either with their theories or through their clinical interventions. Hence, it is their moral and professional responsibility to submit to critical examination all values involved in the psychotherapeutic endeavor--their personal values as well as their professional ones, and the prevailing social and normative values as well as their clients' idiosyncratic ones. Although this is undoubtedly an arduous task, I see no simpler solution to the problem.

The Attraction of Value-Pluralism

In contrast to the covert resistance just examined, the other objections to psychologists' adoption of any on-going value-critique occur as explicit arguments. They challenge, in one way or another, whether it is even legitimate for psychologists to pursue a critical inquiry into social and normative values--i.e., into any value that lies

outside the domain circumscribed as neurotic.

I indicated a moment ago that our society embraces rather tenaciously the doctrine of pluralism in regard to social and normative values. As I understand it, this doctrine is designed to avert the possibility that individuals might be forced to adopt some arbitrary or self-serving ideology. This is certainly creditable insofar as it ensures individuals the opportunity to realize their own potentials and fundamental interests free of unwarrantable domination. Unfortunately, however, the doctrine of pluralism has been promoted at the expense of reasoned value-critique. As a result, it has unwittingly encouraged the proliferation of values that may actually subvert its original intent to promote individuals' well-being and fundamental interests.

At its best, I think, the principle of pluralism affirms merely that values are not to be imposed upon individuals by other individuals or by the social order itself. As such, it makes no assertion that one individual's value-choices are as good as another's or that an individual's value-choices are necessarily good for him. These notions are patently absurd, for not all values support an individual's well-being, and the mere act of choosing a particular value cannot alter its basic character. Value-choices must be guided by an understanding of their relation to one's best interests or overall well-being. The process of ac-

quiring that understanding is what I mean by a reasoned value-critique. The principle of pluralism, as I have just interpreted it, does allow for the rule of reason to supplant the rule of coercion as the means of determining which values individuals ought to adopt.

However, when the principle that one should not impose values upon an individual is taken to an extreme, it gives way to quite a different notion: that one should not pass judgment upon an individual's value-choices. In effect, an exaggerated doctrine of value-pluralism leads to ethical relativism--the view that what ought to be valued by an individual or a society is simply whatever happens to be valued by that individual or society. Obviously, this position entails the rejection of any objective and universally binding standard of valuation, and with it the possibility of reasoned value-critique. What is less obvious is that it simultaneously undercuts the original aim of pluralism, which is to eliminate coercion in the matter of value-choices. Because ethical relativism admits of no principle by which value conflicts could be argued or arbitrated, such disputes could be settled only by use of force (Blanshard, 1966).

The tendency to gravitate from pluralism to relativism may be attributed to two factors--one psychological, the other ideological. The psychological factor that I have in mind is our natural propensity to resist any challenge to

our own values, irrespective of the merits of that challenge. This virtually reflexive defensiveness in the face of such challenges is explicable in terms of the relationship between values and personal security. As I have said repeatedly, our values reflect our understanding of how we ought to act, which ends we ought to seek, and what meaning we ought to ascribe to our experiences. A system of values provides us the stable sense of order without which we could have no confidence that our actions were ever adequate or even appropriate. Consequently, the integrity of our value-system figures prominently in our sense of personal security, and any threat to the one threatens the other as well. Defensiveness is typically our immediate response whenever our personal security is jeopardized.

From this perspective, the relativistic maxim that one should not pass judgment upon an individual's value-choices formalizes our personal defensive posture that no one should challenge our own values. I am not suggesting that ethical relativism is actually rooted in psychological defensiveness. But the doctrine of relativism does serve, first, as a convenient rationalization of that kind of defensiveness and, second, as a way of discouraging the sort of value-critique that is experienced as so threatening to begin with.

However, the rejection and abandonment of value-critique is fundamentally inconsistent with the aim that

first gave rise to this defensive posture; hence, it is ultimately self-defeating. The maneuver is intended originally to protect one's personal security and, specifically, the integrity of one's value-system. But to the extent that one thwarts a self-critical inquiry into one's own values, there can be no assurance that the values being defended are indeed adequate, nor can there be any way of identifying and emending inadequacies that might be present. Consequently, the abandonment of value-critique would promote only a false security. In the long run, this could hardly be in an individual's best interests.

On the contrary, we may ensure our personal security only through active participation in a self-critical inquiry into our own individual and collective values. This implies that we must make a deliberate effort to overcome our initial resistance to value-critique and to accept the possibility that somewhere and to some degree our values may require emendation. That effort might issue from the awareness that in surrendering our cherished but inadequate values, we actually reassert the true purpose of having entertained them.

The ideological factor that contributes to the tendency to gravitate from pluralism to relativism is the widespread assumption that value-choices are entirely subjective and, hence, that the values an individual selects are a personal matter. This rests, in turn, upon the assumption

that values can be neither verified by objective test nor justified by means of rational argument. Obviously, the latter assumption renders the process of value-critique as subjective as that of value-selection. As we noted in Chapter Two, the modern conception of objective verification--rooted in the doctrine of empirical science--lends credence to these assumptions. Kitchener (1980a, 1980b) indicates that a number of prominent behavior therapists (e.g., Feldman, 1976; Krasner & Ullmann, 1973; Skinner, 1971) have adopted this position explicitly and without qualification. Tacit support may be widespread among other types of therapists as well, to the extent that their stand on value-neutrality implies that persons' so-called normal value-choices are a personal matter not subject to critical evaluation.

In the following chapters we will take up in greater detail the issue of whether or not values are subject to objective verification. For now, I would like to summarize the argument for exempting consensually supported values from the therapists' critique and to point out the disastrous implications for the practice of psychotherapy that would follow if we took seriously that rationale.

The argument begins with the pluralistic proposition that the only justification that can be given for social and normative values is that they are in fact supported by a consensus. In other words, those values supported by the

social order or selected by some legitimate (i.e., "normal") social group are "right" solely by reason of their support or selection only; there is no other criterion of rightness. It is pointless for psychologists even to question whether particular consensus values are justifiable, inasmuch as the only legitimate criterion is consensus--and, in any given instance, the presence of a consensus is already a patent fact. Psychologists are bound, therefore, to operate within the structure of the prevailing social order and to refrain from challenging the social and normative values adopted by the members of any legitimate social group.

We have already discussed one problem with the consensus criterion: namely, that consensual support for some value gives no assurance in and of itself that the value is adequate in terms of individuals' best interests. In answer to this, I indicated that consensual support had to be validated by means of a reasoned value-critique. The argument just outlined asserts that consensual support is self-validating and requires no independent justification before it can lay claim to our adherence. Moreover, it asserts that no other justification is possible. In this way, it undercuts any attempt at an objective value-critique. In doing so, however, it disregards entirely--and renders insoluble--the problem that particular consensually validated values might be somehow inadequate in terms of individuals' best interests.

If this radical value-pluralism were adopted, it would undermine the fundamental advantage that the psychotherapeutic approach to the problems of living holds over all others--namely, that its principles, prescriptions and procedures are potentially more objective. No such claim to objectivity could be defended, inasmuch as value judgments are an intrinsic feature of all psychotherapeutic activity.

I indicated in Chapter Three that the possibility of psychotherapeutic intervention is predicated upon the notion that there are deviations in psychological functioning that are susceptible to change efforts. Our conception of psychological deviation and its amelioration follows from our understanding of the nature of normal or healthy psychological functioning. Although the particulars of our understanding may include scientific data and empirical fact, these are still organized in a way that reflects our values (Grunfeld, 1973). Consequently, psychotherapeutic judgments are value judgments, at least in part.

This in itself poses no insuperable problem, as long as we are able to evaluate objectively the adequacy of our values. However, if we were to affirm the principle of radical value-pluralism, we would have to abandon the notion of an objective value-critique and, along with it, the possibility of assessing the adequacy of our values. In order to understand why, we need only to consider that we would

be committed thereby to the position that our value judgments--and, hence, our therapeutic judgments as well--were inherently and inescapably subjective.

Actually, it is questionable whether we could engage at all in the evaluation of an individual's behavior or level of functioning and still remain consistent in our adherence to the principle of value-pluralism. In practice, we circumvent this issue merely by postulating two discrete categories of behavior, the normal and the neurotic. But even if this were legitimate, the only available standard of evaluation would be some noncontroversial core of shared values. Psychotherapeutic activity would have to be guided by these norms, and conformity with the prevailing consensus would constitute the desirable therapeutic outcome. If there is an optimum level of human functioning, we would have no way of identifying it; hence, we could never know whether or not our therapeutic goals even approximated it. Indeed, the only meaningful notion of optimal functioning from this perspective would refer to a successful adjustment to consensual norms. In short, we could offer no justification for our judgments (or for our interventions) other than an appeal to the consensus criterion.

These considerations should suffice to illustrate the untenable position into which we would be forced by our adoption, even in principle, of a radical value-pluralism. The popularity that this position still enjoys among

psychotherapists--as is evident in their ready acceptance of the notion of value-neutrality--may follow from the fact that its implications for psychotherapy are seldom made explicit and seldom taken seriously. If it turns out that there is no way to evaluate objectively the values upon which we base our judgments, then perhaps value-pluralism will be our last resort. But in this light it seems absurd that we should elevate it to the position of choice.

The Psychologists' Qualifications

The doctrines of value-pluralism and ethical relativism do not enjoy universal support, of course. But these are not the only grounds from which opposition has been mounted against an ongoing value-critique in psychology. Other opponents--among them some psychologists, their adherence to the concept of value-neutrality notwithstanding--believe that social and normative values are susceptible to some sort of justification besides an appeal to the consensus criterion. Their position is that although a critical inquiry into social and normative values is otherwise a legitimate enterprise, it is simply not the proper role of psychologists and psychotherapists to engage in it.

Two arguments, mutually supportive of one another, figure prominently in this sort of opposition. The arguments pertain, respectively, to the scientific and professional aspects of the psychologists' self-defined role as

"scientist-practitioners."

The first argument asserts that psychologists are not qualified to engage in value-critique, ostensibly because their area of expertise is the scientific study of human behavior and not moral philosophy. Behind this assertion there is also the concern that psychologists should engage in no activity that might jeopardize their status as scientists. That status is cherished and defended by psychologists because it sets their theories and pronouncements apart from those of other parties who share their interest in human behavior and the problems of living. It is assumed that because psychologists are scientists, their investigations must be restricted to the domain of observable fact. This immediately removes from their purview all values except those that Lowe (1969) termed "psychological." Psychologists' propositions must be susceptible to validation by empirical test in order to qualify as scientific. Because normative propositions cannot be validated in that manner, psychologists are neither permitted nor prepared to discuss them evaluatively. In other words, the only method of validation available to psychologists (i.e., the empirical test) is inapplicable to social and normative values, and psychologists cannot engage in any other sort of value-critique and still remain scientific.

The second argument actually embraces a variety of related concerns, all of which pertain to the practitioner

aspect of the psychologists' role. Their common theme is that any concerted involvement in value-critique would compromise the psychologists' ability to perform effectively their psychotherapeutic function. (Of course, therapists are still encouraged to monitor the therapy situation for the possible intrusion of their own personal values, but this is considered essentially a technical matter.)

From this perspective, the therapists' task is the treatment of psychological dysfunction, and not the moral education of the therapy client. Depending upon a given therapist's theoretical orientation, the dysfunction may be viewed as one of faulty cognition, faulty conditioning, or even faulty biochemistry. But, in any case, it must be considered an idiosyncratic problem, susceptible to correction by means of therapeutic interventions aimed at the psychological mechanism or process responsible for the disturbance in functioning. For the most part, the client's social and normative value-choices are extrinsic to the locus of the problem. When moral conflicts do figure among the client's concerns, the problem is still primarily a psychological one, inasmuch as he or she is not functioning well enough to cope with these effectively (as it is presumed "normal" persons are able to do).

Other concerns constellate around this basic position. It is considered unquestionably detrimental to the therapeutic process that therapists might claim license to

challenge their clients' social and normative values. At best, that move would distract both therapist and client from the real therapeutic issues. At worst, it would subvert the entire therapy. If therapists took a stand on particular normative and social values, they might alienate a number of their clients and possibly entire segments of the population of potential clients. On the other hand, they might become propagandists, in effect, utilizing their status and influence to convert others to their own value-system. In either case, they could offer no scientific justification for the values they promoted. Moreover, disagreements among therapists as to whether particular values could be justified by appeal to some nonscientific criteria might only precipitate serious rifts in the profession. Finally, if therapists were to take up the analysis of social problems or to devote their energies to moral speculation, this might occur at the expense of their primary responsibility to care for the mental health of those individuals needing treatment.

Several of the objections that figure in these arguments should be familiar from previous sections. Others could undoubtedly be enumerated by opponents of the notion of a psychologically-based value-inquiry. But these should suffice to indicate the kinds of concerns raised by opponents who do not argue from the position of radical value-pluralism or ethical relativism.

What are we to make of these objections? In my opinion, the argument that pertains to the scientific aspect of the psychologists' role suffers several serious defects, most of which follow from basic misunderstandings about the nature of scientific activity. We will be in a better position to assess these defects and their significance at the end of Chapter Seven, which is devoted to an examination of the meaning of scientific inquiry. Here I will merely assert that psychologists' association with science need not bar them from engaging in value-critique. Indeed, when we understand properly the meaning of science, we may recognize that their commitment to that critique is an indispensable aspect of their responsibility as scientists.

Although obviously I favor the notion of an ongoing value-critique as part of the psychotherapeutic enterprise, I share several of the concerns raised in the argument regarding its potential impact upon the practitioner aspect of the psychologists' role. However, the merit of that argument is limited by its essential neglect of the issue I have been raising throughout: namely, that psychologists as practitioners are already involved (and unavoidably so) in making value judgments and in supporting and promoting certain values. As I see it, our real concern should be how best to incorporate a self-critical inquiry into the values involved in psychotherapy. In that context, the objections offered in the second argument serve the useful purpose of

alerting us to the hazards involved in attempting that goal.

No doubt the practicing psychologists' main occupation for the foreseeable future will remain the treatment of individual clients--individual persons, for the most part, but with increasing attention to individual family-systems and small organizations as well. This is, after all, the psychologists' area of expertise and it is here that they can make an immediate and essentially constructive impact. Neither I nor the critics I have cited suggest that psychologists abandon their activity as therapists in favor of some other.

Yet it is apparent that sooner or later the psychotherapeutic discipline must establish as its legitimate interest a comprehensive and sustained inquiry into the entire spectrum of values that bear upon its fundamental aim--i.e., to resolve individuals' problems of living and to improve substantially the efficiency of their psychological functioning and the overall quality of their lives. Otherwise, psychologists will remain incapable not only of modifying the prevailing social order for more effective prophylaxis or primary prevention, but even of assessing to what extent unidentified biases and inadequacies in their own formulations might be thwarting our collective striving to understand ourselves and to conduct ourselves in ways supportive of our well-being.

At this point it is premature to speculate as to how

an ongoing value-critique by psychologists might affect the actual practice of therapy. We are only now beginning to appreciate the extent to which moral values pervade all aspects of the psychotherapeutic enterprise. Our first task must be to clarify the nature of this involvement. No specific strategy for further intervention into moral matters is warranted until we have clarified and validated the psychotherapeutic values we would promote. In other words, before presuming the right to challenge others' values, we must submit our own to careful scrutiny.

