

VALUES IN COUNSELING AND PSYCHOTHERAPY

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ABSTRACT: *The purpose of this article is to consider the various ways that values enter into counseling or psychotherapy, with particular attention to the goals of the process and the methods or procedures by which the counselor or therapist implements the process.*

VALUES ARE DIFFICULT TO DEFINE even though everyone recognizes and uses the concept. The failure of writers to define values or attempt to delineate the nature of the concept has led to some confusion and fuzziness in discussions in the literature.

Kluckhohn, an anthropologist, noted that the concept of values involves the concept of "the desirable, which influences the selection, from available modes, means, and ends of action.... Value implies a code or standard, which has some persistence through time, or put more broadly, which organizes a system of action. Values, conveniently and in accord with received usage, place things, acts, ways of behaving, goals of action, on the approval-disapproval continuum" (Kluckhohn, et al., p. 395). But values carry more than an approval-disapproval connotation. Smith's (1954) definition is more accurate. He stated that "by values, I shall mean a person's implicit or explicit standards of choice, insofar as these are invested with obligation or requiredness" (p. 513). The words society's and culture's should be added to person's in the definition. It makes clear the oughtness or should nature of values. Thus, it avoids the frequent confusion of values with preferences-tastes, likes, and interests. The objects of such preferences may be said to be valued, but they do not constitute values. There is no obligatoriness or requiredness attached to them.

The relationship, or difference, between values and morals is not always clear. It seems that morals are a class of values, specifically relating to interpersonal relations. Grant (1985) noted that "moral values are distinguished from values in general in that they encompass only attitudes towards other individuals and attitudes towards actions that affect them" (p. 143). Thus, morals are more specific than values. This article is concerned with values in a broader sense, even though the counselor's or therapist's attitudes toward the client that are implemented in the therapy relationship may be considered moral values, and even though the values represented in other aspects of therapy may have moral implications (cf. Grant, 1985). Preferences vary widely among individuals and societies or cultures, but there are some values that seem to be universal. "Thou shalt not kill" is, perhaps, the most widely recognized and accepted value. Honesty, the obligation to tell the truth, is another widely accepted value. Freedom is, perhaps, a third. These values seem to be based on requirements necessary for the survival of society. A society whose

members kill each other will not survive. Neither will a society in which a basic minimum of honesty and truthfulness is not present. (At one time, some primitive societies that were organized on the basis of deceit may have existed, but they have not persisted.) History seems to indicate the prevalence of the value of freedom, as evidenced by resistance and revolution when freedom is restricted or denied.

Certain values are universal, but this does not mean that they are absolute. Killing may be permitted in certain circumstances—to get rid of a tyrant to obtain freedom, to execute a heinous criminal, to preserve one's life, or in war, to preserve the society. Lying may be permitted—to save a life, to mislead the enemy during wartime, to spare a terminally ill patient from further worry in certain cases, or to prevent a child from getting hurt in specific circumstances. But in each case, it is recognized as an exception to be justified, usually in terms of another value taking precedence. Some values are not absolute, but this does not mean that they are relative, except in the sense that they are relative to each other.

There are other lower order, limited values, or values that are elements of, or related to, more universal or higher values. One must be careful, however, that preferences or tastes are not elevated to the level of values and then propagated as desirable for all persons. There are several ways in which values are involved in counseling or psychotherapy.

CLIENT VALUES IN PSYCHOTHERAPY

There seems to be little, if any, disagreement that the counselor deals with value problems and issues brought to counseling by the client. The counselor need not accept or approve of the client's values. Disagreement with or nonacceptance of the client's values does not mean that the client is not accepted as a person. The way in which the client's values and value problems are dealt with does, however, constitute an issue in counseling. This process will be discussed in the following sections.

THE COUNSELOR'S VALUES IN PSYCHOTHERAPY

During the first half of this century, the position taken on the counselor's values in counseling or psychotherapy was that of orthodox psychoanalysis. The analyst, it was presumed, functioned as a blank screen upon which the client projected his or her beliefs, attitudes, and values. The therapist was neutral; his or her values were not involved.

