

ETHICAL VALUES IN PSYCHOTHERAPY¹

HELENE PAPANEK, M. D.

New York, N. Y.

Normal behavior means acceptance of certain, more or less specific, ethical values which influence, direct and motivate behavior. An adult person confronted by a situation which requires choice and decision has to be guided by an evaluation of the consequences of his decision. Insofar as these consequences involve other persons, ethical values become indispensable if harm to others or to oneself is to be avoided.

The individual's system of ethical values, however, cannot be taken over ready-made from society. Society can give the individual only a frame of reference for regulating behavior. He must fill in this framework himself by his own system of ethical values, which he constructs to fit into the general values of society, and which is at the same time the result of the individual's style of life including his life goal. Feelings of security, acceptance and respect for oneself and others, the ability to relate to others, all these ingredients of mental health, depend on the development of a consistent system of ethical values.

HUMAN NATURE AND CULTURE

The problem of the "real," innate nature of man must be faced by every thinking person and especially by every psychotherapist. Does human nature consist of asocial, selfish drives exclusively? Or is socially oriented behavior equally human?

Freud's instinctivistic concept of man had no place for ethical values as a spontaneous expression of man's nature. Thus he was really at a loss when it came to explain healthy behavior. He is quoted by Jones as stating: "Why I—and incidentally my six adult children also—have to be thoroughly decent human beings is quite incomprehensible to me" (6, p. 418).

Adler answers the question regarding man's original nature by affirming a natural aptitude for social behavior (2, p. 134). He also accepts squarely the responsibility for setting up criteria for evaluating social behavior. "A man is called good when he relates himself to other humans in a generally useful way, bad when he acts contrary to social interest" (2, p. 139).

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While the laws for human living together are subject to evolution and change, and differ according to time and place, generalizations are possible. For example, the universal "iron logic of communal life" leads to the ethical value of reciprocity or mutuality as expressed in the golden rule.

In addition to the universally valid ethical values of society, there are the conflicting social values: competition versus cooperation; rugged individualism versus altruism and Christian ideals of unselfish love; strength as self-assertion or prestige, outsmarting others (not to be a sucker or a sissy) versus equality, honesty and mutual helpfulness. Psychotherapy can achieve its goal only if it helps the patient to establish a consistent set of ethical values despite these existing cultural value conflicts.

INDIVIDUAL PSYCHOTHERAPY

Many psychoanalytically oriented therapists, following their conception of human nature, believe that ethical values have no place in therapy. If they find their patients troubled by such problems, they avoid or obscure the issue. They may agree with Freud that "people who over a long period have been severe sufferers do not come to a physician expecting moral elevation" (6, p. 439). During the last decade, however, emphasis on the importance of ethical values for psychotherapy and everything connected with it—theory, technique and research—has been increasing. Appel states:

Psychoanalysis has contributed little from the point of view of values and the development of a philosophy of life. Yet the great problems of life are the problems of values . . . Formalized relationships and the process of rendering the unconscious conscious will not necessarily develop a purpose for living in a patient, or result in a contributing, socialized member of society (3, p. 713).

All cultural psychotherapeutic theories, as those of Horney, Sullivan and Fromm, share the Adlerian viewpoint that mental health, the goal of therapy, is meaningful only if its definition includes the ethical norms within a specific culture.

How is the patient to be helped to establish a consistent set of ethical values? Many psychotherapists are afraid to influence, indoctrinate or judge the patient according to their own value system lest they rob him of his independence and self-realization. This is justified to the extent that we must admit that psychotherapy can be abused as "adjustment therapy," adjustment to any kind of values with which the therapist identifies. One therapist might have as a goal the patient's adjustment to society. Another might be critical

of some aspects of society and feel that mental health should include some form of rebellion against society.

Be that as it may, unwittingly or unwillingly, the therapist always exerts an influence on the patient, with each verbal and non-verbal response. Every patient goes through a period, longer or shorter, of dependence on the therapist. The patient wants to be accepted by the therapist and, therefore, will be influenced in his actions by what the therapist considers acceptable behavior.