CHAPTER VI

THE NATURE OF VALUE-CRITIQUE

I indicated in Chapter Three (and elsewhere) that considerable confusion still surrounds the question of what constitutes the essential psychotherapeutic values. On the one hand, therapists differ among themselves as to which values they should promote. A careful examination of their current programs reveals that distinctly different, and occasionally incongruous, principles and prescriptions are grouped under the general label of psychotherapy (London, 1964; Lowe, 1969; Weisskopf-Joelson, 1980). On the other hand, there is some question as to whether important values and related concerns have been excluded from therapists' programs altogether. We have examined several of the more serious criticisms in the foregoing chapters.

I suggested earlier that this confusion over values in psychotherapy follows from a deeper uncertainty regarding the possibility of an objective value-critique. We will devote the remainder of our discussion to elucidating a rationale for the critical examination and rectification of our values.

The Ambiguous Psychotherapeutic Ideal

We have already witnessed the ambiguity that currently pervades psychologists' understanding of the relation between the psychotherapeutic ideal and social and normative values. This situation is exemplified in a remark by Buhler (1962) regarding the dilemma therapists face when they believe that their clients' adherence to some elective (social or religious) value-system "might be unfavorable for their health." The issue was debated in her study group on values, and she reports their major point of agreement as follows:

The assumption of health being the highest value was recognized as not necessarily valid, but as debatable.... This was pointed out by analysts as early as the twenties, and it has been emphasized since then repeatedly. (Buhler, 1962, p. 143)

Buhler did not elaborate on this, there or elsewhere in her essay, other than to observe that incongruities between the health value--which, I presume, refers to the psychotherapeutic ideal--and certain other value-systems were a source of value-conflict for therapists and their clients alike. Yet this remark has very serious ramifications, especially if we infer from it that therapists are promoting principles and prescriptions that may be inferior to some others and (by implication) possibly even detrimental to human interests.

I find this issue particularly troubling, as I imag-

ine it would be for any member of the psychotherapeutic discipline who dwelt seriously upon it. As a psychologist, I subscribe to the general principles of psychology and to the task of furthering the psychotherapeutic ideal. Yet, being in service to the public, I feel a greater obligation to promote only the highest values, or those values that are at least supportive of them. It seems to me that if we are to pursue the psychotherapeutic endeavor with rectitude as well as with conviction, we must not leave unresolved the status of its implicit values vis-a-vis the available alternatives.

Because the passage just quoted from Buhler (1962) appears at a juncture in her discussion, it figures in two distinct contexts. The meaning we impute to her remark actually depends upon the context within which it is interpreted.

That passage follows immediately upon the discussion of several case studies. As I understand it, Buhler's point here is that some clients should be permitted to suffer the frustrations, guilt feelings, et cetera, that are engendered by strict adherence to certain beliefs, as long as those beliefs maintain the integrity of the clients' personalities overall. In this context, her reservation over the status of the health value could be interpreted as a prudent admonition against an inflexible insistence upon some abstract ideal condition. Strictly speaking, the proposed solution--

i.e., acquiescing to a compromise between the health value and some other--does not conflict with our current notion of a positive therapeutic outcome, inasmuch as the overriding concern is still maintaining the overall integrity of an individual's personality. That is, we should consider such an outcome favorable, even though it might fall short of our abstract conception of what is ideal, because to press for a closer approximation would lead instead to an overall impairment of functioning, i.e., to a negative outcome.

In this situation, an individual's value-choices are really never considered rivals of the values promoted by psychotherapy. Instead, they are evaluated in conjunction with other features of that individual's personality as either assets or liabilities, in order to determine how that individual might achieve the highest level of functioning congruent with his or her potentials.

Buhler's reservation over the status of the health value appears differently in another context, a few paragraphs later. Here she suggests that the conflict between the health value (associated, in part, with a condition considered free of nonproductive frustrations or guilt feelings) and some other value-system (which, if adhered to strictly, might actually engender such frustration or guilt) is actually an instance of normal value-conflict. The immediate implication is that the two are legitimate alterna-

tives, and that the matter of selecting between them should be treated as a normal value-choice, outside the province of the therapists' judgment. This differs markedly from the previous situation, in which the alternative values were not of equal status; there the partial affirmation of values contrary to the psychotherapeutic ideal actually supported that ideal. Here, it seems, we are supposed to interpret quite literally the statement that health may not be the highest value.

In light of our earlier observations, this position appears to be another way of precluding any challenge to social and normative values from the psychotherapeutic criteria. By allowing that there may be other ways of living that are as legitimate as the one promoted by psychotherapists, that possibility is undercut rather effectively. The cost of this maneuver is considerably greater than that of the others we have examined, however. Psychotherapists' prescriptions lose much of their persuasive force when their program for living is portrayed as merely elective. Its appeal usually rests upon the vague assumption that it represents a basic imperative of human nature. If no justification could be offered for the superiority of the psychotherapeutic design for living, its status would be reduced to that of one among many alternative and partially conflicting value-systems. We would no longer have even the two-category scheme discussed earlier, with psychotherapeu-

tic values on the one side and consensus values on the other. The distinction would collapse, and psychotherapeutic values would emerge as a matter of individual preference along with the rest.

These two interpretations of the notion that health (in the psychologists' sense) may not be the highest value stand in definite contrast to one another. The first affirms the priority of the psychotherapeutic value-system, while the second actually undermines the status of psychotherapeutic prescriptions. Although neither of these is satisfactory, in my opinion, it is instructive to study their respective merits and defects.

The first position has basically two merits: One is its overriding concern with the overall well-being of the individual, in light of which his or her value-choices must be assessed. The other, actually implied in the first, is its insistence that the pursuit of some abstract ideal therapeutic outcome must be tempered with an awareness of the individual's specific potentials. However, this perspective seems to establish psychotherapists as the final arbiters of the merits of adherence to a particular value-system; it may even imply that such judgments must be made on a case-by-case basis. This is clearly problematic in view of the serious questions raised earlier regarding the adequacy of our current conception of the psychotherapeutic ideal, by which we assess individuals' assets and liabilities.

ties and develop concrete programs for behavior change. Here we might consider, for example, Bloch's (1960, p. 120) conclusion that therapists' current ideal reflects "the desirable qualities of the rising young executive...or the upwardly mobile middle class citizen," and Hospers' (1959) concern that fostering such an ideal might cost us our artists, saints and visionaries.

The second perspective emphasizes just this issue. If we abstract its constructive significance, we may interpret the assertion that health may not be the highest value as recognition that our current conception of mental health or psychological adjustment may be inadequate in some respect, and that something intrinsically positive might be found in value-systems that seemed somehow antagonistic to that conception. I have already alluded to the major drawback of this position: Although it allows that rival value-systems may have their own legitimacy, it makes no provision for some means by which these might be reconciled with one another. Instead, it merely leaves their differences unresolved and, by implication, unresolvable.

As I indicated before, this last conclusion is hardly favorable from the psychologists' standpoint, for it would reduce psychotherapeutic values to a matter of individual preference along with all other social and normative values. Obviously, this runs counter to the psychologists' belief that their prescriptions are somehow sounder because they

are grounded in some basic realities of human nature. (I believe that there is indeed a kernel of truth to this notion, although it cannot be used as a blanket justification of existing psychotherapeutic programs.) Moreover, this conclusion is incompatible with the notion that psychologists should engage in a critical inquiry into social and normative values in light of the psychotherapeutic ideal. As I argued at length in Chapter Four, that activity is indispensable if we are to ensure that the psychotherapeutic program subserves our fundamental interests.

Still, we must not ignore the many charges that our current formulation of the psychotherapeutic ideal--as it is reflected in the conceptual schemes and the practices of contemporary psychologists--is inadequate in some respects, lest we risk promoting a design for living that might actually compromise those interests. Earlier we examined in some detail the inherent partiality of the psychologists' current approach, which first lifts the individual out of his material and social context, and then divides up the remainder into discrete categories--his psychological functions in one, his moral values and spiritual aspirations in another, his politics in yet another. (Unfortunately, this atomistic approach to human nature has been institutionalized in the departmental organization of our universities, thereby tending to legitimate the promulgation of partial formulations.) We saw also that the prevailing psychothera-

peutic program had been reproached for its overall neglect of the moral dimension of life, particularly of those considerations that other value-systems believed crucial to the governance of human conduct and to the proper resolution of problems of living. In short, whether it be because psychologists have adopted the framework of self-contained individualism or because they have embraced the principle of value-neutrality, their principles and prescriptions are apt to be partial.

It should be apparent that we face a dilemma here. On the one hand, we have the argument that psychotherapists should engage in a critical inquiry into prevailing social and normative values. As we noted earlier, to the extent that those values are defective, they may actually figure in the problems of living that psychotherapists seek to correct. On the other hand, inasmuch as our current formulation of the psychotherapeutic ideal is partial, it does not constitute an adequate criterion for evaluating other value-systems. Indeed, we cannot even assume that the present psychotherapeutic design for living specifies adequately how we ought to conduct ourselves in order to overcome the problems of living and, by implication, to function effectively and to realize our fundamental interests.

In a few words, we cannot evaluate social and normative values against the current psychotherapeutic ideal, because its formulation is liable to be inadequate, nor can

we formulate a psychotherapeutic program on the basis of such values, because those also are liable to be defective in some respect.

Unless we can resolve this dilemma somehow, we will be forced to accept the ethical skeptic's conclusion (implied in the second position discussed above) that there is no way to determine unequivocally to what extent or in which respects either the psychotherapeutic value-system or any of its rivals is inadequate. In turn, this would preclude the sort of value-critique that I had suggested should be part of the psychotherapeutic enterprise.

Alternative Approaches to Value-Critique

One conclusion we must draw from the foregoing is that it is not legitimate to employ any existing value-system to evaluate its rivals. Such an approach is unacceptable because any value-system we might choose to employ would be partial and hence unsuitable as an evaluative standard. However, before abandoning altogether the possibility of an objective value-critique, there is another approach worth considering. This alternative actually exploits the notion that has rendered the other untenable--namely, that every value-system has both merits and defects.

It is a patent fact that our value-systems differ, often to the point of conflict. We have no reason to assume that any one of these is utterly correct and the rest utter-

ly mistaken. Hence, none can claim without question that it is adequate in and of itself, either for all persons or even for its own adherents. On the contrary, each is partial in some respect. This description is particularly apt, I think, inasmuch as the term "partial" denotes both bias and incompleteness. It implies that we may view the imperfections peculiar to any value-system as consequent upon its omission of considerations that are objectively relevant to the proper governance of human conduct. In other words, as long as we fail to take all relevant considerations into account when articulating our values, the resulting formulations are liable to be distorted somehow, relative to a complete or fully adequate understanding of the moral ideal. When we characterize some value-system as partial, we imply that it is biased to the same extent and in the same respects as it is incomplete.

We may frame the problem of value-conflict in these same terms. It is virtually tautologous that rival value-systems conflict to the extent that their respective formulations are mutually incongruous, i.e., inconsistent with one another. In light of our analysis, we may trace this mutual incongruity to the failure at some level of each value-system to take the other--or considerations deemed relevant by the other--into account. As each elaborates its own considerations to the neglect of the other's, their respective formulations display increasingly divergent biases,

leading them eventually into conflict. From this perspective, value-conflicts give evidence of the partiality of our value-systems.

On the other hand, it is difficult (if not impossible) to imagine a value-system that held no positive significance whatsoever. Indeed, our assertion that a particular value-system is partial implies that its formulations do represent some small part of the entire moral scheme--however incomplete and distorted that part might be. Beneath their respective imperfections and aside from their mutual incongruities, our value-systems all arise out of a common human motive: to formulate as adequately as possible some guidelines by which we might realize our essential interests and fulfill our potential as human beings. Buhler (1962) refers to something akin to this when she observes that the common denominator of all value-systems is their "constructive intent." In essence, each one strives to articulate those considerations that, from its own perspective, are thought relevant to an understanding of how we ought to live. Even the biased and distorted formulations peculiar to a given value-system are not entirely devoid of positive significance, inasmuch as they give concrete (albeit partial) expression to that striving. As I indicated a moment ago, it is the unintended omission of objectively relevant considerations that skews the process of articulation and renders those specific results inadequate.

The upshot of all this is that if it were not for their respective imperfections--i.e., the omissions and consequent distortions peculiar to each--our value-systems would converge upon a common understanding of how we ought to act, which ends we ought to seek, and in what way we ought to interpret the meaning of human existence. This implies, in turn, that if we could rectify those respective omissions and distortions, there would emerge a conception of the moral ideal recognized by all as valid and binding. (It should be noted parenthetically that this does not connote an utter homogeneity as regards the particular values entertained by individual persons or groups. It stipulates only that all such values be congruous with one another, i.e., mutually consistent within the context of an overarching system of moral governance.)

With these preliminary considerations in mind, we are in a better position to speculate on how we might go about emending our partial (biased and incomplete) understanding of the moral ideal.

First of all, if we are to rectify the omissions and distortions in our existing value-systems, we must have some notion of what has been omitted and distorted, or at least some way of determining where in fact those imperfections lie. In order to know in any given instance what exactly had been omitted or distorted, it would be necessary for us to contrast our current values with an adequate (i.e., com-

plete and unbiased) conception of the moral ideal. Yet our plight is essentially that we have no direct access to the moral ideal. Any formulation purported to embody that ideal must fall prey to the criticism lodged earlier against employing one of our rival value-systems as an evaluative standard--namely, that it is liable to be partial in some respect. Hence, any value-critique that relies upon a correspondence between some fully formed moral paradigm and our imperfect values is simply untenable, for our understanding is confined exclusively to the latter.

Because we are unable to obtain direct knowledge of what has been omitted from or distorted in our existing value-systems, we must reject the popular conception that value-critique involves a straightforward comparison to some moral exemplar (whether it be our current notion of the psychotherapeutic ideal or some secular or religious moral paradigm). This rejection of the direct correspondence approach is not tantamount to a complete abandonment of value-critique, however. It merely forces us to look elsewhere for a serviceable means of emending our values.

The alternative approach to which I alluded earlier recommends itself on the grounds that it does not succumb to the above limitation. Although it also conceives of value-critique as a process of assessment and adjustment, it may be differentiated from the correspondence approach along several interrelated lines. The following are its most sig-

nificant characteristics:

First, this approach turns on the notion that every one of our value-systems has both merits and defects. (This refers, of course, to the complementary meanings of partiality.) It exploits the possibility that every value-system may contribute to our moral understanding in some respect, however obscured or distorted that contribution might be at present, owing to the inevitable and self-limiting imperfections in its formulation.

Second, this approach may be characterized as indirect, inasmuch as it does not presuppose direct and detailed knowledge of the moral ideal. It necessitates only that we be able to determine approximately where and to what extent there are omissions and distortions in our existing value-systems.

Finally, it may be characterized as experimental (given qualifications to be discussed later), inasmuch as it entails inference, test and disciplined observation. In this approach, value-critique would proceed by identifying some locus of omission and distortion, initiating some correlative adjustment in our values, reassessing the imperfections in the result and then making further adjustments as necessary. The assumption here is that if this were carried out with consistency and persistence, we might gradually rectify the defects in our value-systems and thereby develop a progressively more adequate conception of the moral ideal.

The rationale that unites these characteristics into a serviceable value-critique will become evident as we consider what remains the principal problem: how to identify (in order to correct) the omissions and distortions in our value-systems.

Because we lack a fully-formed standard free of all partiality and independent of our imperfect understanding, we can only compare our partial formulations to one another. Yet we may turn this apparent obstacle to our advantage by acknowledging explicitly the partiality of those particular formulations. We need only to recall from before that, while imperfect, each of these has some merit as well. It may be inferred from this, I think, that the comparisons among them offer us the opportunity to exploit their respective merits as the means to correcting their respective defects.

Instead of directly employing any one value-system or purported moral exemplar to evaluate its rivals, we should bring them all to bear upon one another. In this light, value-critique emerges as a process of reciprocal evaluation and correction, or as the mutual supplementation of each one's partiality.

