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## **VALUE-SENSITIVE THERAPY<sup>1</sup>**

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Issues of moral personal responsibility and obligation are everywhere in therapy. To divorce or stay married, to move out of state and leave one's children after a divorce, to put one's mother in a nursing home or take her into one's own home, to deceive a potential employer about how long you plan to stay in the job, to allow a flirtation to become an affair, to yield to a new spouse's wishes for your children despite their resistance and your own doubts—these are examples of the moral dilemmas of everyday life. As therapists, we cannot escape them in our work. Our choice is to deal with the moral realm well in therapy, with a conscious model and set of skills, or to deal with it poorly, without a framework of theory and practice. But few of us have received any training in how to engage in moral conversation with clients.

I present here not a model of therapy but rather a perspective on the work of all therapists and a set of strategies for incorporating the moral realm into the practice of psychotherapy. Although my own primary orientation is family systems therapy, readers are encouraged to apply the ideas in this chapter to whatever model of therapy they practice. Because I am not presenting a distinct model of therapy, the outline of this chapter takes a different form from others in this volume.

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<sup>1</sup> Portions of this chapter have been adapted from Doherty (1995) and Doherty (2001).

Let's begin with a core definition. I define the moral domain as behavior that has consequence for the well being of others. Morality, as I use the term, deals with interpersonal behavior and its consequences. It seems clear that much of therapy revolves around clients' decisions that have important implications for welfare of other people—spouses, children, parents, siblings, extended family, friends, coworkers, and the community. As therapists, we cannot avoid dealing with moral issues. Our choice is to deal with them well, with an explicit framework to guide our work, or to deal with them poorly.

The framework I offer in this chapter, spelled out in detail in Doherty (1995), begins with a critique of mainstream psychotherapy, moves to a conceptualization of the therapist as moral consultant, presents a set of techniques for engaging in moral conversation with clients, discusses the videotaped case as an illustration of the model, and deals with a major concern about this model.

### Critique of Mainstream Psychotherapy

The heart of my critique is that most models of psychotherapy since the time of Freud have promoted an unbalanced emphasis on individual self-interest at the expense of responsibilities to family and community. I owe much of the framework for my social critique of psychotherapy to social scientists who have written about the modern culture of individualism and consumerism. The most influential, though not the earliest, critique came in 1985 with the book Habits of the Heart: Individualism and Commitment in American Life by Robert Bellah, Richard Madsen, William M. Sullivan, Ann Swidler, and Steven M. Tipton (1985). The authors placed psychotherapy at the center of the growing hegemony of individual self-interest in American society. They argued that

most psychotherapists unwittingly promote a form of "expressive individualism" which is the cousin of "utilitarian individualism." Utilitarian individualism is the idea that if individuals are free to pursue their private economic self-interest, the society as a whole will benefit. Expressive individualism applies the same logic to emotional well being: we can each focus on ourselves, because personal psychological well being inevitably leads to family and community well being. At its crudest, expressive individualism is a form of psychological trickle down economics in which responsibilities to others are reduced to responsibility to self.

The sociologist Phillip Rieff (1961, 1966) gave a prophetic treatment of these issues in two important books published in the 1960s-- Freud: The Mind of the Moralist, and The Triumph of the Therapeutic. Rieff (1966) posited that three "character ideals" have successively dominated Western civilization: 1) the Political Man of classical antiquity (I retain Rieff's pre-feminist language); 2) the Religious Man (Judaism, Christianity until the Enlightenment); 3) the Economic Man (Enlightenment through the early twentieth century); and now 4) the Psychological Man, whose goal is self-satisfaction and personal insight in order to master "the last enemy--his personality." Beginning with Freud, according to Rieff, "the best spirits of the 20th century have thus expressed their conviction that...the new center, which can be held even as communities disintegrate, is the self" (p. 5). More recently, Cushman (1995) echoed Rieff's critique in proposing that psychotherapy has been as a tool of the capitalist, consumerist culture.