Frequently, the patient remains permanently confused if he has to guess what the therapist considers right or wrong. Furthermore, if the therapist hides behind the smoke screen of neutrality, he is teaching the patient that the best way to handle complicated problems is to avoid discussing them. Thus an open expression of the therapist's own values is truly therapeutic when these are consistent within themselves and honestly in accordance with his personality. Even the dependent patient can then make a choice between those of the therapist's values which he wants to accept and those against which he rebels; and he can alter and integrate them according to his style of life.

Therapeutic growth occurs if the therapist accepts the patient as he is, without moral or other judgment, in the beginning phase of treatment, and then alters this attitude in accordance with the knowledge he has gained of how the patient could be—and will be—when he is well.

Therapeutic neutrality should be replaced by the therapist's firm stand on his right to his own values and respect for the patient's right to be different. The therapist may have religious values or ethical sub-group values, different from those of the patient. His frame of reference concerning sexual morality or roles within the family setting may differ from that of the patient. But he must be able, by his objective, rational thinking, to accept and respect the patient's integrity and values, if these are genuinely held and directed toward social feeling.

If the patient's uncertainty with respect to ethical values leads him to guilt feelings, it is especially important for the therapist to discuss the question of right or wrong from his own viewpoint as well as from that of the patient. If the problem of values is cleared up through such therapeutic cooperation, then the patient needs encouragement to use his guilt feelings as a motivation for change. Neurotic guilt is destructive; active remorse is purposeful and constructive.

GROUP PSYCHOTHERAPY

What holds for the place of ethical values in the one-to-one relationship of individual therapy, is even more true for group psychotherapy. The group can function as a cohesive structure only if its members are in agreement about certain standards regulating their behavior.

Under the leadership of the therapist, the group develops its own sub-culture, possibly with values different to some extent from those of the general culture. We have learned in practice the kind of values which achieve a cohesive whole, a unit with a growth-promoting subculture. They might be called humanistic values, when humanism is defined as the free development of human possibility as an end in itself. Freedom is limited only by mutual respect and understanding for the needs of others, growing out of self-respect and self-understanding. Humanistic values do not demand adherence to rigid rules, but allow a wide variety of right behavior. Therefore, therapy groups emphasize the democratic values of equal rights for each member, of honest self-expression, and of mutual helpfulness among group members.

Equal rights. The importance of strengthening democratic and equalitarian values in the therapy group has been pointed out by nearly all group therapists (5, 7, 8). To be accepted as an equal, with one's recognized and admitted deficiencies, strengthens the self-esteem and changes the self-image so that the patient becomes able to accept himself.

Another health-promoting factor based on equalitarian values is the therapist's role of an "unsanctioned authority" (4). To experience a leader who can be challenged, who knows better some times and some things, but can make mistakes too, is the best medicine for neurotic desires for omnipotence on the one hand, and dependence, on the other.

Honest self-expression. Another very important therapeutic factor in group treatment is the value placed on honesty, frankness and genuineness of expression and verbal interaction. These must replace the culturally sanctioned values of tactfulness, poise, evasiveness, social mask, control of emotions, and good manners, all of which contribute to prestige in the outside society. Indoctrination by the therapist, through explanations, interpretation, example, and praise given to patients who show attitudes guided by these values, is generally conscious and overt. Soon the group members catch on, a tradition

develops, and old members teach new members how they are expected to behave in the group.

Mutual helpfulness. Every patient has some vestige of social interest which can be developed in therapy. This is true even, for example, if he announces in the group, "I am not interested in anybody except myself. I want to get better. I don't care about you or your problems." Such a patient is living up to the group value of honesty and thinks he is expressing what he feels. But what he is really doing is challenging the group and denying his need for human relationships and closeness. He is afraid to reach out to other group members, to try out new patterns of behavior. Lacking courage, he resists change and excludes from his awareness the positive impact that the group and its members have on him. "Self-boundedness," Adler says, "is an artifact" (2, p. 138). If the innate social potentiality is neither cultivated within the family circle nor within the social structure, we find the neurotic who acts as if he were not interested in others. He pretends to feel strong and independent this way. But in therapy he soon admits that he is unhappy, lonely and frightened. When he gains the courage to relate to the group members, he derives satisfaction and happiness from friendship and useful cooperation, and learns to accept himself as a person as others accept him.