This is a very elementary description of what is, in my opinion, the only viable approach to value-critique available to us. Having already sketched out the grounds upon which this approach is based, we may now observe how

these come together to constitute its underlying rationale.

To begin with, we should recall three points: First, the partiality of each of our value-systems arises essentially from its omission of some objectively relevant considerations, which leads in turn to corresponding distortions in its formulations. Second, although its peculiar omissions and consequent distortions render it inadequate in and of itself, every value-system still manifests a fundamentally positive moral striving and potentially harbors some consideration relevant to our understanding of the moral ideal. Third, the mutual incongruities that engender conflict among our value-systems are only the result of discrepancies in regard to the considerations that each one emphasizes and omits.

One conclusion drawn from these furnishes the pivotal clue as to how, in the absence of an adequate exemplar, we may identify the omissions and distortions in our value-systems. This is the notion that value-conflict manifests the partiality of our formulations. Insofar as the mutual incongruities that give rise to conflict among our values follow (directly or indirectly) from their failure to take one another into account, we may infer that those points of conflict indicate respects in which the value-systems involved are each incomplete or inadequately formulated. Hence, value-conflict constitutes an index of omission and distortion in our value-systems.

By observing where and how our values conflict with one another, we have a way of identifying imperfections in our moral understanding that does not necessitate prior direct and detailed knowledge of the moral ideal. Actually, it makes only one assumption for which we have no direct evidence, but which seems nonetheless plausible: that an adequate conception of the moral ideal must be self-consistent, i.e., free of any unremitting conflict or contradiction among its constituent elements. Accordingly, as long as there are conflicts and inconsistencies among our formulations, we may infer that these are inadequate in some regard.

Inasmuch as value-conflict serves to reveal such inadequacies, its significance is not entirely negative. Indeed, it is negative at all only as long as we fail to heed its implicit signal that our formulations require some adjustment. It is the risk of such failure that I have tried to emphasize in my arguments for a vigorous inquiry into values and through the criticisms I have leveled against the various forms of resistance to it.

We should recognize that the only real threat to any value-system is the one posed by its own partiality, for that imposes a constraint upon its intrinsic moral striving, i.e., upon the execution of its constructive intent. Although the existing structure of a value-system is temporarily upset by exposing its imperfections, this step is neces-

sary in order to pursue more adequate formulations and thereby a more complete fulfillment of its moral striving-- which is, after all, the motive for forming and holding values in the first place. Dogmatic adherence to any value or system of values in the face of challenge or conflict is therefore contrary to the fundamental moral interests of any individual or group. When it occurs in the social sciences, however, it is nothing short of catastrophic. It fosters a reluctance to admit or even to recognize implications and interrelationships among the elements of experience that should figure in our understanding of human nature and right conduct. Open-mindedness and a willingness to submit values to critique are crucial to the advance of knowledge.

In short, every instance of value-conflict should be viewed as an opportunity to emend and to extend our understanding of the moral ideal in concrete and specific terms. We have already noted that value-conflict may draw our attention to aspects of our formulations that are inadequate. Of course, without prior knowledge of an adequate exemplar, we cannot know exactly the character of the omissions and distortions responsible for their partiality. Yet value-conflict may provide indirect indications in this regard as well.

We noted that the mutual incongruities responsible for conflict among our value-systems could be traced to each one's indifference to some consideration deemed relevant by

another. Therefore, a particular value-conflict indicates not only that each of the value-systems involved is partial or incomplete, but also that each is partial in a particular respect--namely, in that it omits or distorts considerations that figure in the formulations with which it conflicts. This suggests, first, that every value-system can find in its rivals something that it has ignored, excluded or distorted, and second, that by bringing them to bear upon one another, these apparent antagonists might actually inform one another of their respective omissions.

This process of mutual supplementation must involve more than a simple compounding of rival value-systems. In their present form they resist being fitted together like the pieces of a puzzle--which is why value-conflicts arise to begin with. Likewise, because every value-system tends to compensate for its omissions by developing some systematic bias or distortion, new (albeit objectively relevant) considerations are also likely to be resisted as being incongruous with its existing (albeit partial) formulations. Consequently, the omissions responsible for the partiality of any value-system cannot be rectified without also necessitating concurrent adjustments elsewhere in its structure.

So the process of mutual supplementation must be one of modification and elaboration, and not one of mere accretion or assemblage. Conflicts are indeed likely to ensue when rival value-systems--or their respective considerations

--are brought to bear upon one another. What becomes important at that point is how such conflict is interpreted: that is, whether as a threat to be repelled or as an indication that some further development of our formulations is in order. As I suggested in Chapter Five and again a moment ago, dogmatic defensiveness in response to a challenge to our values may be a natural reaction, but it yields no more than a false security as regards their adequacy. I imagine we must try simply to bear in mind that the aim implicit in our values and in those of rival value-systems is essentially one, and that it is our common failure to comprehend adequately our common goal, or each other's perspective on it, that manifests in mutual incongruity and conflict.

If value-conflict were approached with this attitude, it might be interpreted not only as an index of the partiality of our formulations, but also as a stimulus to their further development. New implications might be deduced in the light of considerations that had not been taken into account before. As these implications were articulated, they might necessitate selective elaborations and adjustments in our formulations, so as to ensure that the latter remained both self-consistent and consistent with whatever else had come to light in the process.

Inasmuch as our rival value-systems subserved one another as counterpoints in this process of mutual critique and relevant adjustment, they might be expected to converge

gradually upon a common (and considerably more detailed) understanding of the moral ideal. As our value-systems converged, there would be a corresponding attenuation of the incongruities and, hence, of the conflicts among their formulations. Moreover, to the extent that the formulations that emerged in the course of this mutual supplementation were more comprehensive and self-consistent than before, this would also mean some mitigation of their partiality.

Value-Critique and Moral Striving

According to the foregoing characterization, the expected outcome of mutual supplementation--i.e., of modifying each of our values and value-systems so as to integrate the others' considerations with its own--would be a gradual convergence upon some common conception of the moral ideal that was less partial (and hence more adequate) than prior formulations. However, one might argue that this process is really no more than a means of achieving social consensus, and that the result would be no more than a consensually supported system of values.

I argued in the two previous chapters that consensual support does not constitute satisfactory evidence that a particular system of values is sound. If we are to accept mutual supplementation as an adequate basis for value-critique, we must distinguish this process from the consensus approach to values, to which it admittedly bears a superfi-

cial resemblance. By doing so, we will gain a clearer understanding of the character of this alternative and of why it is more satisfactory than any other.

To begin with, we would expect consensual support to accompany the convergence upon a common conception of the moral ideal. What is really at issue here is the relationship that these bear to one another: that is, whether we should interpret the consensus as the collective recognition of a more adequate ideal or whether we should interpret the convergence as no more than an outgrowth of compromise. This distinction is crucial, for if mutual supplementation is merely a process of compromise, we cannot claim that it would advance our understanding of the moral ideal. The notion of compromise does not imply that the result would be more adequate; it implies only that the result would be shared. As we witnessed before, the mere fact that some formulation is held in common gives no assurance that it is any less liable to be partial or subjective (as compared to an objective formulation of the moral ideal).

My point is not to disparage either compromise or social consensus, for the attenuation of value-conflict and the concomitant promotion of social harmony implied in these undoubtedly constitute a desirable goal. However, I doubt whether compromise or social consensus, in and of themselves, leads ineluctably to that end, at least in any comprehensive and enduring way. Moreover, if we treat the at-

tenuation of social and ideological conflict as our proximal aim--as I think the consensus approach is apt to encourage us to do--we are liable to compromise that very achievement in the long run.

The consensus approach alone is not satisfactory from the moral point of view, inasmuch as the parties to some compromise or consensus might agree unwittingly to pursue in unison a course that was actually contrary to fundamental human interests--i.e., to moral interests. As long as they assumed that the compromise or consensus itself constituted sufficient support, inadequacies in their chosen course might remain undetected and unanticipated--that is, until these were finally made manifest through their deleterious consequences. At that point, value-conflict would again be in evidence--not among the parties to the compromise or consensus, but between the values held consensually and those that, in view of what had transpired, ought to have been held.

We may discern from this the key difference between the approach to values that involves an appeal to consensus and the approach that involves mutual supplementation: The consensus principle affirms those values upon which the parties involved all agree, while the principle of mutual supplementation affirms those values upon which all evidence converges. This assertion characterizes succinctly both the basic defect in the consensus approach and the basic advan-

tage of the process of mutual supplementation. The latter will become clearer once we have fully exposed the former.

To my mind, the most troubling feature of the consensus approach--and here I would include all forms of dogmatic adherence to particular values on the part of some segment of society--is that it may lead us to disregard that any system of values we entertain is liable to be partial and in need of some rectification. Actually, it matters little in this regard whether the basis for consensual agreement is a collective prejudice or a common appeal within the scope of present experience and current understanding. As I indicated a moment ago, a particular system of values may be agreed upon at any point in time--thereby satisfying the consensus criterion--and still prove inadequate in the face of ongoing experience. As long as consensus is taken as sufficient grounds for belief, we may rest unwittingly in partial formulations. Uncritical adherence to such formulations carries with it the inherent risk that their inadequacies may become evident only as they are thrust into our attention by the consequences of having disregarded them. The basic defect in the consensus approach is, to my mind, that it leaves us prey to that risk.

As long as our understanding of the moral ideal is liable to be partial, some rectification of our values will be necessary in order to ensure that our conduct is congruent with our fundamental interests. In this light, the

principal issue is whether we anticipate necessary adjustments--and thereby forestall any compromise of those interests--or not. From what we have seen so far, it seems that when a value-system is upheld by consensual agreement alone, these adjustments are likely to be unanticipated and therefore reactive in nature, i.e., forced upon us by consequences that become too severe to disregard or too obvious to deny. This is reminiscent of what Heilbroner (1974) calls "convulsive change," the kind to which we are compelled by external crises, in contrast to the kind to which we are led by our own foresight, deliberation and conscious choice.

Perhaps crisis and compulsion are as effective as foresight and deliberation in bringing about necessary adjustments in our values. However, the value-system that is vulnerable to reactive or "convulsive" change (because it fails to anticipate those adjustments) is liable to entail inadvertent trauma or human suffering as well. Hence, we jeopardize our own well-being to the extent that we adhere uncritically to a partial understanding of the moral ideal and emend it only when compelled by circumstances. It seems to me that such conduct is implicitly inimical to our fundamental interests and, in principle, violative of the moral ideal.

From this perspective, consensual and dogmatic approaches to values actually subvert the climacteric purpose

of moral governance even as they purport to promote moral conduct. That purpose, as I have indicated before, is to sustain and to advance the fulfillment of human interests. This suggests that moral striving--which is the foundation and the motive of all moral conduct--must be an activity of proactive or anticipatory adjustment rather than one of scrupulous adherence to some fixed and unexamined system of values. Because any existing value-system is liable to be partial, its principles and prescriptions are likely at some point to provide faulty or inadequate guidance as to how we ought to conduct ourselves in order to realize our fundamental interests or our potential as human beings. Consequently, if our conduct were dictated by such deficient formulations, we would undoubtedly fail to advance our interests in some respect and we might even be led into the sort of self-limiting conflict and crisis that moral governance should avert.

The thrust of this argument is that we give expression to our moral striving by perfecting our understanding of the moral ideal, and not merely by perfecting our adherence to some partial formulation of that ideal. If we strive to be moral, we should seek continually to expose and to rectify the inadequacies in our value-systems. Obviously, this orientation is incompatible with the consensual and dogmatic approaches to values, for it militates against resting in any formulation simply because it is supported by

mutual agreement, tradition, an established authority, or the like.

Certainly, being moral means, in part, acting according to what is, at the time, our best understanding of how we ought to conduct ourselves. But inasmuch as that understanding can always be improved, being moral must also mean striving to comprehend more fully the nature of our moral interests and how to realize them. Otherwise, we acquiesce to the imperfections in our conduct. I would argue further that these two meanings of being moral are linked inextricably to one another because our conduct is necessarily determined by what we actually believe are our interests--which, by the way, may not always be what we profess to believe.

Because our understanding of the moral ideal will always need some further development, the value-critique through which we express our moral striving must be a continual process of elaboration and rectification. So we must treat as provisional any system of values that we construct along the way--whether it be one among a number of competing alternatives or one that enjoys the support of all persons at any point in time.

We have just observed that this conclusion confutes justification by compromise or consensus. But it is also at odds with the notion that an adequate system of values could result from any one-time reconciliation of rival value-systems, including reconciliation by reciprocal adjust-

ment. This implies that by being brought to bear upon one another, our existing value-systems may supplement one another's defects only so far. The common conception of the moral ideal upon which they converged might be improved, but it could not be considered entirely adequate. Because taken together our existing value-systems might still omit objectively relevant considerations, they could not provide one another all the elements necessary in order to perfect or complete our understanding of the moral ideal.

Clearly, if the process of mutual supplementation is to serve as a satisfactory basis for value-critique, it must be more than a matter of achieving congruence among our current formulations. We may grasp this other dimension by first recalling the distinction I drew earlier between consensus and mutual supplementation: that consensus affirms those values upon which the parties involved all agree, while mutual supplementation affirms those values upon which all evidence converges.

The consensus approach carries the tacit assumption that it would not be necessary to inquire further into the adequacy of our values once some common understanding of the moral ideal had been achieved. Obviously, if we presume that the terminus of the supplementation process lies in attaining congruence among our existing value-systems, that process would indeed be but a variant of the consensus approach, as was charged earlier.

However, rightly considered, the process of mutual supplementation seeks congruence not only among those considerations embodied in our current formulations, but among all objectively relevant considerations, including those of which we are not yet aware. The moral understanding at which this process aims lies at the point where all evidence converges. Because we do not now comprehend all those considerations relevant to an adequate understanding of the moral ideal--nor are we ever likely to--that understanding itself remains ideal. Yet it is one that we should continually strive to approximate better by expanding and integrating our knowledge of the elements involved in determining how we ought to live. Like our moral striving, the process of mutual supplementation must be ongoing.

From this perspective, the reconciliation of existing values is only one aspect of rectifying the partiality of our moral understanding. We must broaden our conception of the kind of conflict indicative of partiality to include incongruities other than those among the explicit formulations of rival value-systems. Evidence of partiality may be found, for example, in conflicts among unelaborated implications of those value-systems and among such implications and the factual circumstances to which they relate. By recalling that values are essentially reasons for directing behavior along select lines, we may appreciate the multiplicity of factors involved and the possibility that the omission

or distortion of any of these might compromise our attempts to formulate adequate modes of conduct.

So value-critique must involve a continual searching out of the hidden incongruities and potential conflicts among our values, their mutual implications and their relation to our manifold experience. Every instance encountered is another opportunity to develop our understanding of the moral ideal (and thereby to avert the adverse consequences of our ignorance). Value-critique would proceed by expanding the range of considerations against which we might test the adequacy of our conceptions: bringing them to bear upon one another, discriminating interrelationships and identifying inconsistencies, effecting relevant adjustments--all so as to augment our insight into the nature of our essential interests and how to realize them, and specifically, to articulate a system of moral principles and prescriptions harmoniously adjusted to one another within the fabric of experience.