COUNSELOR IMPOSITION OF VALUES

Associated with the orthodox psychoanalytic view was the belief that the analyst ought to remain neutral. Wilder, commenting on an article by Ginsberg and Herma (1953), noted that "it has been taken for granted that the analyst must not try to impose his [or her] value systems on the patient." Deutsch and Murphy (1955) stated that "the therapist should by all means avoid impressing his [or her] own philosophy on a patient" (p. 8). Although this position seems to be the prevailing one and counseling students are usually admonished not to impose their values or value system on clients, this position is not universally accepted. Wilder (Ginsberg & Herma, 1953) referred to "rising voices to the effect that the analyst not only does but should transmit his

[or her] value system to the patient." He continued, "A patient often says, 'Doctor, after all, you seem to have found a measure of peace and stability; why don't you shorten therapy by simply telling me your philosophy?' "Weisskopf-Joelson (1953) proposed that the inculcation of a philosophy of life should be considered as one of the objectives of psychotherapy. Beutler (1979), viewing psychotherapy as a process of persuasion, seems to "consider the therapy process as one which systematically induces the patient to develop alternative beliefs which approximate those of the therapist" (p. 432).

Some years ago, Murphy (1955), writing to counselors, asked, "Shall personnel and guidance work . . . attempt to impart a philosophy of life?" Although Murphy conceded that "no one knows enough to construct an adequate philosophy of life," he wrote that "nevertheless if he who offers guidance is a whole person, with real roots in human culture, he cannot help conveying directly or indirectly to every client what he himself sees and feels, and the perspective in which his own life is lived." He suggested that "it is not true that the wise man's sharing of a philosophy of life is an arrogant imposition upon a defenseless client." He felt that the young need help and advice from those who have thought things through. But he warned counselors not to "attempt the arrogant and self-defeating task of guiding men and women without a rich, flexible, and ever-growing system of values of your own" (p. 8).

Wrenn (1958) less strongly wrote that the counselor "may or may not . . . assist the client in an understanding of life's purposes and meanings, and the alternate ways in which one may relate oneself to the Infinite" (p. 332). Counselors with a religious orientation seem to be more accepting of the appropriateness of directly influencing client values than are counselors without a strong religious orientation. But direct influence of client values and philosophy is not limited to counselors with a religious commitment. Several theorists support such an approach. Williamson's approach (Patterson, 1980) involves direct instruction. Ellis's rational-emotive therapy (Patterson, 1986) is, essentially, instruction in a philosophy of life. Victor Frankl (Patterson, 1986) also instructs clients in values and in an approach to living. In addition, Thorne (Patterson, 1986) included reeducation in a philosophy of life as a method of counseling.

There are several reasons why it might be inappropriate for a counselor or therapist to indoctrinate clients or attempt to inculcate a system of values or a philosophy of life in them.

1. Though there are, no doubt, some generally and even universally accepted values, principles, or ethical standards, these do not constitute a philosophy of life. Each individual's philosophy is unique in some details, although it may have much in common with the philosophies of others, particularly those in the same culture. No individual's philosophy is necessarily appropriate for another individual. Yet, a philosophy that does not include the basic universal values is not an acceptable or viable philosophy for existence in a society.

2. It is too much to expect all counselors or psychotherapists to have a fully developed, adequate, or ideal philosophy of life ready to be impressed on clients. Murphy, quoted above (1955), referred to a wise man's sharing of a philosophy of life. But sharing is one thing, and instructing or guiding is another. Moreover, not all counselors are "wise men."

3. It may be questioned whether the counseling or therapy relationship is the appropriate place for instruction in ethics and a philosophy of life. Among many, there is an apparent confusion between counseling and tutoring or individual instruction. The home, the church, and the school are appropriate places for such instruction.

4. An individual usually does not adopt a system or code of ethics or a philosophy of life from one source at a particular time. (Religious conversion is an exception.) These are products of many influences over a long period of time.

5. It would seem to be best for each individual to develop his or her own unique philosophy of life from many sources and not to be deprived of the experience of doing so. Such a philosophy will probably be more useful and meaningful than one adopted ready-made from someone else, no matter how wise such a person may be. A viable philosophy cannot be impressed from outside of oneself but must be developed from within.