As the "therapeutic" increasingly supplants religion as the accepted guide for human conduct, the psychotherapist becomes de facto moral teacher in contemporary American society. The problem with the therapist being seen as a moral teacher, of

course, is that therapists have done their best to stay out of the morality business. A cornerstone of all the mainstream models of psychotherapy since Freud has been the substitution of scientific and clinical ideas for moral ideas. There have been exceptions of course, mostly notably in Alderian psychotherapy and in the work of Ivan Boszormenyi-Nagy (1987) who based his model of family therapy on intergenerational ethics. But by and large, morality has been ignored or pathologized in psychotherapy.

Freud himself put moral conscience in the superego, an oftentimes tyrannical, if necessary, bearer of the traditional morality of one's culture. Freud took morality outside the core personality (the ego), and outside of psychological treatment, and therapists have not put it back in either place since. The result has been a reflexive morality of individual self-fulfillment, with relational and community commitments seen as means to the end of personal well-being, to be maintained while they work for us and discarded when they do not. The often-quoted Gestalt therapy "prayer" penned by Fritz Perls in 1960s illustrates an ideology whose legacy is still with us:

I do my thing, and you do your thing.

I am not in this world to live up to your expectations,

And you are not in this world to live up to mine.

You are you and I am I,

And if by chance we find each other, it's beautiful. If not, it can't be helped (Perls, 1969, p. 4).

When I read these quotes for the first time in the mid-1970s, I admired their vision and boldness. Now, I am appalled at their one-sidedness. I have seen too many parents "move on" from their children, too many spouses discard a marriage when an

attractive alternative emerged, and too much avoidance of social responsibility under the rubric of "it's not my thing." There is now a widespread re-evaluation of the fruits of unfettered self-interest at both the psychosocial and economic levels. Some of the re-evaluation comes in the form of a rhetoric of return to an earlier era in which community traditions marginalized women and minority groups, when the pursuit of self-interest (mostly economic) was the privilege of a subset of white men. But there are many progressive voices of re-evaluation, individuals and groups who appreciate what the ideals of personal freedom and the pursuit of happiness have contributed to the modern world, who see the struggle for freedom and equality as in fact still unfinished, but who nevertheless believe that mainstream American culture is badly out of balance between private gain (both economic and psychological) and communitarian values and responsibilities.

There are two main reasons for the absence of morality in psychotherapy and for the recent interest in its rebirth. First, for the first six decades or so of psychotherapy's history, therapists could depend on most clients coming to therapy with a clear, albeit too rigid and unintegrated, sense of moral responsibility. Many people suffered from guilt and inhibitions about feelings and behaviors that were entirely human and not harmful to anyone; masturbation comes to mind as an example. A married client considering a divorce could be counted on to have internalized the social stigma about divorce and the moral mandate to remain married until death; the therapist might then help the client see that personal happiness is indeed a legitimate consideration in the decision to stay or leave, and that traditional notions of commitment do not necessarily require prolonged impairment in both parties in order to maintain a deadly marriage. In a world where

therapists saw most people as oppressed by cultural norms dressed up as moral principles, psychotherapists could see themselves as agents of emancipation. The clients came with unexamined but powerful moral codes, and the therapists helped them deconstruct these codes and make their own decisions. The moral rules of conventional society, however, could be counted on to provide the scaffolding upon which the client could build a more authentic life.

At the start of the new century, however, whatever served as the moral center of mainstream culture seems not to be holding. Massive cheating in the business world and in military academies, decreased but still unprecedented levels of crime and violence, shocking reports of physical and sexual abuse in families, widespread abandonment of children by fathers after divorce or when there was never a marriage--and the justification of each by appeals to personal entitlement, doing one's own thing, or victimization--are examples of trends that undermine any concern that most contemporary Americans have over-earned a rigidly conventional morality that they must be liberated from by an army of psychotherapists.

James Q. Wilson (1993) a public policy scholar, sums up this point when he describes the context of Freud and other pioneering intellectuals and artists who rejected conventional morality for a life of pursuit of self-knowledge and self-expression: "[They] could take the product of a strong family life...[good conduct]...for granted and get on with the task of liberating individuals from stuffy conventions, myopic religion, and political error" (p. 16).