Earlier I noted that our rival value-systems cannot be fitted together simply like the pieces of a puzzle, owing to their respective omissions and distortions. But the analogy is not entirely inappropriate, as long as we bear in mind that our present formulations must undergo some modification before they can be fitted together congruously. New elements may have to be introduced in order to achieve such a fit and, in general, bring to completion our design for

living. We should also bear in mind that this task of constructing an adequate conception of the moral ideal does not begin utterly from scratch. Our current conception may be imperfect and provisional, but it is upon this that we build and improve. Our inquiry is therefore directed as much by our understanding of how its constituent elements already fit with one another to form a partially congruous design for living, as it is by our awareness of the deficiencies evident in its formulation.

The process is guided throughout by the assumption that an adequate conception of the moral ideal must be both self-consistent and consistent with the evidence of ongoing experience. That is, there could be no unremitting conflict among its constituent elements, nor could its principles and prescriptions be irreconcilable with the facts of reality. The import of this assumption becomes clearer when we consider that a system of values is essentially a pattern or blueprint for human conduct: First of all, an adequate system of values would not bring our activity into conflict with itself by specifying mutually incongruous aims. Second, it would not lead our activity into conflict with external reality by prescribing a course that failed to take into account the structure of the environment in which we were embedded.

In short, a system of values that embodied an adequate reflection of the moral ideal would be one whose con-

stituent principles and prescriptions were adjusted harmoniously with one another and to the facts of reality. Whatever the specific content of its constituent elements, a value-system must meet that fundamental condition if it is not to impede inadvertently the principal aim of moral governance--namely, the fulfillment of essential human interests and the realization of the potentials inherent in human nature.

As long as the values that guide our conduct are not adjusted to one another or to the facts of reality, our concrete attempts to achieve that moral aim are liable to meet resistance, in the form of conflict originating either within the complex structure of our ongoing activity or between the design of that activity and the structure of the external world. The probable outcome of either encounter would be one that was determined largely by the character of the resultant conflict, and not the one at which our efforts had been aimed. Clearly, such resistance is inimical to the concrete realization of the moral ideal, for there is no reason to assume that an outcome over which we exerted little or no control would be even supportive of our fundamental interests.

As I understand it, the aim of our moral striving is to govern ourselves according to our moral interests, as against being dominated by the consequences of our own moral nescience or of external exigency. The perfection of moral

self-governance--which is, I believe, the culmination of the moral ideal--would entail overcoming all resistance to the concrete realization of those interests. We have no way of overcoming that resistance except by rectifying the incongruities in our value-systems that lead us into conflict with ourselves and with the external world.

Hence, moral striving must be a continual striving for congruence in our understanding of the moral ideal and in the conduct that follows from it. So considered, moral striving is one with the process of mutual supplementation outlined in this chapter. Moral obligation is the obligation not only to act according to our understanding, but to strive continually to better that understanding by engaging actively in that process of inquiry and adjustment. By developing our values in light of one another and in light of reality, we might gradually perfect our capacity for moral self-governance, articulating concurrently a concrete design for living through which we might realize our essential interests in concert with one another and in harmony with our environment.

This moral striving--the working-out of a comprehensive and mutually congruous system of values--is a temporal process. Its origin lies somewhere in our collective past, when we first began to direct our own behavior according to some nascent sense of good. We may approach its ideal terminus only asymptotically, inasmuch as ongoing experience

will always demand some elaboration of particular values. Consequently, we can never know in every concrete detail the terms of a fully adequate design for living.

Yet our medial position vis-a-vis that ideal terminus does not leave us bereft of an absolute or objective standard for assessing the adequacy of our provisional values and value-systems. Indeed, without access to such a standard there could be no real progress toward that ideal. So it seems to me that the standard must be implicit in the very activity of moral striving, as well as in the final result. Inasmuch as the design for living realized concretely through moral striving must take the form of specific, internally and ecologically congruous patterns of conduct, the activity of moral striving must be the ongoing organization of behavior according to some principle of mutual congruence or harmonious reconciliation. Being in this sense the essence of the moral ideal--i.e., the rule of order governing its pattern or design--this principle constitutes an absolute or objective standard for assessing our values and value-systems.

From this perspective, we assess the adequacy of a system of values according to the degree to which its constituent elements are congruous with one another and to the degree to which the system as a whole is congruous with the facts of reality. Specific values are adequate to the degree to which they can be fitted harmoniously into such a

structure. In short, to the extent that a particular value-system is organized according to this principle of mutual congruousness, it constitutes a concrete approximation of our abstract moral ideal, and the activity it engenders should support or augment our capacity for self-governance.

It is difficult to imagine how we could even have survived and maintained our integrity as living and striving beings if our values and the actions that followed from them had not been organized (however imperfectly) along these lines prior to a self-conscious, concerted value-critique. It is for this reason that I identify the principle of mutual congruousness--along with the activity of moral striving --as the manifestation of a natural principle and the extension of a natural process at the level of human psychological and social organization. That is, I find it more illuminating to set the value-formative process in a broad context, and to conceive of values as the implicit grounds for all discriminative activity at every level of human organization--from the neurophysiological to the societal--at which such activity occurs.

Ultimately, I would identify this principle as the manifestation, at the human levels of organization, of what the biologist Weiss (1969) refers to as the "systems principle" governing all living systems--i.e., the natural tendency of any living system to coordinate its constituent elements so as to maintain or augment its overall design, as

reflected in the intrinsic order or pattern implicit in its ongoing activity. Harris (1965) refers to the same organic principle when he describes a living system as "one which maintains itself in being...by automatic adjustive modification of its internal processes and structure...subject to a recognizable principle of organization" (p. 230). Further on, he describes the process of adaptation as the "harmonious coordination and integration of functions within the organism with reference to its environment...[which] is at once internal coherence and adjustment to external conditions" (p. 250). Clearly, this bears a striking resemblance to the process of proactive or anticipatory adjustment, which we noted earlier was the main characteristic of moral striving.

From this perspective, the value-formative process is rooted in a natural order. Yet it is questionable whether the values we generate will lead us unflinchingly along a proper course--i.e., one supportive of our fundamental interests--if they remain unexamined. The conscious and deliberate activity of moral striving is not merely the extension of a natural process. It is, more importantly, a natural imperative that arises once we begin consciously to select our own ends, thereby superceding the automatic and instinctually conditioned patterns of behavior that display their own systematic order and possess their own specific principles of governance.

In other words, at some point we must participate actively in the value-formative process. Values assume an explicitly moral significance once we begin to ask ourselves whether the values we hold are formulated adequately and represent the best possible way for us to conduct ourselves. We are moral beings essentially because we are capable of such deliberate self-inquiry. Furthermore, we actualize our nature as moral beings in and through our individual and collective striving to formulate and to resolve such questions in concrete terms. It is in the course of this striving that we have developed whatever notions of right and wrong that we entertain, as well as the corresponding guidelines that we try to abide by.

The value disputes that are current in our society make it quite apparent that we have not achieved final and immutable solutions to all moral problems. I have already suggested that such solutions can never be contained in any finite set of specific moral injunctions. As Peters (1974) indicates, these must still be interpreted when applied to particular concrete circumstances, thereby demanding of us something beyond rote memorization and robotic adherence to whatever we may have been taught about right and wrong. Every new situation constitutes another choice-point, so to speak, both because the circumstances are in some way unique and because our understanding is changed somehow as the result of prior experience. So the question must be posed

again and again, in specific terms, as to which course of action is best. Every instance becomes another opportunity to assert our moral character; to develop in concrete detail our understanding of the abstraction "good," and to give it concrete form in and through our actual conduct and the arrangement of our affairs.

I have come to conclude that in our practical approach to values, as well as in our conception of them, we ought to assert the priority of this striving to actualize our moral nature, over any specific formulation or particular value that might be generated in its course. As I indicated before, moral striving is first and foremost the attempt continually to better our understanding of how we ought to live, and thereby to organize our conduct along more adequate lines. It is formalized in the process of mutual supplementation, which was characterized as an activity of reasoned self-inquiry and correlative self-adjustment. In light of our discussion, this process is essentially one of organizing human affairs in accord with our only absolute moral standard, the principle of mutual congruousness.

This argument is the basis of my persistent emphasis upon our responsibility to develop a vigorous and unremitting value-critique, as well as of my proposal as regards a defensible criterion for assessing the adequacy of our values. Here also are implied the grounds for justifying psychologists' attempts to formulate and to promote a system

of values in the form of the psychotherapeutic design for living.

However, before turning to this last point, we should summarize the terms of the value-critique elaborated in this chapter. The following is obviously a descriptive characterization rather than a procedural formula--largely because by its very nature the process cannot be reduced to a series of simple steps.

The indirect approach to value-critique that we have termed mutual supplementation is essentially a process of reciprocal evaluation and correction. It is predicated upon the notion that by bringing our rival value-systems to bear upon one another, they might illuminate one another's defects and provide one another some of the elements with which their respective omissions (and attendant distortions) could be corrected. Our task would be to draw out the mutual implications of our values and then to adjust or develop them further in light of those implications. The process would be guided throughout by the principle of mutual congruousness--i.e., the principle that a system of values that reflects adequately the moral ideal must be both self-consistent and consistent with external reality. By articulating our values according to this principle, we would simultaneously emend their respective imperfections and explicate their implicit congruity.

This activity is fundamentally experimental, inasmuch

as it would proceed by developing, testing and modifying hypotheses in accord with the principle of congruousness, rather than by effecting a point-by-point correspondence with some fully-formed moral paradigm. These hypotheses--essentially provisional values--would have to undergo continual elaboration and adjustment in response not only to the logical implications of the values brought to bear upon one another, but also to the factual considerations that emerged as those implications were sought out and developed. In short, this value-critique would display empirical as well as deductive features.

As these provisional values were explicated, inter-related and adjusted, the overall result would be the articulation of a progressively more comprehensive and self-consistent value-system. Moreover, inasmuch as the respective imperfections in our formulations were emended in the process, the result would comprise the ongoing realization, in concrete and specific terms, of the moral ideal implicit in (and common to) our partial and apparently conflicting value-systems. Through the assiduous exercise of this form of value-critique, we should develop a progressively more adequate and more concretely detailed approximation of the ideal presumed to lie at the terminus of all moral striving.

Psychotherapy as Value-Inquiry

Now, in light of the foregoing discussion of value-critique, we are in a position to resolve some of the difficult questions we have raised regarding value-involvement in psychotherapy.

We noted at the outset of this chapter that considerable confusion still surrounded our understanding of the nature of the psychotherapeutic ideal, particularly vis-a-vis other social and normative value-systems. It was apparent from the preceding chapters that the design for living promoted by psychotherapists was essentially a system of moral values, even though its prescriptions were not framed in the traditional language of ethics. The psychotherapeutic design for living specified some set of normative principles by which we ought to conduct ourselves in order to overcome the problems of living--and, by implication, to be able to fulfill our fundamental interests and our potential as human beings. In short, its principles and prescriptions aimed implicitly at realizing the moral ideal in human behavior.

However, we discovered not only that there were conflicts between our current formulation of the psychotherapeutic ideal and other value-systems entertained by members of society, but also that every one of these--including the psychotherapeutic design for living--was liable to be par-

tial (i.e., incomplete and distorted) in some respect. Thus we were faced with the dilemma that we could neither evaluate social and normative values (and the conduct following from them) against the current psychotherapeutic ideal, because its formulation was liable to be inadequate, nor develop a psychotherapeutic program on the basis of such values, because those also were liable to be inadequate. It seemed that we might be unable to determine whether or to what extent the design for living promoted through psychotherapy was morally adequate, thereby precluding the possibility of either justifying or emending the psychotherapeutic system of values.

It was this problem that led us to inquire further into the nature of value-critique and into the possibility of entertaining a defensible evaluative standard. As a result, we articulated in general terms a form of value-critique which we termed mutual supplementation: an ongoing process of elaboration and adjustment--essentially the formalization of moral striving itself--through which we might develop a progressively more adequate and more concretely detailed approximation of the otherwise abstract moral ideal.

To my mind, the ideal implicit in the psychotherapeutic enterprise must be one with the aim of all moral striving; the psychotherapeutic design for living must be an attempt to concretize the moral ideal. Because a fully ade-

quate formulation of the psychotherapeutic ideal lies only at the terminus of the process through which it is realized, we must treat our current formulations as partial and provisional. But it is this ideal that we should continually try to approximate more adequately in our models of man and in the principles and prescriptions for life conduct that follow from them.

From what we have seen so far, it seems unlikely that we could formulate a morally adequate design for living by means of research and speculation limited strictly to the terms of the prevailing psychological perspective, unmindful of the partiality of its underlying assumptions and value-presuppositions. As long as we remain bound by the limits of our provisional formulations instead of emending and developing them further, we fail in our mission to improve our understanding of ourselves and of how we ought to conduct our lives. In order to identify and to rectify the inadequacies in our principles and prescriptions, we must go beyond the confines of our current approach. This can be done only by seeking out other perspectives and considerations with which we might compare, contrast and eventually supplement our own. In short, we can formulate a morally adequate design for living only by engaging in the sort of ongoing value-critique outlined above.

We have discredited the approach to value-critique that would evaluate social and normative value-systems

against our current conception of the psychotherapeutic ideal, or vice versa, and along with it the approach that would evaluate any of these against some fully-formed moral paradigm. In their stead, we have recognized that the psychotherapeutic value-system and other value-systems share a common aim--the aim implicit in the moral striving that gave rise to them all--and that each embodies some contribution to our understanding of the moral ideal, limited only by the peculiar omissions and consequent distortions in its formulation. Value-critique should proceed by a process of reciprocal evaluation and mutual supplementation, through which we would remedy their respective omissions, explicate their implicit congruities and (by emending their self-limiting defects) reveal new avenues for further inquiry and new considerations to be integrated into our understanding.

Consequently, this value-critique would be characterized by a certain mutuality, as psychotherapists sought simultaneously to perfect their own value-conditioned formulations in light of other prevailing value-systems and to encourage the same constructive development on the part of their rivals. Undoubtedly, this has occurred all along to some extent, although rarely explicitly. However, it is important that we begin more deliberately to develop our psychological models and psychotherapeutic programs along such lines.

This point was anticipated some years ago by Strupp

and Hadley (1977), in an insightful article on the problem of evaluating positive and negative therapeutic outcomes. Noting that any outcome assessment assumes some valued end as its criterion, the authors indicate that currently there are at least three "vantage points," or value-determined perspectives, from which the success of a treatment outcome might be judged: namely, that of the individual client, that of society, and that of the therapist. It is clear from their analysis that to the extent that the values of any one of these parties differ from those of the others, a particular treatment outcome might be judged as positive and as negative simultaneously.

Strupp and Hadley conclude that a truly adequate, comprehensive definition of mental health and therapeutic outcomes must take into account and integrate all relevant vantage points. In the context of our discussion, this integration can only mean a reconciliation of the corresponding partial and relatively incongruous value-systems within one that is more comprehensive and that fulfill the intrinsic aim exemplified in each. In other words, it would have to be the result of the sort of value-critique I have suggested.

At the end of their article, Strupp and Hadley note that empirical research into psychotherapy cannot answer the question of how the evaluations from the various vantage points are to be integrated into an overall assessment of

any given outcome. As they put it, "in the final analysis, this is an issue of human values and public policy, not of empirical research" (p. 196). The conclusion is undoubtedly sound, as far as it goes. But it leaves unresolved the principal question we must answer sooner or later--namely, how and by whom this issue of human values and public policy is to be resolved.