6. Finally, the imposition of values or a philosophy on clients is inconsistent with the values of some systems of psychotherapy. These systems accept the right of the client to refuse to accept or develop any system of values or ethics, and to endure the consequences of such choices.

The counselor or therapist should not impose his or her values on clients, but this does not mean that the therapist should refuse to discuss values, ethics, or philosophy. Nor does it mean that the therapist may not, at times, express his or her values. The therapist may do so at the request of the client. In addition, there may be times when the therapist thinks it is necessary or desirable for the client to be aware of these values, or times in which the client should know how the therapist stands on certain ethical or value issues. Being genuine or honest in the relationship sometimes means that the therapist should express his or her values. When therapists believe that the therapy relationship or process would be improved by explicitly acknowledging their values and beliefs, they can do so. Such values should be clearly labeled as their own (or possibly sometimes as society's in general). When values are openly expressed in this way, there is no coerciveness about them. In addition to the explicit imposition of the counselor's values in psychotherapy, there are several other ways in which the counselor's values enter the process of counseling or psychotherapy.

IMPLICIT INVOLVEMENT OF COUNSELOR VALUES

The problem is not simply whether or not therapists should openly impose their values on clients. Can therapists avoid influencing the values of their clients?

The attempt to define psychotherapy as a science or a technology would seem to remove values from the process (Margolis, 1966). Many years ago Watson (1958) wrote that "one of the falsehoods with which some therapists console themselves is that their form of treatment is purely technical, so they need take no stand on moral issues" (p. 575). More recently, Garfield and Bergin (1986) noted that "progress in developing new and more effective techniques of psychotherapy" has obscured "the fact that subjective value decisions underlie the choice of techniques, the goals of change, and the assessment of what is a 'good' outcome." (p. 16).

Many psychoanalysts came to realize that the therapist could not remain a neutral figure to the client. The effort to remain a "blank screen" was intended to allow the client to project his or her perceptions on the therapist--the creation of a transference. But the analyst was not, in fact, a blank screen, and the "real person" of the therapist was involved in the relationship. As Wolberg noted (comment in Ginsburg & Herma, 1953):

"No matter how passive the therapist may believe himself [or herself] to be, and no matter how objective he [or she] remains in an attempt to allow the patient to develop his [or her] own sense of values, there is an inevitable incorporation within the patient of a new superego patterned after the character of the therapist as he [or she] is perceived by the patient. There is almost inevitably an acceptance by the patient of many of the values of the therapist as they are communicated in the interpretation or through direct suggestion, or as they are deduced by the patient from his [or her] association with the therapist."

Karl Menninger (1958) wrote the following:

"We cannot ignore the fact that what the psychoanalyst believes, what he [or she] lives for, what he [or she] loves, what he [or she] considers to be the purpose of life and the joy of life, what he [or she] considers to be good and what he [or she] considers to be evil, become known to the patient and influence him [or her] enormously, not as "suggestion" but as inspiration.... No matter how skillful the analyst in certain technical maneuvers, his [or her] ultimate product, like Galatea, will reflect not only his [or her] handicraft but his [or her] character." (p. 91)

And Ingham and Love (1954) wrote the following:

"The existence of the therapeutic relationship puts the therapist in a position in which he [or she] does, without choice, influence values in the mind of the patient. It is almost impossible for the therapist to avoid giving some impression of whether he [or she] favors such things as general law and order, personal self-development, and emotional maturity.... If they have discussed an issue that involves moral values for a period of time, it is evident that the patient will have a concept of what the therapist thinks. His [or her] attitudes about right and wrong, or good and bad, are likely to be particularly influential for the patient." (pp. 75-76)

Because clients perceive the values of therapists' as well as their interests and beliefs, even when these are not overtly expressed, clients focus on different things with different therapists or with therapists who operate from particular theoretical orientations. When therapists value dreams, clients dream and report their dreams; when therapists value sexual material or any other specific content material, clients produce it, thus "validating" the theories of their therapists.

