THE SELF OF THE THERAPIST IN ETHICAL CONSULTATION

Selections from Chapter Seven of
The Ethical Lives of Clients - Transcending Self-Interest in Psychotherapy
by William J. Doherty, Ph.D.

This handout describes how therapists can become effective ethical consultants via three avenues: ethical self-awareness, cultural self-awareness, and an ethic of caring for other people whose lives intersect with those of our clients.

Therapist Self-Awareness in the Ethical Realm

Understanding oneself is the heart of any self-of-the-therapist perspective. In the realm of ethical consultation, I see self-awareness coming in two main areas: recognizing our moral intuitions that arise during interactions with clients and recognizing the origins or roots of these intuitions.

I invite you to pay attention to the moral intuitions that arise in you when you read about the following case.

> *It's a stepfamily where the children are living with their widowed father and his new wife in a high conflict marriage. In session the stepmother begins to yell, and at the end of a lecture, says that the teenage stepdaughter's behavior is going to lead the couple to divorce. The father sits quietly, looking helpless and sad. The daughter storms out of the room.*
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> **Question about this case:** what moral intuitions did you experience as you read about this scene?

I can tell you that I first felt strongly about harm/care: this was a damaging thing to say to a 15-year-old who had experienced the death of her mother and a turbulent remarriage of her father. Then I felt a sense of the unfairness to put responsibility for a divorce on the girl's shoulders (or anyone else's shoulders): divorcing or remaining married is the responsibility of the married partners. A third intuition was about loyalty/betrayal: the father should not let his wife do this kind of thing to his children. (This was not the first or last verbal blast that his frustrated wife delivered to her step kids.)

Being aware of, instead of self-censoring, our moral intuitions is a key element in doing competent ethical consultation. Our moral intuitions give us clues to what our clients might be doing and experiencing. They are like any other feeling we have in the room with clients: something to consider, evaluate, and decide whether it's a reliable guide to what we do next in the therapy session.

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Cultural Self-Awareness in Ethical Consultation

Psychotherapy is strongly influenced by its origins in Western individualist culture. Having an implicit cultural paradigm is not a flaw in the profession of psychotherapy, but lack of awareness of one's "professional culture of origin" can create blind spots and missteps.

Haidt and his colleagues, in their work on five core moral intuitions, have found that American liberals and conservatives occupy somewhat different moral cultures as well as political cultures (Haidt, 2012). If we assume as the majority of therapists are on the liberal side of the political spectrum, they would tend to trust the first two moral intuitions—care/harm and fairness/cheating as the fundamental moral intuitions, while being more wary of the other three related to authority, loyalty, and purity. These three reflect a more collectivist view of human beings that gives moral weight to authoritative institutions and traditions. If this analysis is correct, then it's important for therapists to be aware of their cultural predisposition, reinforced in training, towards not recognizing the legitimacy, for some clients, of the moral sensibilities such as respect for authority, group loyalty, and avoiding impurity in thoughts and deeds. I am calling this a form of cultural self-awareness for the therapist, akin to recognizing the importance of one's racial and ethnic origins and influences.

To be clear: I am not suggesting that respect for figures of authority is more important than working for fairness and justice, nor that civility towards them is a universal ethical mandate. (Some highly ethical Germans tried to assassinate Hitler.) I am saying that when therapists dismiss ethical frames unless they reflect individualist cultural norms, they are acting out of a cultural blind spot.

Ethical Caring Beyond Our Clients

Caring for our clients is in the soul of therapy and most of the time it comes easily to therapists. But not always, and especially not towards people who create stress on our clients. The philosopher Nel Noddings (1984) makes a helpful distinction between "natural caring" and "ethical caring." The first stems from a spontaneous desire to accept and respond to the other person, with the paradigmatic example being the caring of a parent for a child. In therapy, natural caring comes most easily for the therapist when the client is open with us about their distress and responds appreciatively to our offer of help. I suspect that natural caring comes to us readily with most of our clients.

Not so for the "difficult" client who withholds parts of the story, is ambivalent about receiving help, or complains that we are not doing enough. Whereas natural caring involves the ability to respond spontaneously to those who entrust their pain to us, "ethical caring" is called for when we find it hard to make a caring connection with a client. This caring is ethical in the sense that I believe "I must" try to respond to the other. It's my duty as a therapist.

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Here I want to extend Noddings' concept of ethical caring to how we think about other people in our clients' lives.

If the ethical domain in therapy is how we address the consequences of our clients' decisions and actions for the welfare of others, then the needs and experiences of those others are inevitably present in our work. We are always affecting people who are in the client's life but not in the room with us. We can either see them as not our responsibility or as "clients once removed."

I'm in the latter camp, partly because of my background in family therapy and partly because of my investment in the ethical domain of therapy.

I haven't kept track of all the times that clients have told me that their individual therapist offered a diagnosis of the client's spouse, usually with a personality disorder, thereby confirming the client's sense that their spouse was the dysfunctional one and that there was no changing them. (All this without the therapist having met the spouse.) This kind of intervention violates professional ethics, and it's a lapse of ethical caring because it labels and objectifies someone central in the client's life.

I once had a teacher who tried to ease our newbie-therapist anxieties by saying that it's at least as hard to really harm a client as it is to really help them. I was comforted at the time, but I eventually stopped believing it. Maybe it's true for routine moments of therapy, but at times of ethical intensity in our clients' lives, we have the power to help or harm them in equal measure.

That's why being attuned to our ethical, caring, and relational self is essential at every moment in every session, for the sake of our clients and the social ecology around them.

References:

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