Ideally, of course, the responsibility for elucidating a morally adequate design for living should be assumed by all persons, inasmuch as all are party to the matter. Yet historically this task seems to have fallen inevitably upon the moralists of the age, who were deliberative enough to advance provisional solutions that at least partly reconciled conflicting interests. As we saw in the first several chapters, our present age has thrust psychotherapists, willingly or unwillingly, into the position of moralists. It seems to me that as the problem of values in psychotherapy becomes more apparent--due in part to a growing awareness of such practical ramifications as Strupp and Hadley have indicated--psychotherapists will have to take an increasingly active role in developing defensible guidelines by which to evaluate (and, by implication at least, to govern) human conduct. It is not clear that a comprehensive and fully adequate system of values would be forthcoming without the active involvement of the therapists themselves, in whose models and programs it must be reflected, nor that thera-

pists would not be morally remiss if they failed to address that task.

The point I would like to suggest here is that psychologists and psychotherapists are uniquely equipped by the nature of the psychotherapeutic enterprise--as well as morally compelled by it--to contribute to the formulation of a more adequate design for living.

Our earlier conclusion that moral regulation is an ongoing process and not a fixed adherence implies that the particular moral principles and prescriptions we entertain must undergo development as our experience unfolds and as our understanding of the nature of our experience develops. If our prescriptive formulations lag behind our articulated understanding, they no longer constitute the best possible approximation of the moral ideal, and instead assume the character of self-limiting dogma. Hence, an ongoing inquiry into--and interplay between--our understanding of the nature of things and our understanding of how we ought to conduct ourselves is essential to the concrete resolution of a comprehensive and morally adequate design for living.

Unlike the consensual and dogmatic approaches discussed earlier, the psychotherapeutic enterprise is grounded in a deliberate and ongoing investigation into human nature. That is, it embodies in its own movement an activity of self-critical inquiry into its understanding of human nature and human interests, aimed at extending and articulating in

concrete detail our organized awareness of ourselves--of the structure of our being, the nature and the consequences of our activity, and our relation to ourselves, to one another and to the world. The work of psychological investigation is the active pursuit of new knowledge on each of these fronts, both by searching out additional data and by integrating these with data already organized, all toward developing a comprehensive and self-consistent body of knowledge. In principle--if not always in practice--this effort is self-correcting, inasmuch as it never rests in provisional formulations, but seeks continually to improve its understanding through further investigation and theory-building.

So considered, psychological investigation is essentially an embodiment of the process of value-inquiry--i.e., the self-critical activity of elaborating the implications of the elements of our current understanding, testing them against one another and against newly apprehended considerations, and modifying them accordingly. Moreover, to the extent that the therapeutic programs and the overall design for living developed and promoted by psychotherapists are generated by means of such self-critical inquiry, they are essentially facilitating (directly or indirectly) the organization or systematization of human behavior in accordance with the principle of mutual congruousness or harmonious adjustment, which we identified as our fundamental moral standard.

The conclusion to which this points, I believe, is that the psychotherapeutic enterprise itself is a formalization of our collective moral striving. That is, it carries forward the process of developing an adequate conception of human nature and human interests, upon which we could base decisions regarding our conduct. This suggests, in turn, that the psychotherapeutic design for living is a concrete approximation of the moral ideal, the pattern of activity through which we might realize our capacity for self-governance or self-determination. Inasmuch as the process of psychotherapeutic inquiry and program design is ongoing, it constitutes a living and developing system of values.

When, at the outset, we confronted the problem of value-involvement in psychotherapy, I indicated that therapists faced a twofold challenge: first, to offer some justification for their formulation and promotion of a system of moral values, and second, to find some way of justifying the particular values they promoted. We may now offer a response to that challenge.

I have just suggested that the psychotherapeutic enterprise is, at least implicitly, a formal embodiment of our collective moral striving. That is to say, the psychotherapeutic enterprise is by its very nature an expression and an extension of the value-formative process. As such, it necessarily entails the formulation and promotion of mor-

al values. In practice, then, the psychotherapists' efforts to formulate and to promote a moral design for living are justifiable to the extent that they follow the lines of the process of value-inquiry that we have discussed.

Similarly, the particular principles and prescriptions promoted by psychotherapists are justifiable to the extent that they are in accordance with the most comprehensive articulated understanding of human nature and human interests available at that point in time, as measured against the principle of mutual congruousness. Of course, as with any particular value, each of these must be considered provisional and subject to modification in the light of new experience and further developments in our understanding.

Ultimately, the only absolute rule of conduct promoted in and through the psychotherapeutic enterprise is the imperative of our moral striving: to pursue assiduously the activity of self-critical inquiry and self-adjustment. As I see it, every program of psychotherapy--including even the circumscribed and highly focused behavior therapies--insists upon some form of self-inquiry or self-reflection as its fundamental rule of conduct. Whatever form it takes, this activity is intended to facilitate some sort of self-adjustment--among the individual's desires, impulses, cognitions and behaviors, or between the individual and his or her material and social environment. Although different terms are used to describe the desired therapeutic end--e.g., per-

sonality integration, self-actualization, authenticity, conflict resolution--the principle governing the pattern of that outcome is in each case the principle of mutual congruousness or harmonious adjustment.

The strength of the foregoing justification depends, of course, upon whether or to what extent psychologists and psychotherapists do indeed strive to fulfill the ideal intent of the psychotherapeutic enterprise, by engaging in a deliberate value-critique. Otherwise, there can be no assurance that the values generated in and through the actual program of psychotherapy are adequate. It is precisely for this reason that I have argued so firmly for the adoption of an explicit and ongoing inquiry into values as part of psychology.

Once psychologists deny that their activity is rooted in the value-formative process, and instead impose narrow and artificial limits upon their field of inquiry and method of investigation, they impede the implicit movement of the psychotherapeutic approach toward a more adequate design for living. To the extent that this has occurred, the main reason is undoubtedly the link that has been forged between psychology and empirical science, as the latter is presently conceived. We have already noted that psychologists and psychotherapists still cling to the notion that it is improper--i.e., unscientific--for them to enter into moral discourse, despite the fact that they do entertain and pro-

mote particular values. That notion, as well as the common belief that no objective justification can be provided for value propositions, is inherited from the prevailing doctrine of science.

I am not particularly sanguine about the likelihood of overcoming the various forms of resistance to including an explicit value-critique in psychology. The covert personal, political and economic forms of resistance seem to be especially intransigent. Regarding these, we may be able to do little more than appeal to psychologists' sense of moral responsibility and to their implicit commitment to the psychotherapeutic ideal. Yet we may render ineffectual at least one major obstacle by demonstrating that, far from being irreconcilable, the process of scientific inquiry and that of value-inquiry are intrinsically related to one another.

CHAPTER VII

OBJECTIVITY AND SCIENTIFIC INQUIRY

Although the breach between science and moral philosophy spans five centuries, the two were perhaps at their farthest point apart when modern psychology rose to prominence. This coincidence left an indelible mark upon the course of that discipline. Prior to that, the study of psychological subject matter had been characterized as the "moral science." But as psychologists sought to establish their discipline among the highly respected empirical sciences, that appellation fell into disfavor--perhaps because its constituent terms were incompatible according to the prevailing doctrine of empirical science.

In my opinion, the abandonment of that characterization constituted the greatest single error in the history of the psychological movement. It set psychology on a course that has culminated in the complex problem of values we have examined. I believe that psychology is indeed a moral science, in the most literal sense of that compound term. That is, psychology is inseparably a scientific activity and a moral one.

So far we have found that the psychotherapeutic enterprise is implicitly a value-formative process, i.e., a formalization of our moral striving. What remains to be

demonstrated is that this activity of formulating and justifying what is in effect a system of moral governance is actually a continuation of the scientific process and not a departure from it. It is to this that we must now turn our attention. The solution entails rethinking our understanding of the meaning of objectivity and of the nature of objective scientific inquiry and validation.

Having identified themselves as scientists, psychologists assume that their investigations must be restricted to the domain of observable fact and that their propositions must be susceptible to validation by empirical test. Because the traditional procedures of empirical science cannot be used to validate normative propositions, psychologists conclude that they cannot engage in value-critique without going beyond the bounds of their science and surrendering the credibility and authority they enjoy as scientists.

One might imagine that the process of value-critique would be rendered more acceptable to the scientist if it were characterized as being fundamentally experimental in nature. However, it is not enough merely to assert that value-critique involves experiment. What remains is the matter of establishing some criterion for validating its results and of demonstrating that those results (as well as the criterion itself) can be considered objective. That is the problem. The only criteria acceptable to empiricists would limit the role of an experimental ethic in moral gov-

ernance, while other criteria entertained by moralists are objectionable to empiricists.

In order to be considered legitimately scientific from the empiricist's point of view, an experimental ethic would have to be bound by the methodological constraints of traditional science. Within that framework, the sole function of deduction is to derive empirically testable hypotheses from a theory. Moreover, no knowledge of what ought to be can be derived by inductive inference from what is observed in fact. Without invoking some principle external to science, no empirically testable hypothesis could carry normative force, regardless of the factual evidence marshalled in its support. Hence, an experimental ethic would have to confine itself to descriptive propositions and to abstain from framing any normative prescriptions. Clearly, this would constitute an unsatisfactory basis for developing a sound system of moral governance.

The alternative is an experimental approach to values that would indeed involve observation and test, but that could also draw normative conclusions from the evidence examined by means of some objective standard of validation not acknowledged in empiricist doctrine. However, any such approach would be rejected out of hand by the empiricist, on the assumption that unless it proceeded according to the established principles of empirical validation, its propositions could not carry the stamp of scientific objectivity.

At best, it would be considered imitation science, claiming the designation "scientific" only by reason of a superficial resemblance between its procedures and the methods of true science.

As long as we accept the empiricist doctrine of knowledge on its face, it is doubtful whether we could ever reconcile its model of objective scientific investigation with our notion of value-inquiry through reciprocal evaluation and mutual supplementation. In Chapter Six we concluded that a fully adequate design for living would be one that articulated into a comprehensive and self-consistent system of values all considerations that were objectively relevant to the realization of human interests. We found that we could compare our values only to one another, inasmuch as we had no access to a fully-formed moral paradigm external to and independent of our own understanding. For this reason we were led to affirm as our absolute standard of valuation the principle of mutual congruousness or harmonious reconciliation. We concluded that value-critique had to proceed as an ongoing activity of elaborating, comparing and rendering self-consistent all of our formulations (including both particular values and related facts) in accordance with that principle. An objective system of values would be one that was not partial (i.e., incomplete, biased or distorted) in any respect, upon which all persons (past, present and future) would agree if fully informed, and that fulfilled all

essential human interests (those of which we were not presently aware as well as those that we had already comprehended). In our approach to value-critique, a system of values would be considered objective to the extent that it fulfilled the principle of mutual congruousness.

Undoubtedly, to anyone raised in the tradition of modern empiricism, this must seem a very eccentric criterion for assessing objectivity, as compared to that employed by science. However, I believe that the fault lies not with our conception of value-inquiry, but with the peculiar meaning that the term "objective" has acquired with the rise of empiricism. The modern empiricist virtually equates what is objective with that which is publically observable by means of sense perception, or by extension, with statements about such perceptual events. Hence, we have learned to associate the term "objective" with that which is "out there," so to speak, as opposed to that which is constructed by the activity of the intellect. Consequently, any reference to a moral truth as being objective is apt to conjure up the notion that it too is somehow "out there." Generally speaking, the empiricist recognizes that this notion is ludicrous and he interprets this application of the term as merely an analogy to scientific objectivity, based upon the subjective feeling of certainty that may accompany particular value-formulations. On the other hand, some literal-minded persons may simply accept that moral truths do indeed exist

somewhere "out there," as fully-formed and independent of man as any element of the material world.

We have already discussed the problems inherent in the notion that moral truths are "out there," in terms of the indefensibility of any value-critique based upon a correspondence to some fully-formed moral paradigm. But in my opinion there are equally severe difficulties with the empiricists' notion of objectivity, as well as with their claim that objectivity in ethics is no more than a subjective feeling of certainty is therefore inferior to scientific objectivity. We will cover two points in the present chapter: first, that the process of objective validation in science is essentially the same as the one we have embraced in our approach to value-critique, and second, that when the activity of science reaches the level of psychological inquiry, it can and must involve the process of value-critique.

The Meanings of Subjectivity

It is generally thought that as long as the scientist is scrupulous in his adherence to the methodological canons of empiricism, his formulations will be conditioned primarily by the "facts," and to that extent should represent the objective reality of experience. This notion is the basis for the peculiar bifurcation of fact and value that figures prominently in modern discussions of the relation between science and ethics, including those in the psychological

literature. This bifurcation of fact and value corresponds to the one drawn between objectivity and subjectivity. That is, subjectivity or subjective bias is believed to be characteristic of value-formulations, along with all other formulations considered fundamentally interpretative in nature (e.g., beliefs, opinions, feelings, some kinds of theory, and--unless the procedure is conceived of as purely tautological--the results of deductive inference). Objectivity is believed to be characteristic of empirical statements (i.e., systematic descriptions of publically observable events), once these have been stripped of all subjective contaminants.

However, there is by now incontrovertible evidence--provided by scientists, especially psychologists, as well as by philosophers--that perception and observation are essentially interpretative in nature (Harris, 1970a). That is to say, the particular elements of experience appear to us as they do in accordance with the manner in which they are fitted into the more or less systematic structure of meanings that we have constructed over time. It is this structure of meanings that renders our experience intelligible overall. This does not entirely controvert the notion that our experience of those particulars manifests something of the character of the "things in themselves" that we imagine must lie in the so-called real world. It only belies the naive assumption of common-sense experience that we peer directly

onto the world through a sort of window in our heads.

Indeed, perceptual data and observational "fact" are particularly liable to be partial (i.e., incomplete, biased or distorted) as compared to the organized contents of awareness. According to Harris (1970a), the ambiguity inherent in perceptual data and in particular observations is resolved only by virtue of their being integrated into the interpretative context that structures and imparts meaning to the particulars of experience. Furthermore, as we noted in Chapter One, judgments as to what constitutes a fact, which ones are to be admitted as relevant, and how they are significant are all conditioned by the theoretical context within which observation occurs (Grunfeld, 1973).

In short, what the empiricist doctrine designates as "facts"--i.e., observational data that constitute the possible objects of rigorous scientific analysis--are themselves interpretations. It is to this that philosophers of science refer when they speak of the theory-ladenness of scientific observation. The implication is that the empirical method of observation by itself carries no assurance that its results will constitute an adequate representation of reality. The recent crisis in the theory of empirical scientific investigation has its roots partly in this conclusion.

Inasmuch as scientific fact has been relegated to the status of interpretation along with value-formulations, we have already succeeded in narrowing the conceptual gap be-

tween them. However, if we were to curtail our discussion at this point, that narrowing would have been achieved entirely at the expense of scientific inquiry. That is, one might conclude that by exposing scientific observation and scientific fact as matters of interpretation, we had rendered the process of scientific inquiry inescapably prone to subjectivity. Obviously, this conclusion is hardly supportive of the psychotherapist's attempts to defend the objectivity of his formulations, either in his role as scientist or as moralist.

Yet if we carry our analysis a step further, we will find that we can retrieve both science and ethics from unremitting subjectivity. To begin with, we should identify two distinct, although related conditions to which the term "subjectivity" refers.

In its first sense, subjectivity refers to the fundamental characteristic of human awareness and of every content of awareness (sensations, feelings, percepts, concepts, theories, values): namely, that in order to be at all, these must be experienced by a human subject.

This notion is the basis for the assertion that our understanding of experience must be interpretative in nature. All understanding is limited to the contents of awareness, for nothing can be known that is not experienced. Consequently, there is no possibility of directly comparing a particular content--whether it be a simple percept or a

sophisticated theoretical construct--to the real world that it is supposed to represent, in order to determine its veridicality or its meaning (Harris, 1954). We may recognize this as the general case of the point discussed in Chapter Six, that there can be no possibility of direct comparison between any value held in awareness and some external moral absolute. The particular contents of awareness can be compared only to one another, and it is of such relations that our understanding must be constructed. Hence, we may infer that what imparts meaning to a particular content of awareness is the pattern of interrelationships articulated between it and the already existing structure of systematically interrelated elements that constitutes intelligible experience.