Several research studies provide evidence for the therapist's influence on client values, beginning with an early study by Rosenthal (1955). (See Beutler [1979] for other references.)

The recognition that the values of the counselor or therapist cannot be kept out of the therapy relationship makes it imperative that counselors be clearly aware of their values, and clear about

how these values are and should be involved in their counseling. The current emphasis on techniques in therapy, and on skill training in the education of counselors, clouds this recognition. The concept of the therapist as a technician is kept to a minimum if it includes the consideration of the therapist's values. The awareness that the therapist is a person who is participating in a personal relationship with the client brings the importance of the therapist's values into focus.

VALUES IN COUNSELING PHILOSOPHY AND THEORY

Values, as Glad (1959) noted, are inherent in theories of counseling or psychotherapy. It is likely that students and therapists select a theoretical orientation (to the extent that they are aware of theories and are theory oriented) on the basis of the congruence of the philosophy and values of the theory with their own values and philosophy. Although most, if not all, theories profess to respect the autonomy of the client, there is considerable variation in the degree to which this respect is manifested. Some years ago, I suggested that there were two contrasting approaches to human relations, including psychotherapy (Patterson, 1958, 1959). One, labeled the manipulative or authoritarian approach, emphasized the authority, prestige, status, and expertise of the therapist. The other, labeled the understanding approach, emphasized empathic understanding, warmth, respect, and genuineness. Theories or approaches to counseling or psychotherapy can be roughly classified into these two categories, representing quite contrasting philosophies and values. Current support for this classification comes from the 1985 Phoenix conference on the Evaluation of Psychotherapy, at which 7,000 people from 29 countries gathered to hear the world's greatest living therapists or theorists. Margo Adler (incidentally a granddaughter of Alfred Adler) reported on the conference for the National Public Radio program, *All Things Considered*. There were two kinds of therapists at the conference, she said--the manipulators and the enablers, or facilitators, and she illustrated the differences with quotations from speakers.

These two orientations represent two different value systems and two different views of clients. They have implications for the goals and methods of psychotherapy.

THE THERAPIST'S GOALS AS VALUES

"Both the therapist's goals and the methods selected to achieve them can be viewed as reflecting distinct value orientations" (Madell, 1982, p. 52). A review of the many and varied goals of psychotherapy is not possible here. In an edited volume 20 years ago, (Mahrer, 1967) revealed the wide variety of goals advocated by various therapists. Taking a cue from Parloff (1967), I have organized goals into three levels: ultimate, mediate, and immediate (Patterson, 1970, 1985). The ultimate goal is a broad, general goal, incorporating many of the concepts of various theories and philosophies of therapy, and it represents an ideal. It is an attempt to answer the following questions: What do we want our clients to be like? What should people be like? What kind of person do we want or need in a desirable world? This involves the goal of life or living together as human beings. The term or concept that can incorporate this goal is self-actualization, as defined by the work of Maslow (1956). Rogers's concept of the fully functioning person is similar (Rogers, 1969). It is unfortunate that the concept of self-actualization has been misunderstood and misrepresented by several writers, including some prominent psychologists (Patterson, 1985). It has been presented as self-centered, selfish, antisocial, represented in the

"me generation" of the 1960s and in some of the activities of the human potential movement. But, in Maslow's description, it includes an acceptance of and empathy for others. Rogers's descriptions include concern for others; the self-actualizing person must live in a society of others (Rogers, 1959, 1969).

Self-actualization-or the self-actualizing process-is a goal common to all persons. As adequately defined, it is a goal that is not limited by time or culture. It might be considered the highest value for human beings. It is a goal that is not limited to psychotherapy-it is, or should be, the goal of society and of all its institutions. It is a goal that is not chosen by the therapist or the client, nor is it simply a religious or philosophical goal. It is derived from the nature of the human being, indeed, of all living organisms, whose nature is the actualization of potentials. The actualization of potentials is the basic, dominant nature of life. This derivation of a value from the nature of living organisms can be criticized for being what philosophers call the Naturalistic Fallacy (Margolis, 1966). But it seems only reasonable that values may be evaluated in terms of their relation to (supportive of or in disagreement with) the nature of human beings and their developments. Skinner (1953) suggested that science can provide a basis for values:

"If a science of behavior can discover those conditions of life [that] make for the strength of men, it may provide a set of "moral values" which, because they are independent of the history and culture of any one group, may be generally adopted."(p. 445)

It can be maintained that the ultimate "strength of men" lies in the characteristics of self-actualizing persons, and unless there are enough individuals possessing the characteristics to a minimal degree, society cannot survive. Historically, self-actualizing men and women have been the major contributors to the development of civilization.