But, like contemporary psychotherapists, these avant- leaders were borrowing on what Wilson terms the "moral capital" of past decades and centuries. After 100 years, the

moral capital is depleted and therapists no longer need to see themselves primarily as agents of liberation from an ethic of blind self-sacrifice and inauthenticity. At the cultural level, that battle has been largely won, but the fruits of victory are not as sweet as many of us imagined. Even Rollo May (1992), whose early writings were literate and powerful indictments of living by conventional social roles and obligations, re-evaluated the role of psychotherapy before he died:

We in America have become a society devoted to the individual self. The danger is that psychotherapy becomes a self-concern, fitting...a new kind of client...the narcissistic personality....We have made of therapy a new kind of cult, a method in which we hire someone to act as a guide to our successes and happiness. Rarely does one speak of duty to one's society--almost everyone undergoing therapy is concerned with individual gain, and the psychotherapist is hired to assist in this endeavor" (p. xxv).

I don't want to overstate this case, however. There are still people who have not gotten the message that they have a legitimate claim on selfhood. Women in particular have been given cultural permission to pursue personal autonomy only in the last few decades, whereas men have had such permission for much longer. But by and large the model cultural pathology of our day is excessive individualism, not excessive conformity to moral codes.

#### The Therapist as Moral Consultant on Issues of Commitment

I remember clearly the moment when I could no longer escape the moral dimension of my work as a therapist. I was meeting with Bruce, a 40-year-old man whose wife, Elaine, had just ended their marriage. Bruce returned from work one day to

find that Elaine had tossed his belongings into his car and changed the locks on the house. Overwhelmed and depressed, Bruce came to see me for therapy. He told me he couldn't face the thought of going back to his house to pick up his children, 3-year-old Karen and 6-year-old Scott, for a visit. Even more intolerable was the prospect of returning alone to his small apartment after bringing them back to their mother. Tearfully, he said that he could not face Elaine after what she had done to him, although he still loved her and wanted to salvage their marriage.

The more Bruce talked the more he began to sprinkle in comments such as, "Maybe the kids would be better off if I just stayed away" and "I think I might need a complete break; maybe I should just pack up and move far away." In fact, a few years earlier, Bruce had lost contact with a child he had fathered with a woman he did not marry. I felt dismayed when he talked about abandoning his children, but my training had only equipped me with responses like, "What do you need to do for yourself right now to get through this?"

The most challenging statements from the traditional therapy paradigm I could offer a client like Bruce would be something like, "I wonder if you have considered the regret you will feel if you take yourself out of your children's lives," or "You may not be in a healthy enough frame of mind right now to make long-term decisions." There is nothing wrong with these statements; I used them in my work with Bruce. But, I also decided to do something decidedly nontraditional--to challenge him in explicitly moral terms. After listening at length to his pain over the end of his marriage, I gently but forcefully told him that I was concerned his children would be damaged if he abandoned them. His reply: "I'm worried about that too, but what kind of father will I be if I am an

emotional wreck?"--gave me an opening to continue on the track of moral discourse.

Throughout the conversation that ensued, I emphasized how important he was to them, even if he didn't think so and even if he was not emotionally at his best. I told him I could certainly understand that he might need a short time out to collect himself before going back to his old house and facing Elaine again. But he was irreplaceable to his children, and, in my judgment, they would carry a lifelong emotional burden if he simply disappeared from their lives. Finally, I reminded him that his children were not responsible for the marital breakup, and that it simply was not fair that they should be its casualties. I made these points not in the form of a lecture but as perspectives and opinions I offered as the conversation unfolded and Bruce pondered his course of action.

I am not the first therapist to respond this way to clients in a similar situation. Yet, I was struck by how little clinical training I had received on the moral issues I was confronting with Bruce--and I had very good teachers. What mainstream theory of psychotherapy could I look to for support? Like many others, I was trained to avoid "shoulding" my clients, to never inflict the language of "ought" on them. I had been socialized into a therapy profession that by the 1970s had developed the firm conviction that "shoulds" entrap people into living life for someone else. The only authentic life was based on heeding the dictates of "I want."