When employed in this first sense, the term subjectivity is neither positive nor negative in itself; it refers simply to the natural and inescapable condition of human awareness. But the second sense in which we employ the term--probably its more familiar usage--typically carries a pejorative connotation. When we describe the condition of awareness as subjective in this other sense, we mean that in some respect it is an inadequate representation of reality, and that the inadequacy is traceable to and characteristic of the subject's mental make-up. In other words, subjectivity refers here to the partiality (i.e., the incompleteness, bias or distortion) liable to be evident in human

awareness--especially in particular contents of awareness--consequent upon the finitude of the subject's experience, the idiosyncratic structure of his interpretative framework, or the subject's need to have experience conform to his own preconceptions about himself and the world.

It should be evident that subjectivity in the second sense follows from the first--i.e., that the partiality of human awareness and understanding is a consequence of its interpretative character. That is not remarkable, because--owing to the finite and serial character of human experience--the articulated psychic structure that constitutes the matrix of awareness and the context for all interpretation is always bound to contain some flaws, inconsistencies and lacunae. (This should hold true not only of the individual subject, but in analogous fashion, of any social group that develops a shared context for interpreting experience.)

I would emphasize, however, that the two notions of subjectivity are distinct and ought not to be collapsed into one. That is to say, while all awareness and its contents are subjective in the first sense (i.e., interpretative), it does not follow that all are equally subjective in the second sense (i.e., equally partial). As long as we make any claim to knowledge whatsoever, we are committed to the position that there is a distinction between truth and falsity, and that on occasion we can discriminate between the two. Hence, we must accept that our interpretations are

susceptible to degrees of adequacy, or (in other words) to degrees of objectivity.

Thus, although objectivity and partiality are antithetical terms, objectivity and interpretation are not. Objectivity must be thought of as a characteristic that we ascribe to certain kinds of interpretations. If subjectivity in the sense of interpretativeness were to be eliminated from our awareness and its contents, we would not be left with objective awareness or objective knowledge. We would be left with nothing. From this perspective, the bias and distortion evident in our understanding--whether it be in terms of fact or of value--are not the result of an intrusion of subjectivity into awareness. Rather, they are the consequence of inadequacies (e.g., the omission of relevant considerations) in the course of the interpretative process that constitutes awareness in the first place.

What, then, is the criterion by which we determine whether or to what degree our interpretations are objective? We have already considered that as regards values it must be the principle of mutual congruousness or harmonious reconciliation. Now we find that as regards our knowledge of the external world, the realm of so-called fact, the criterion of objectivity is fundamentally the same. As Harris suggests, "the only reliable criterion we have of the 'objectivity' of things is their stability and coherence in our experience and the persistent interconnexions which they dis-

play" (1970a, pp. 372-373). In other words, a particular element in awareness is objective to the extent that it is proved to be coherent on the basis of repeated and consistent experience. Essentially, this means that the particular element coheres (i.e., fits consistently) with the other elements of experience in a comprehensive and self-supporting system of interpretations. Coherence and mutual congruousness emerge as two expressions of the fundamental principle of order governing our objective understanding of experience.

From this perspective, it is the interpretative system as a whole, and not particular observational data, that comprises the most objective representation of the world. The particulars of experience are to be treated as objective to the extent that they can be fitted into that interpretative system, while the system itself is objective to the extent that it organizes the particulars of ongoing experience in a consistent and mutually corroborative whole. The orderly structure of this interpretative framework is considered an approximate reflection of the order inherent in the world that common sense tells us exists independent of our minds.

So we may conceive of the activity of science as the deliberate activity of constructing in subjective awareness an objective structure of interpretations through discriminating, relating and integrating into a coherent conceptual

system the elements of common-sense experience. Given this conception of science, human subjectivity (in either sense of the term) is no unremitting impediment to the possibility of objective scientific knowledge. Because the interpretative activity of science occurs entirely within the confines of awareness and needs never go beyond it, it does not matter that we have no access to the world except through (subjective) experience. Undoubtedly, the contents of awareness--whether as particulars of observational experience or as conceptual constructs built through further interpretation--may be subjective in the sense that they are liable to some degree of partiality. But subjectivity in this sense should become evident at some point in the failure of experience to cohere, i.e., in our failure to arrive at a "mutual fit" among our particular interpretations of experience or among the results of technical manipulations based upon them. When apprehended, such subjective error may be corrected by elucidating in greater detail the order implicit in experience, deducing probable relations from the mutual implications of the background structure of interpretations, and seeking confirmation of these in further experience.

In short, once we begin to look more closely at the process of scientific investigation and its only defensible criterion for objective validation, we find that it is indeed not so different from the process of value-inquiry and

its corresponding criterion. As we look further, we will find other links between the two.

The Nature of Scientific Inquiry

In its pure and simplest form, the method of empirical science is supposed to proceed by inductive reasoning from particular observational data to general conclusions. Yet more than two centuries before the recent onslaught of criticism against the notion of empirical science, Hume had already exposed the fundamental problem of induction: namely, that no number of observations of constant conjunction of empirical data can guarantee that there are necessary connections among them. Some non-empirical principle must be invoked in order to justify inductive inference. But the empiricist scheme admits of no such principle, inasmuch as it maintains that knowledge is derivable only from experience. As long as this premise is accepted, one must conclude that scientific investigation can provide us no knowledge beyond that of immediate and ephemeral experience.

Obviously, this conclusion flies in the face of common sense. Empiricists after Hume have sought to reclaim induction, not by questioning the premise that observation is the only source of knowledge, but by substituting probability for certainty. In other words, it is believed that a sufficient number of observations will yield knowledge of the probable outcome of all observations. Psychologists and

other scientists will recognize this immediately as a fundamental canon of research. But it is an utterly specious solution to the problem of induction, for the notion of probability itself presupposes the necessary connection that induction is unable to establish.

Popper (1959) tried to overcome the problem of induction by substituting a principle of falsification for that of verification. That is, although no number of observations can establish the truth of a hypothesis, the hypothesis can be rejected on the basis of disconfirming evidence. This principle has been incorporated into the prevailing conception of how scientific investigation proceeds, known generally as the hypothetico-deductive method. According to this method, empirically testable consequences are inferred from some theory by deduction, after which observations are collected in order to determine whether the data will falsify (i.e., contradict) the inferred consequences.

This conception of science falls prey to serious criticisms. Here it must suffice to note the two that are the most damaging. First, although empiricists assume that the falsification procedure avoids the problem that besets verification by induction, its success is actually only apparent. When all falsified hypotheses are eliminated, there is still no guarantee that the unfalsified hypotheses will remain unfalsified (Harris, 1970a). The empiricist scheme can provide no grounds whatsoever for assuming that the lat-

ter are any more likely to be true, so it should relinquish falsification as a valid discriminative test. To believe otherwise is to make the same empirically unwarranted assumption as was involved in the principle of verification by simple induction.

I have already alluded to the other, and perhaps the more radical, challenge leveled against empirical science: namely, that inasmuch as all experience (beginning with perception) is essentially interpretative, all scientific observation is inescapably theory-laden. This poses an intractable problem for the empiricist. Even if the procedure of inductive generalization could be justified within the empiricist's scheme of things, this apparent contamination of observational data by the prejudices of subjective awareness would render those data untrustworthy as a source of knowledge. As long as the empiricist maintains that knowledge can be tested only through observation--which now cannot be trusted--he has no way of determining whether his conclusions are congruent with objective reality or whether they are only a projection of his own subjective theories, beliefs and biases.

In Chapter One we noted several other untoward conclusions about science that had been drawn from this impasse in the empiricist theory of knowledge. At that point I indicated that we would have to either abandon altogether the possibility of objective science, or else reformulate our

basic understanding of the nature of scientific activity. Now, in light of our discussion of objectivity, I would suggest that it is not necessary to give up the notion of objective science. What we must abandon instead are certain preconceptions about scientific activity inherited from the empiricist tradition, particularly the principle that objective knowledge is obtained solely through observation. As we have just witnessed, it is the empiricist's adherence to this principle that thwarts any attempt to overturn the challenges to scientific objectivity.

It is easy to appreciate historically the significance of the emphasis upon direct observation in science. When Francis Bacon was attempting to systematize scientific procedures, man's understanding of the natural world was still dominated by an amalgam of religious dogma and ancient Greek speculations. According to Russell (1945), that understanding had failed to advance because it relied too exclusively upon deductive reasoning from purportedly indubitable general principles. The tremendous advances in early science followed a suspension of traditional beliefs and a reliance instead upon patient and detailed observation. Such results seemed only to confirm the superiority of the inductive method over deductive inference. The eventual bifurcation of the two laid the foundation for the empiricist's claim that observation was the only source of scientific knowledge, while deduction could yield no new know-

ledge and should be reserved for elucidating testable hypotheses to be submitted for empirical confirmation.

The alternative conception of scientific activity that I began to describe at the end of the last section is impervious to the criticisms that have proved so deadly for modern empiricism--precisely because it rejects the doctrinal bifurcation of induction and deduction, or the utter separation of the processes of observation and interpretation. It acknowledges readily what empiricist theory tries unsuccessfully to avoid--that observation and interpretation interpenetrate throughout the scientific process. As Harris puts it:

Theory and observation are not two separate and independent factors by one of which we may check or test the other. A scientific theory is a more or less organized and coherent interpretation of what is observed, without which the observed factors lose their character and their significance....The endeavor of science is constantly to improve the system so that it becomes more comprehensive and self-consistent. Verification, therefore, always consists in the assembling of mutually corroborative evidence, the interconnections of which make the denial of the theory impossible without the breakdown of the entire conceptual scheme. (Harris, 1970b, p. 201)

In other words, both activities--observation and interpretation--are inseparable aspects of the ongoing constructive process of scientific investigation. Without some prior interpretative context to confer meaning upon particular data, there could be no relevant observation. Conversely, without observational data--or, more generally, without experience--there would be nothing to interpret and hence no

subject matter for science.

If we go back for a moment to the criticisms that led us to distrust scientific activity, it should be apparent that the problems encountered there are surmountable. Induction is never merely the summation of repeated instances of constant conjunction. Rather, it is the search for evidence of a pattern already believed to exist, in light of the mutual implications of elements in the interpretative structure articulated so far. (It is, after all, on the basis of such suppositions that we are guided in making particular observations.) So we infer that an observed relation among empirical data is probably valid on the strength of its consistency with the entire body of systematized (i.e., interpreted) experience, and not simply on the basis of the frequency with which it is observed.

Certainly, the theory-ladenness of all observation poses a problem for the scientist. Yet the problem seems insuperable only as long as we adhere to the empiricist's notion that objective knowledge can be derived solely from the deliverances of the senses. (As we have already seen, the subjective "contamination" of observational data subverts altogether the possibility of scientific investigation along the lines of strict empiricism.) If we recognize instead that the pursuit of objective knowledge involves an ongoing systematization of experience, we may appreciate that subjective distortion and lacunae should become evident

sooner or later in the failure of some aspect of the developing interpretative structure to cohere.

Admittedly, the history of science teaches us that theories can be stretched to a remarkable degree in order to accomodate discrepant data, before finally capitulating to their successors. But the great "scientific revolutions" to which Kuhn (1970), Hanson (1972) and others refer also demonstrate that the movement of science is indeed progressive --i.e., that each successive interpretative system displays a greater degree of coherence and comprehensiveness than did its predecessor (Harris, 1970a).

I do not wish to imply here that the movement of science is automatic and effortless. On the contrary, it is guaranteed only to the extent that we remain vigilant of flaws in our entire interpretative scheme of things and refuse to rest in the partiality of our understanding. It is this dedication to self-critical awareness--itself an interpretative activity--and not a dogmatic commitment to empiricist doctrine that is the scientist's cardinal virtue.

It is worth inquiring into the source of this obligation to think self-critically that the scientist imposes upon himself. Bronowski, for one, suggests that scientists are committed to "truth as an end in itself" (1959, p. 56). Yet it seems improper that we should make of "truth" an idol at whose altar the scientist serves. To my mind, it is truth that serves man, so to speak, and not man who serves

truth. In other words, we pursue objectivity in our interpretation of experience because doing so is in our interests while resting in our own subjectivity is not. So-called "pure" science--i.e., scientific investigation meant to extend in breadth and in detail our knowledge of the world without regard for its practical applicability--is the exception rather than the rule. But even the understanding that issues from such science implicitly serves our interests, for every bit of knowledge has its place in completing the comprehensive and fully coherent system of interpretations that constitutes our intellectual mastery of experience, and that enables our practical mastery over it.

In short, knowledge is always and only for the sake of the knower. Furthermore, inasmuch as our fundamental interests are moral interests, the aim of scientific activity must be ultimately to further the concrete realization of our moral interests. Actually, this should come as little surprise if we recall from the last chapter that our value-formulations must be adjusted not only to one another, but also to the structure of the environment within which our value-directed activities occur. An adequate adjustment in this latter respect is possible only so far as we entertain an objective understanding of the world within which we must act. We might also infer from this that our moral obligation continually to develop our understanding extends over the activity of scientific inquiry as well.

Science emerges in the present light as an expression of our collective moral striving, albeit at a level less explicit than that of value-critique. Obviously, this differs sharply from the usual characterization of science as an amoral activity. Moreover, the procedural principles of science (i.e., its methodology) are revealed as a rudimentary ethic. That is, they constitute a system of self-imposed constraints upon human activity--in this case, upon the activity of interpretation--the purpose of which is to direct that activity according to some rule of order, toward the realization of our moral interests. I have already suggested that at the level of scientific interpretation this rule of order is the principle of coherent organization, and that this principle is to science what the principle of mutual congruousness is to ethics.

The methodologist's concern over the possible intrusion of values into the process of scientific investigation is consonant with this conception of science. His concern is essentially that dogmatic adherence to particular values (which are liable to be partial) might constrain or otherwise subvert the activity of self-critical inquiry that is the route to objectivity and the hallmark of scientific reasoning. But inasmuch as the ideal intent of science and the ideal intent of all particular values are one and the same--namely, the realization of our moral interests--there is no conflict between them except that which arises out of

the partiality of our formulations.

The Scientific Process in Psychology

The stifling effect of dogmatism upon objective understanding was illustrated vividly in the struggle for intellectual freedom waged by the early proponents of modern science. But this struggle must be an ongoing one, for every age has its own ideological scotoma that impede objective understanding. Moreover, we cannot assume that the scientific establishment will necessarily play the role of protagonist in this struggle, for the radicals of one age often prove to be the conservatives of the next. This may be witnessed, in one of its aspects, in the succession of scientific paradigms overturned by "revolution." But we must be particularly wary in our present age, for the current scientific establishment itself has enshrined a self-limiting dogma, in the form of modern empiricism.

As I tried to indicate in the preceding section, science does not and cannot proceed in the manner outlined in empiricist doctrine. For the most part, that version has been employed only in descriptions of what it is supposedly that scientists do. This dichotomous approach to science has had very little impact upon the physical sciences, which are both well-established and rather far removed from value-related issues. Until recently, the biological sciences had suffered somewhat more, owing to the empiricist's rejection

of the concept of internal relations and the consequent bias toward reductionistic analyses of biological phenomena.

The real victims of dogmatic empiricism have been the social sciences, especially psychology. These were formalized as sciences lately enough to have been influenced as much by the empiricist's notion of how science was supposed to proceed, as by an appreciation of the true nature of scientific inquiry and how it should be applied to the objective understanding of human nature and human interests.