Therapists who disclaim any ultimate goal may, nevertheless, implicitly have such a goal and impose this goal on their clients while being unaware that they are doing so. The reluctance of counselors or therapists to adopt an ultimate goal is based on the difficulties of defining such a goal (such as "mental health," for example). But self-actualization, properly defined is a goal that more and more psychologists and psychotherapists are adopting, in one form or another or under one rubric or another.

The mediate goals of counseling or therapy are the more specific goals that are usually the concern of counselors. Although the ultimate goal is common to all persons, mediate goals vary with individuals. They include such things as educational and career goals, family and personal relationships, and the common objectives of symptom removal or alleviation, reduction of psychological pain and suffering. These goals may be related to the ultimate goal in two ways: They are steps or means toward becoming a more self-actualizing person, or they may be by-products of the development of the more abstract qualities of becoming a more self-actualizing person. Besides integrating common and individual goals, the concept of an ultimate goal provides a criterion for the acceptability of individual goals. In addition, while the ultimate goal is, in effect, a given and is not chosen by either the therapist or the client, mediate goals are chosen by the client.

The immediate goal of counseling or psychotherapy is the initiation and continuation of the process of counseling or psychotherapy, the process by which the client achieves mediate goals and becomes a more self-actualizing person. The methods or techniques are chosen by the counselor or therapist. They represent the values of the therapist. They will differ radically depending on whether the therapist functions as a facilitator or enabler, or as a director or manipulator. The therapist as a facilitator is consistent with the ultimate goal of self-actualization. The self-actualizing person is autonomous, independent, and responsible (responsibly independent). The therapist's methods are consistent with these characteristics, providing a relationship in which the client is respected and given responsibility in and for the therapy process and is expected to make choices and decisions. These methods are presented in what Strupp (1980) referred to as essential therapeutic values: "People have the right to personal freedom and independence;" as members of society, "they have rights and privileges" and also "responsibilities to others;" they should, "to the greatest extent possible, be responsible for conducting their own affairs;" "their individuality should be fully respected, and they should not be controlled, dominated, manipulated, coerced or indoctrinated;" "people are entitled to make their own mistakes and to learn from their own life experiences" (pp. 397-398).

The essential condition for such a process is a relationship characterized by empathic understanding; respect, warmth or caring; and genuineness or honesty.

THE THERAPIST'S COMMUNICATION OF VALUES

The therapist's values are, as Strupp noted, not communicated directly to the client. Yet, they are communicated in the following ways:

1. The methods the therapist uses, as noted, represent values. They communicate the essential therapeutic values listed above, or the lack of them.
2. The therapist's methods are not simply objective techniques but are part of the therapist as a person. The therapist as a person relates to the client as a person. The therapist becomes a model for the client. As the therapist shows empathic understanding, respect, and genuineness in a positive relationship, the client also becomes more empathic, respecting of others, and genuine.
3. The responses of the therapist reveal what the therapist values—they reinforce certain behaviors in the client. In these behaviors, the client proceeds from self-disclosure to the specific content of self-exploration. These responses also reveal whether the therapist considers himself or herself an expert by leading, questioning, interpreting, guiding, suggesting, advising, or whether the therapist places the responsibility on the client by listening, responding, and following the client.