Behavior is not to be dichotomized into selfish and unselfish. It is a symptom of neurosis to take such a view. Actually, the therapy group helps the patient towards an awareness of the possibility and necessity of integrating selfish interests with social interests and vice versa. The experience of mutual identification, the pleasure derived from understanding others and communicating with them, and the increase in self-esteem by helping others, all contribute to overcoming the split between the mistakenly considered opposing values of selfishness and social feeling.

Awareness of one's own biased apperceptions and, then, relief of anxiety are changes occurring in the group which lead to an increased ability to enjoy mutuality and relatedness. Conversely, the experience of mutuality and relatedness helps to alleviate anxiety and to encourage awareness of distortions and misunderstandings.

Group therapy, like any other therapeutic method, can be misused to emphasize self-assertion and freedom of expression at the expense of social feeling. Ackerman puts it very succinctly:

To encourage this is to cripple the patient's self-esteem. To build oneself up by tearing another down brings shame, mortification and a crippling of capacity for effective action . . . The therapist's goal is not to unharness such destructiveness,

but to modify the image of self and others, and related values, so they (the patients) may learn for the first time the satisfaction of self-expression in consonance with the good of others, rather than in opposition (1, p. 12).

In this sense democratic and honest attitudes are subordinate to the third value dimension, that of mutual helpfulness. Democratic equality and honesty do not mean freedom to hurt others senselessly or to act out asocial or antisocial behavior indiscriminately; they build the background out of which relatedness, usefulness of one's life for oneself and others can grow.

In this way the therapy group offers a new experience to its members. It is that group needs and the obligation to contribute to the welfare of others do not stifle the individual's independent attitude and creativity. Instead of experiencing a contradiction between self-assertion and relatedness, as he does in the family and in society, the patient experiences a continuity between value and action, between action and consequence. He does not only perceive his weakness, but also his strength, by observing that his actions can have consequences of either helping or hurting others; he learns that by choosing the right behavior he is able to contribute to his own growth and happiness and to that of others.

The therapist. It is an advantage of group therapy that group members change their values through the experience of belonging to a community and interacting within it. But these changes depend greatly on the therapist. It is his responsibility that the group does not become a gang, with norms valid only for the group members, without real increase in social feeling, without integration of ethical directives useful for the community at large. If a therapist gives the free expression of anger and hostility high priority as a healthy attitude and as a goal for therapy, he will encourage this in his group, overtly or indirectly, and the result may be harmful for his patients, their families and friends. To influence the group toward norms equally valid within ever larger contexts, the therapist must be thoroughly convinced that "to be good," to have social feelings, is supremely worthwhile and, if genuinely motivated, is not a sign of weakness, but of normality. If the therapist has this conviction, the confusion so often found in both male and female patients as a result of vacillating between the desire to be good and liked and the desire to be strong and masculine is untangled through therapy.

The therapist must represent something of an "ideal image" to the patients. According to Adler:

An ideal image by which we appraise the individual is created only by considering its value and its usefulness for man in general. We compare the individual with the ideal image of a fellow man who meets his problems in a fashion which has general validity, whose social interest is developed to such an extent that "he follows the rules of the game of human society" (2, p. 131).

In group therapy even more than in individual therapy, the therapist can be tested by the patients and prove himself not wanting, if he adheres to these rules. An impatient or moralistic and judgmental attitude may confuse patients, so that for them social feeling becomes a demand, and a threat. But the therapist's example of honest and democratic leadership, of mutual understanding and helpfulness, promotes the growth of social feeling and successful therapy.

SUMMARY

General directives for behavior, such as the golden rule, build a frame which each individual must complement with his own set of ethical values, in harmony with his own style of life. In psychotherapy, whether individual or group therapy, we are faced with the eminently practical problem of guiding the patient toward mental health by helping him to develop social feeling and the ethical values based upon it. Important for the psychotherapeutic process are: the therapist's conviction that social interest is both worthwhile and natural, open discussion of ethical problems, explanation of the therapist's viewpoints, and his tolerance and acceptance of the patient's different set of values as long as these remain within the general rules of society. With the internalization of ethical rules, including those of the therapy group, and the development of an individual, consistent system of values, the patient, who had started therapy with uncertainty and vacillation between conflicting values, becomes healthier and better integrated into society.

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