Koch has this in mind when he writes:

At the time of its inception, psychology was unique in the extent to which its institutionalization preceded its content and its methods preceded its problems.... From the earliest days of the experimental pioneers, man's stipulation that psychology be adequate to science outweighed his commitment that it be adequate to man. From the beginning, some pooled schematic image of the form of science was dominant. (Koch, 1974, pp. 15-16)

In his opinion, this unquestioning adherence to an inappropriate model of scientific inquiry has led psychology down a barren trail, the occasional germane fact or spark of insight being overwhelmingly counterbalanced by what he calls "pseudo-knowledge"--i.e., "'findings' which, however, meticulously produced, tell us nothing intrinsically illuminating" (p. 20). This, he states, is evident in "a congeries of alternate--and exceedingly simple--'images [of man],' around each of which one finds a dense scholastic cluster of supportive research, 'theorizing,' and methodological rhetoric" (p. 7).

Yet psychologists are still being taught that the hypothetico-deductive method is the only legitimate way to engage in scientific inquiry, as if the terminal flaws in its underlying doctrine were irrelevant outside of philosophical discussions. (For an example, see Crano & Brewer, 1973.) The deftness with which empiricists circumvent any critique of their basic premises follows from their unwavering conviction that the methodology is "scientific," and hence beyond reproach, while philosophical arguments are not "scientific," and hence at least somewhat suspect.

According to Hogan and Schroeder (1981), this frame of mind has pervaded our entire approach to graduate education in psychology, encouraging as a result the unreflective proliferation of the kinds of findings that Koch termed "pseudo-knowledge." They conclude:

Education properly conceived and conducted would include making students aware of their values and theoretical presuppositions. But in America we do graduate training, not education; graduate school is more like barber college than like Plato's Symposium. Students are taught how to do research (in the approved manner); the focus is almost exclusively on professional training rather than on a careful examination of theoretical premises. Biases persist because they are unexamined. (p. 14)

Admittedly, a number of psychologists have recognized that important concerns are barred from modern psychology only because these cannot be made to conform to the conditions of empirical inquiry. But, by and large, the solutions they propose are an inadvertent demonstration of how

firmly the empiricist doctrine grips our conception of science. Robinson (1976), for example, reiterates verbatim the empiricist canons of science, and then concludes that psychology must relinquish its status as science if it is to reclaim its proper subject matter. Other psychologists, feeling disenfranchised, have abandoned empirical science altogether in favor of other approaches, sometimes described as "holistic" or "humanistic." But, in Koch's words, "often the net difference is that instead of getting 'rigorous' imitation science we get fuzzy imitation science" (1974, p. 29). Unfortunately, this only polarizes further our understanding of the nature of objective inquiry in science.

It seems to me that as long as we accept such misguided solutions, we will continue to stifle further progress in psychology. A more satisfactory alternative follows from the characterization of scientific inquiry outlined in this chapter. From this perspective, psychology is indeed scientific--in principle, if not consistently so in practice--but for reasons other than those laid down by empiricism.

Psychologists have aspired, understandably, to a position from which they could claim that their formulations were objective. However, having been taught that objectivity is a function of adherence to empirical methodology, psychologists have assumed simply that they must restrict themselves as far as possible to statements of observable

"fact." As regards values, therefore, they are permitted to discuss only what happens to be valued by persons in fact. They must reject the possibility that any proposition regarding what is actually valuable could be objective (at least in a scientific sense), inasmuch as it would have to go beyond the observed facts.

Obviously, as long as psychologists adhere to this conception of scientific activity, it is virtually impossible for them to reconcile psychological inquiry and value-critique. Yet this route leads inevitably to the morally unsatisfactory position summarized at the end of Chapter Three: To the extent that psychologists restrict themselves from engaging in value-inquiry, they fail to acknowledge, to examine and (where necessary) to emend their own value presuppositions, as well as to evaluate the claims of rival value-systems. As a result, they are unable to provide any assurance that their design for living is morally adequate.

We may begin to appreciate the true nature of psychological inquiry only after recognizing that objectivity is the result of the systematic interpretation of experience and, hence, that it is more likely to be characteristic of our entire conceptual framework than of particular observational data. In this light, theoretical reasoning about psychological concepts--e.g., about their presuppositions, their mutual implications and their relation to concepts outside the psychological scheme of things--is not a depar-

ture from strictly objective science. To the contrary, it is an integral and absolutely essential feature of the ongoing process of objective inquiry, without which psychology would eventually collapse into conceptual incoherence.

The most serious risk to scientific objectivity in psychology actually stems from a dogmatic adherence to empirical procedures, for that in turn fosters an uncritical acceptance of observational data and the inferences drawn from them. The notion that observation alone can provide objective guidance was exposed as myth when we noted that our empirical investigations were conditioned by our theoretical and value presuppositions. Yet the myth persists, and the complacency bred of that myth stands opposed to the self-critical awareness that is the hallmark of true scientific inquiry.

Having said this, I should add that we ought not to deprecate the role of experimental investigation in psychology--nor even of the traditional empirical methodology, as long as it subserves objective inquiry rather than dictating its subject matter. The method is a kind of discipline, and disciplined observation is as vital to psychological inquiry as its explicitly interpretative aspect. As we noted earlier, observation and interpretation are inseparable in science. Moreover, what distinguishes psychology from other approaches to the understanding of human nature--and what, in my opinion, is its ultimate advantage over them, both as

an intellectual system and as a moral one--is its unwavering insistence upon reasoning from evidence. But this is really no more than another way of saying that psychology is scientific.

However, we must understand the proper role of the experimental procedures generally employed in psychological research. As I see it, the experimental method in itself is really no more than a sophisticated intellectual prosthesis which, when handled correctly, can augment our capacity to observe systematically. In this sense, it is analogous to the computer, which is fundamentally only a device for carrying out numerical manipulations that are not done easily in our heads. There is another respect, equally instructive, in which the two are similar. Persons who do not understand the function of one or the other are apt to ascribe to its use a nearly magical potency. But computer technicians have a saying that may be applied equally well to the experimental method: "Garbage in, garbage out."

Obviously, then, there must be more to the process of objective psychological inquiry than is embodied in its generally accepted empirical methodology. Attempts to secure psychological knowledge through methodologically rigorous observation and experiment are only as sound as the presuppositions and supporting hypotheses upon which those attempts rest, for that context determines to a large extent how the results will be interpreted.

We subvert the scientific intent of observation when we persist unreflectively in observing only what our prejudices dictate about the nature of our subject matter. The effect of such prejudices in canalizing our understanding in psychology is by no means insignificant. As we witnessed in Chapter Four, our entire approach to psychological inquiry and intervention has been conditioned by certain value-determined assumptions as to the nature of the individual vis-a-vis his material and social environment. So if we are truly to advance our understanding of human nature and human interests, we must go beyond the confines of business-as-usual research and free ourselves of the self-limiting constructs we entertain.

The upshot of our argument is this: In order to ensure the objectivity of our formulations, we must turn the light of self-critical inquiry upon the presuppositions and prejudices that underlie our understanding of psychological inquiry itself, as well as upon those that underlie our approach to particular questions about human nature and to the psychological problems of living. Several considerations follow:

- (1) This turn is as much a part of the movement of science as are the empirical procedures with which it is usually identified, for without it there can be no guarantee that our investigations are objective and therefore truly scientific.

(2) This turn is not only a scientific imperative, so to speak, but a moral imperative as well. If our psychological investigations are not objective, they cannot constitute an adequate basis for developing the prescriptive formulations that we have found to be an intrinsic element of the psychotherapeutic program.

(3) Inasmuch as many (if not all) of the presuppositions that underlie our understanding are value-determined, this self-critical inquiry must follow the lines of the value-critique discussed in the last chapter.

In short, at the level of psychology and the social sciences, value-critique constitutes a necessary phase of scientific activity--an extension of objective inquiry and not a departure from it.

We have already characterized the pursuit of objective knowledge as the ongoing systematization of experience --i.e., as the attempt to construct in subjective awareness an objective structure of interpretations by discriminating, interrelating, and integrating into a coherent conceptual system the various elements of experience. Because objectivity in awareness is the result of the systematic interpretation of experience, it is more properly characteristic of our entire conceptual framework than of the particular data of experience.

Consequently, the objective understanding that is the goal of psychological science cannot be identified with the

plethora of relatively disconnected empirical facts that crowd our current textbooks, nor could it ever arise automatically (as empiricism presumes) out of the simple accumulation or aggregation of such data. Objective understanding in psychology must be a comprehensive and coherently articulated conception of human nature and human interests. This can be achieved only through the systematic elaboration and integration of the multiplicity of factors that bear upon human life and human experience.

Once our articulated understanding of human nature begins to grow so intricate and all-inclusive, we necessarily verge into the realm of moral values. As Matson (1976) suggests, the model of man that one entertains determines inevitably how one seeks to organize one's life conduct. Shall we consider man an intelligent animal, a complex machine, an individualistic self-actualizer, a spiritual being? It does make a difference which one we settle upon. Of course, man may be all of these, and our problem is how to relate these perspectives within a comprehensive and self-consistent interpretative system. In any case, this is as much a matter for moral speculation as for science--and not merely a matter for one or the other. I believe that when our psychological constructs reach a certain level of complexity and comprehensiveness, they acquire a moral valence along with their factual one.

Over the years, critics have repeatedly charged that

psychology is a substandard science as compared to physics or chemistry--if indeed it can be considered a true science at all. From the standpoint of modern empiricism, a plausible argument can be made along such lines. However, given the flaws we have exposed in that doctrine, we should reconsider whether the charge itself still carries any weight. In my opinion, it does not. In fact, I would argue that psychology is the apex of the process of scientific inquiry. That is to say, the true nature of scientific inquiry is still largely incipient in the activity of natural science and becomes explicit only as we reach the level of psychological science.

This conclusion follows from the notion of science developed in this chapter. In simplest terms, when we engage in scientific inquiry, we are establishing objectivity in our awareness by taking into account our own subjectivity, essentially through the mental activity of identifying and implementing correlative adjustments in our interpretative framework. At the level of natural science, this process proceeds more or less unself-consciously. The kinds of observation and interpretation involved are largely extensions and refinements of those of common-sense awareness--hence the empiricist's untroubled emphasis upon sense-data. The sources of partiality that figure prominently in natural science research originate primarily in the spatio-temporal finitude of the human investigator--characteristics that are

more or less identical among all persons--rather than in the more complex idiosyncratic dimensions of human subjectivity, such as psychological and value structures. For the most part, the mental operations necessary in order to correct for one's subjectivity at this level are crystallized in the natural scientific method.

However, as I indicated earlier, the kinds of bias and distortion evident in our interpretations at the level of psychological investigation are largely value-determined. The natural scientific method was simply not designed to correct for those aspects of human subjectivity. Consequently, any attempt to achieve objectivity in our psychological understanding solely by means of the traditional procedures of empirical science will inevitably fail to take into account the partiality that arises out of unexamined and unemended value presuppositions. As a result, psychologists are liable to generate and perpetuate inadequate and self-limiting formulations, even as they assume they are being supremely objective.

If psychologists are to fulfill the scientific intent of psychological inquiry--i.e., to establish objectivity in their interpretations--they must make explicit the scientific process of taking into account their own subjectivity. In other words, they must strive continually to be more aware of the peculiar character of their own awareness--which includes their personal, professional and social-cul-

tural value-structures, along with other presuppositions about themselves and the world. This ongoing self-awareness is the first essential step in organizing and developing the elements of psychological understanding into a single, comprehensive and self-consistent conceptual structure--i.e., into an objective interpretative system.

I have already indicated that an objective conceptual structure or interpretative system can be constructed only through the continuous and consistent application of some principle of order. We have discussed such a principle under two aspects: as the coherence principle in science, with which we establish objectivity in our subjective understanding of the factual dimension of experience, and as the principle of mutual congruousness in ethics, with which we do the same with respect to the dimension of values.

One might wonder in which of its aspects this principle of order figures as regards the activity of critical self-awareness in psychology. However, when this principle is applied in psychology, it is no longer exclusively one or the other. Rather, it partakes of the character of both. At the level of psychological understanding, the process of scientific inquiry and value-critique emerge as one.

This last point may be understood in the following way: In our striving for scientific objectivity in psychological inquiry, we must become aware of our value presuppositions in order to make adjustments that account for the

partiality of our understanding. We have noted repeatedly that values are an intrinsic feature of our psychological models and programs. Values cannot be eliminated from applied psychology or psychotherapy without annihilating the entire enterprise. So the proper reason for becoming aware of our underlying values is not to eliminate them, but to rectify them. Thus, the process of scientific inquiry carried to the level of psychology begins to emerge as value-critique as well, and the moral striving implicit in science becomes explicit in the psychotherapeutic enterprise as the ongoing attempt to perfect an objective design for living and to organize human conduct along its lines.

Through psychological inquiry we have become aware of some of the many complex determinants that to a large extent govern our behavior. Armed with this self-knowledge, we have begun the task of finding ways to adjust ourselves so as to take these determinants into account--figuring them into the equation, so to speak, by which we decide how to conduct ourselves in order to achieve more effectively our fundamental aims. Through such deliberate self-adjustment we are able to reduce the single greatest resistance to our moral striving over which we can gain control--namely, that which originates from incongruities within the structure of our own ongoing activity. In doing so, we augment our capacity for moral self-governance and thereby realize, in the form of our conduct, the moral ideal after which we strive.

CHAPTER VIII

THE SYNTHESIS OF SCIENCE AND ETHICS

In the last two chapters I have tried to outline some solution to the troubling issues exposed by our examination of value-involvement in psychology and psychotherapy. I have suggested that psychologists and psychotherapists are implicitly justified in their involvement with values because their activity is, by its very nature, a formalization of our collective moral striving. We have discussed an approach to value-critique and a moral standard of valuation which, if adopted as an explicit part of psychological inquiry, might ensure that the psychologists' system of principles and prescriptions would constitute a progressively better reflection of the moral ideal. Finally, I have suggested that the scientific and moral dimensions of the psychotherapeutic enterprise are reconcilable when treated as aspects of that process of self-critical inquiry.

Obviously, we have not touched upon every facet of value-involvement in psychotherapy. The practicing therapist is forced to confront many difficult moral problems--if not on a daily basis, at least often enough to warrant serious consideration. Nothing has been said of these specific problems, first, because they lay beyond the scope of our inquiry, but more importantly, because I do not purport

to have satisfactory answers to any of them. I hope that this has not been a disappointment to the reader, for I believe that we have demonstrated something at least as important: that value problems can be approached and evaluated by psychologists with a degree of objectivity commensurate with that of science. Armed with the understanding that value-critique is the natural and necessary continuation of objective scientific inquiry, psychologists may be encouraged to investigate solutions to those specific moral problems as part of developing a design for living that is more adequate overall.

Having said this, I should add that the actual implementation of this approach to value-critique does not lie somewhere off in the future. It is no mere abstraction, far removed from current attempts to come to terms with the problem of values. In exploring the matter of value-involvement in psychotherapy, its implications and possible ways of responding to it, we have already been engaged in the sort of value-critique proposed. So have the several critics whose investigations share that objective. It has simply been difficult before now to define the nature of these inquiries, as well as to defend their legitimacy.