A DILEMMA AND ITS RESOLUTION

The therapist, it has been emphasized, should not impose his or her value beliefs, value system, or philosophy on clients. Yet, it has also been noted, the therapist cannot avoid communicating his or her values to the client through the acceptance of an ultimate goal—the kind of behavior or person toward which therapy is directed—and through the methods or procedures used to implement the therapeutic process. Thus, there is a conflict or dilemma. The ultimate goal

requires freedom and autonomy for the client, yet the client does not choose the goal or methods, nor can he or she avoid being exposed to and influenced by the procedures of the therapist. The methods of the therapist, however, must be consistent with the ultimate goal of the therapy. (And this goal, although in a sense "imposed" by the therapist, is not actually imposed because it is derived from the nature of the client and human beings-it is imposed by this nature.) These conditions lead to the goal of a self-actualizing person. As Rogers (1961) phrased it:

". . . We have established by external control conditions which we predict will be followed by internal control by the individual, in pursuit of internally chosen goals . . . the client will become more self-directing, less rigid, more open to the evidence of his [or her] senses, better organized and integrated, more similar to the ideal he [or she] has chosen for himself [or herself]." (p. 397)

In other words, the client becomes more self-actualizing.

A POSTSCRIPT

There is a recent development that could have a significant effect on the relation of values to psychotherapy-in effect, "devaluing" psychotherapy. This is the attempt to "medicalize" psychotherapy. About two decades ago, the medical model of psychotherapy was rejected by clinical psychologists. More recently, however, it has been re-espoused. The basic reason for this is that if psychotherapy is to be covered by insurance, it must be a treatment for a medical condition-a disease or disorder. Health insurance does not-and, perhaps, could not be expected to-cover a social-psychological disorder-a problem in living. In addition to the threat to independent practitioners of psychotherapy by nonmedical therapists, there are other implications for the practice of psychotherapy and research. The medical model involves specific treatments for specific conditions. Insurers as well as "clinicians and policy makers need to know the extent to which treatments achieve desired or optimal therapeutic outcomes with the least restrictive and costly effort" (Newman & Howard, 1986, p. 181; see also Howard, Kapka, Krause, & Orlinsky; 1986; Kisch & Kroll, 1980). This has led to attempts by some psychologists and psychiatrists to standardize treatment, to the extent of developing manuals that therapists are to follow. "The proliferation of manuals for treating particular ills by particular methods reflects the confidence of increased rigor in controlled research and increasing acceptance of brief clinical psychotherapies" (Parloff, London, & Wolfe, 1986 p. 337-338). Although this seems to be desirable for controlled research, there is a question as to whether this should, or even can, be done. Goldfried (1982) wrote:

"Should psychotherapy be made more scientific? Can psychotherapy be made more scientific, i.e., can its activities be made more measurable and replicable? . . . The rigorous research design does not place sufficient value on the centrality of the therapeutic alliance-the depth, stability, and benignity of the relationship between therapist and patient.... Can a psychological intervention ever be as fully specified and be made as "pure" as a pharmacological one?" (pp. 342-343)

Beyond this, the implications for values and ethical problems in psychotherapy are radical. At one extreme, clients with problems involving values, choices, and issues involved in living

would not be eligible for or entitled to psychotherapy--because, indeed, they are not eligible now for insured treatment without a diagnosis of psychopathology. Goals and methods of treatment would be prescribed with the therapist having no choices to make, no value decisions. He or she would be simply a technician following a manual. The relationship would not be important, let alone the essence of psychotherapy. This would dispose of the value problems in psychotherapy; it would also dispose of psychotherapy.

CONCLUSION

Beutler, Crago, and Arizmendi (1986) recently noted that "many authors are urging therapists both to attend to their own religious and attitudinal systems and to be aware of the potential value of those of their patients" (p. 274). It is interesting that this comment is in the present tense, suggesting that it is only recently that the importance of values in psychotherapy has been recognized. Yet, the citations in this article (and they are by no means complete) go back some 35 years. With the exception of discussions of cross-cultural psychotherapy, few textbooks give much consideration to the place of values in counseling and psychotherapy. Yet, the problem of values permeates the entire process, entering into the goals and methods of every theory or approach. In this article, I have presented and considered the issues and have suggested an approach to counseling and psychotherapy that recognizes and incorporates those values that are basic to a democratic philosophy and the goal of a democratic society- the development of self-actualizing persons.

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