I have been convinced that if both scientific-minded psychologists and traditional moralists are willing to forgo dogmatism in their respective attitudes toward values, some notion along the lines developed here could serve as a com-

mon ground from which a better integrated model of human nature and human conduct might emerge. I have tried to indicate that this position is consonant with the scientific perspective, not only because there exists an intrinsic connection between scientific inquiry and value-critique, but also because our moral striving itself may be viewed as a natural process and integrated into our scientific understanding of man as a natural being. Yet inasmuch as it entails no reductive materialism, this "naturalism" should not render our approach unacceptable to traditional moralists, including those with a theological orientation. If anything, it suggests that in human nature there is an indwelling principle of development that is both natural and moral in the same moment, and that aims human activity (however falteringly) toward the concrete realization of the good.

It is highly presumptuous to think that we already possess an adequate grasp of human nature, so there remains a great deal of room for developing an understanding acceptable to all. Indeed, it would be troubling if these two powerful movements--science and moral tradition--were unable to establish some common ground for understanding human nature and human interests. As Harris (1959) points out, each one seeks to reveal a truth that penetrates every detail of our lives, that claims our total allegiance, and that must be ultimately all-inclusive.

Although there has always been a tension between sci-

ence and moral tradition, it is particularly evident in our age, as is the need for a reconciliation of the two. We have already examined that need on the side of social science, in terms of the covert moral implications of the psychologists' models of man. But it is evident on the other side as well, as was thrust dramatically into attention by the creationists' renewed assault upon scientific authority. In each case, we are challenged to examine how our most deeply held convictions about the moral character of man and the scientific conception of man actually bear upon one another. Up to now we have managed to hold them apart and in parallel, but that may no longer be possible.

It is important to recognize that this need for reconciliation is a practical exigency as much as an intellectual or philosophical one. Each has claimed for itself the right to dictate the lines of our conduct and to determine the arrangement of human affairs. We accept that this is so of moral traditions, but it is no less so of science. Here we have addressed the part played by psychologists in directing human conduct. Other authors have pointed out the more subtle yet even farther reaching impact of technology upon the arrangement of our lives.

The world-view advanced by modern science and the one promoted by moral tradition conflict in several respects. That cannot be denied. Yet it cannot be taken as evidence that science and ethics themselves are fundamentally antago-

nistic to one another. I have tried to suggest that such conflict is indicative only of inadequacies in our understanding of the nature of each and of their relation to one another. Hence, the ostensibly contrary pulls exerted upon the psychotherapeutic discipline because of its simultaneous involvement in the realms of fact and of value need not eventually render it asunder--that is, as long as we strive to rectify those inadequacies and to integrate the two into a more comprehensive interpretative framework.

A few psychologists have argued, along one line or another, that it is indeed possible to reconcile moral and spiritual values within the psychotherapeutic framework provided by psychological science. Although I am substantially in agreement with that aim, I believe that it is also necessary to caution that a true reconciliation of science and moral tradition cannot be achieved merely by incorporating one into the other. That might only make of psychotherapy little more than a vehicle for promulgating uncritically accepted values--whether they be the values of traditional religion or the values of contemporary materialism. {As I have indicated before, this reconciliation must be a matter of drawing out the mutual implications of the scientific and the moral approaches to human experience, which might then be articulated as two aspects of a single complex process.}

Initially I characterized the psychotherapists' position as one of straddling the domains of science and ethics.

Since then, however, we have considered that the gulf that divides the two is largely our own creation, the result of our failure to comprehend adequately the nature of each and their essential relatedness. With this in mind, I would suggest a different image: that psychotherapists stand at the confluence of science and ethics. The main thrust of the present argument is, in short, that the psychotherapeutic enterprise constitutes an incipient concrete synthesis of the scientific and moral perspectives.

I realize that this position may seem somewhat presumptuous, even if taken to represent an ideal still scarcely realized in actual practice. Yet I believe that it is implicit in the task that psychotherapists have set for themselves. They strive to be both scientists and moralists in their approach to understanding and directing human behavior.

However, the currently held conception of science and the prevailing systems of moral governance cannot be fitted with one another without some modification and adjustment of each. The former has its doctrinal roots in empiricism, while the latter are grounded in and justified by reference to tradition or consensus; we have found reason to question the adequacy of either one. If psychotherapists are to develop a design for living that is consistently both scientific and moral, their approach must fulfill the essential conditions of scientific inquiry in such a way that it si-

multaneously fulfills the essential aim of our moral striving. If the psychotherapeutic enterprise actually met that criterion, it would indeed constitute a concrete synthesis of science and ethics.

SUMMARY

Moral values and value judgments are involved in every aspect of the psychotherapeutic enterprise. The design for living promoted by psychotherapists is implicitly a system of moral governance, inasmuch as its principles and prescriptions constitute directives as to how persons ought to interpret their experiences and conduct their lives. Psychotherapists have been reluctant to address their involvement in values, first, because they assume that as scientists they must restrict their investigations to the domain of observable fact, and second, because they share the common belief that moral values are a personal and subjective matter, not susceptible to objective validation. Other covert factors contribute further to their reluctance. Yet psychotherapists cannot escape their role as moral agents without abandoning their role as change agents. They have a responsibility to examine self-critically the values that they promote, for the psychotherapeutic design for living is morally justified only so far as its implicit values are adequate. Inasmuch as no existing value-system, including the current psychotherapeutic ideal, can be employed to evaluate its rivals, some other standard of moral valuation is required. An approach to value-critique involving the reciprocal evaluation and mutual supplementation and adjust-

ment of values does not suffer the inadequacies of other approaches; a principle of mutual congruousness or harmonious reconciliation emerges as the only objective standard of valuation. Within this framework, the psychotherapeutic enterprise is viewed as a formalization of man's collective moral striving, and psychological inquiry is an extension of the process of value-inquiry. Although science and ethics are commonly believed to be utterly discrete, the activity of formulating and justifying a system of moral governance is actually a continuation of the scientific process and not a departure from it. When the process of scientific inquiry is carried to the level of psychology, it begins to emerge as value-critique as well, and the moral striving implicit in science becomes explicit in psychology as the ongoing attempt to perfect an objective design for living and to organize human conduct along its lines. Thus, the psychotherapeutic enterprise constitutes an incipient concrete synthesis of science and ethics.

REFERENCES

- Albee, G. Happy birthday, Monitor. APA Monitor, September-October 1980, p. 2.
- American Psychological Association. Ethical principles of psychologists. American Psychologist, 1981, 36, 633-638.
- Bergin, A. E. Psychotherapy and religious values. Journal of Consulting and Clinical Psychology, 1980, 48, 95-105.
- Bier, W. C., & McCall, R. J. (Eds.). Three joint symposia from the ACPA-APA meetings of 1957, 1958, 1959. New York: Fordham University Press, 1959.
- Blanshard, B. Morality and politics. In R. T. DeGeorge (Ed.), Ethics and society. New York: Anchor Books, 1966.
- Bloch, D. A. Values, psychoanalytic and otherwise. In J. H. Masserman (Ed.), Psychoanalysis and human values. New York: Grune & Stratton, 1960.
- Bronowski, J. The values of science. In A. H. Maslow (Ed.), New knowledge in human values. New York: Harper, 1959.
- Bronowski, J. The real responsibilities of the scientist. In C. Muscatine & M. Griffith (Eds.), The Borzoi college reader. New York: Knopf, 1967.
- Bugelski, B. R. Reism and the status of mind in scientific psychology. In E. Laszlo & J. B. Wilbur (Eds.), Human values and the mind of man. New York: Gordon & Breach, 1971.
- Buhler, C. Values in psychotherapy. New York: Free Press of Glencoe, 1962.
- Burton, A. The clinician as moralist. Journal of Existential Psychiatry, 1962, 2, 207-218.
- Crano, W. D., & Brewer, M. B. Principles of research in social psychology. New York: McGraw-Hill, 1973.

- Dewey, J. Reconstruction in philosophy. Boston: Beacon Press, 1948.
- Dewey, J., & Tufts, J. H. Ethics. New York: Holt, Rinehart & Winston, 1960.
- Feldman, M. P. The behavior therapies and society. In M. P. Feldman & A. Broadhurst (Eds.), Theoretical and experimental bases of the behavior therapies. New York: Wiley, 1976.
- Feyerabend, P. Consolations for the specialist. In I. Lakatos & A. Musgrave (Eds.), Criticism and the growth of knowledge. Cambridge: Cambridge University Press, 1971.
- Frank, J. D. Persuasion and healing. Baltimore: Johns Hopkins University Press, 1961.
- Frankena, W. K. Ethics. Englewood Cliffs, N.J.: Prentice-Hall, 1963.
- Ginsberg, S. W., & Herma, J. L. Values and their relationship to psychiatric principles and practices. American Journal of Psychotherapy, 1953, 7, 546-565.
- Glad, D. D. Operational values in psychotherapy. New York: Oxford University Press, 1959.
- Grunfeld, J. Science and values. Amsterdam: B. R. Gruner B. V., 1973.
- Habermas, J. Knowledge and human interests. Boston: Beacon Press, 1971.
- Hall, E. T. Beyond culture. New York: Anchor Press, 1976.
- Halmos, P. The faith of the counselors. New York: Schocken, 1966.
- Hanson, N. R. Patterns of discovery. Cambridge: Cambridge University Press, 1972.
- Harris, E. E. Nature, mind and modern science. London: George Allen & Unwin, 1954.
- Harris, E. E. Revelation through reason: Reason in the light of science and philosophy. London: George Allen & Unwin, 1959.

- Harris, E. E. The foundations of metaphysics in science. London: George Allen & Unwin, 1965.
- Harris, E. E. Hypothesis and perception: The roots of scientific method. London: George Allen & Unwin, 1970. (a)
- Harris, E. E. Science and metaphysics: Method and explanation in metaphysics. In R. E. Wood (Ed.), The future of metaphysics. Chicago: Quadrangle Books, 1970. (b)
- Haybittle, J. Ethics for the scientist. In C. Muscatine & M. Griffith (Eds.), The Borzoi college reader. New York: Knopf, 1967.
- Heilbroner, R. An inquiry into the human prospect. New York: Norton, 1974.
- Hogan, R., & Schroeder, D. Seven biases in psychology. Psychology Today, July 1981, pp. 8-14.
- Hospers, J. Philosophy and psychoanalysis. In S. Hook (Ed.), Psychoanalysis, scientific method and philosophy: A symposium. Washington Square: New York University Press, 1959.
- Houts, A. C., & Krasner, L. Slicing the ethical Gordian knot: A response to Kitchener. Journal of Consulting and Clinical Psychology, 1980, 48, 8-10.
- Jahoda, M. Current concepts of positive mental health. New York: Basic Books, 1958.
- Kitchener, R. F. Ethical relativism and behavior therapy. Journal of Consulting and Clinical Psychology, 1980, 48, 1-7. (a)
- Kitchener, R. F. Ethical relativism, ethical naturalism, and behavior therapy. Journal of Consulting and Clinical Psychology, 1980, 48, 14-16. (b)
- Koch, S. Psychology as science. In S. C. Brown (Ed.), Philosophy of psychology. New York: Harper & Row, 1974.
- Krasner, L., & Ullmann, L. P. Behavior influence and personality: The social matrix of human action. New York: Holt, Rinehart & Winston, 1973.

- Kuhn, T. S. The structure of scientific revolutions (2nd ed.). Chicago: University of Chicago Press, 1970.
- London, P. The modes and morals of psychotherapy. New York: Holt, Rinehart & Winston, 1964.
- Lowe, C. M. Value orientations in counseling and psychotherapy. San Francisco: Chandler, 1969.
- Mahoney, M. J. Reflections on the cognitive-learning trend in psychotherapy. American Psychologist, 1977, 32, 5-12.
- Mannheim, K. Ideology and utopia. New York: Harcourt, Brace & Co., 1936.
- Matson, F. W. The idea of man. New York: Delta Books, 1976.
- Murphy, G. The cultural context of guidance. Personnel and Guidance Journal, 1955, 34, 4-9.
- Patterson, C. H. Counseling and psychotherapy: Theory and practice. New York, Harper, 1959.
- Pepinsky, H. B., & Karst, T. O. Convergence: A phenomenon in counseling and psychotherapy. American Psychologist, 1964, 19, 333-338.
- Peters, R. S. Psychology and ethical development. London: George Allen & Unwin, 1974.
- Popper, K. The logic of scientific discovery. London: Hutchinson, 1959.
- Reich, W. Character analysis (3rd ed.). New York: Farrar, Straus & Giroux, 1972.
- Reppucci, N. D., & Sarason, S. B. Public policy and human service institutions. American Journal of Community Psychology, 1979, 7, 531-542.
- Rieff, P. Freud: The mind of a moralist (3rd ed.). Chicago: University of Chicago Press, 1979.
- Robinson, D. W. An intellectual history of psychology. New York: Macmillan, 1976.
- Rogers, C. R. A therapist's view of the good life. The Humanist, 1957, 17, 291-300.

- Rosenthal, D. Changes in some moral values following psychotherapy. Journal of Consulting Psychology, 1955, 19, 431-433.
- Russell, B. A history of western philosophy. New York: Simon & Schuster, 1964.
- Samler, J. Change in values: A goal in counseling. In W. C. Bier & R. J. McCall (Eds.), Three joint symposia from the ACPA-APA meetings of 1957, 1958, 1959. New York: Fordham University Press, 1959.
- Sampson, E. E. Cognitive psychology as ideology. American Psychologist, 1981, 36, 730-743.
- Sarason, S. B. An asocial psychology and a misdirected clinical psychology. American Psychologist, 1981, 36, 827-836.
- Singer, J. L. The scientific basis of psychotherapeutic practice: A question of values and ethics. Psychotherapy: Theory, Research & Practice, 1980, 17, 372-383.
- Skinner, B. F. Beyond freedom and dignity. New York: Knopf, 1971.
- Smith, M. B. Is psychology relevant to new priorities? American Psychologist, 1973, 28, 463-471.
- Strupp, H. H., & Hadley, S. W. A tripartite model of mental health and therapeutic outcomes. American Psychologist, 1977, 32, 187-196.
- Szasz, T. S. Moral conflict and psychiatry. In C. Muscatine & M. Griffith (Eds.), The Borzoi college reader. New York: Knopf, 1967.
- Szasz, T. S. Ideology and insanity. New York: Anchor Books, 1970.
- Veatch, R. M. Value-freedom in science and technology. Missoula, Montana: Scholars Press, 1976.
- Walker, L. E., Ulissi, S. M., & Thurber, S. Values in behavior therapy with children. Psychotherapy: Theory, Research & Practice, 1980, 17, 431-439.
- Weisskopf-Joelson, E. Values: The enfant terrible of psychotherapy. Psychotherapy: Theory, Research & Practice, 1980, 17, 459-466.

- Welkowitz, J., Cohen, J., & Ortmeyer, D. Value system similarity: Investigation of patient-therapist dyads. Journal of Consulting Psychology, 1967, 31, 48-55.
- Wilder, J. Psychoanalysis and values. In E. Laszlo & J. B. Wilbur (Eds.), Human values and the mind of man. New York: Gordon & Breach, 1971.
- Yankelovich, D. New rules in American life: Searching for self-fulfillment in a world turned upside down. Psychology Today, April 1981, pp. 35-91.
- Zemlick, M. J. Ethical standards: Cosmetics for the face of the profession. Psychotherapy: Theory, Research & Practice, 1980, 17, 448-453.

APPROVAL SHEET

The thesis submitted by Jeffrey M. Kunka
has been read and approved by the following committee:

Dr. Alan S. DeWolfe, Director
Professor, Psychology, Loyola

Dr. LeRoy A. Wauck
Professor, Psychology, Loyola

Rev. Daniel O'Connell, S.J.
Professor, Psychology, Loyola

The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the Committee with reference to content and form.

The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Master of Arts.

4/24/83
Date

Alan S DeWolfe
Director's Signature