While family therapists are trained more than individual therapists to consider the multiple perspectives of family members, as a practical matter, we also tend to easily lose sight of the moral stakeholders who are not present in therapy sessions. Family therapists are comfortable talking about what clients need and deserve from other family members, but are very reluctant to talk about what clients owe other family members in care,

commitment, fairness or honesty? Being a family therapist does not carry immunity to the cultural ideal of expressive individualism.

To some therapists my pronouncements to Bruce about parental commitment no doubt sound starkly moralistic, but I wanted to make two things very clear to him: I was not neutral on his decision about staying committed to his children, and I was giving priority to his children's long-term needs over his short-term distress. Bruce, with whom I established a bond of real trust, quickly grasped my point, and moved from whether to stay involved to how to accomplish it. In the end, despite lapses I'll discuss in a moment, he remained a committed father to Karen and Scott, and later reconnected with his child from the previous relationship.

When I describe this case to my colleagues, some point out that I could have obtained the same result--Bruce staying involved with his children--by appealing to his self-interest and emphasizing the guilt and remorse he would eventually feel if he abandoned them. I did, in fact, use these appeals, because I think they are valid. Parents' relationships with their children can be deeply rewarding; when a parent abandons a child it is not only the child who is damaged. However, in dealing with moral decisions I think it is generally a mistake to appeal only to a client's self-interest, even if that appeal "works," because the ethic of personal gain that we thus promote erodes the quality of our clients' lives and ultimately the quality of community life.

Expanding the therapeutic conversation beyond the client's self-interest, however, pushes most therapists beyond their training and beyond most psychotherapy literature currently available. In most models of therapy, the lingua franca is self-speak: I want, I need, I feel, I think. Even those who also speak "systems" tend to appeal to individuals in

terms of personal cost-benefit analysis. The upshot is that even if I, as a therapist, happen to believe that a father has a moral obligation to remain in the lives of his children, I am trained to approach clients only in terms of their self-interest. I am not saying that being concerned with clients' immediate needs is an invalid therapeutic concern, but I am arguing that when that becomes our only consideration, therapy lacks moral and human depth, and therapists end up promoting trickle-down psychological economics.

Stated simply, psychotherapy lacks a conscious moral tradition that can be discussed, debated, and refined. The avoidance of explicit moral considerations, however, has left therapists vulnerable to an implicit moral pedagogy in our work and our writings. Feminists have shown that if therapists don't have a clearly formulated value system regarding gender relations, they will enforce traditional gender norms in therapy, and the same is true for other value issues: If you don't have a coherent framework of moral beliefs, you will inevitably fall back on good, old-fashioned American individualism--which is, in fact, a far more influential cultural legacy than either Mom and apple pie.

At the same time, it is crucial for therapists to make the distinction between personal values and moral convictions. A good education is one of my personal values, but I am not invested in getting clients to embrace it. Emotional intimacy, based on mutual self-disclosure, is another of my personal values, but I don't pursue it when clients let me know that they are quite content to go through life without a lot of what I might consider "depth" in their relationships. On the other hand, I consider commitment the moral linchpin of family relationships. It is more than a private, idiosyncratic value that I can choose whether or not to promote in therapy. To have professional integrity, I

believe I must bring this moral value to bear in my therapy and in my teaching and supervision. To treat commitment otherwise is to play into the very style of thinking that initially led Bruce to consider giving up his kids: commitment to one's children is just one of a number of competing personal values to be weighed in a values hierarchy of one's choosing.

Although he had decided to remain in his children's lives, Bruce still maintained what I considered a "contractual" idea of being a parent: he assumed that his continued investment in his children should be dependent on what the children give back. This is an especially tempting line of thought for non-custodial fathers who are trying to decide whether to stay involved or "move on." Although Bruce set up regular visits with his children, he tended to expect too much cooperation and too great a return of gratitude on his investment of time and energy. His children's misbehavior and "me first" attitude exasperated him, and he sometimes threatened to cut off visitation if they did not start "showing some respect." Describing his struggles with his children, Bruce spoke the same language he might use with a new love relationship that has hit some shoals: "What is this relationship doing for me that I should stay in it?" The language of family commitment as "covenant"--unbreakable, unilateral, unbrokered parental investment--was completely absent. Bruce did love his children, and wanted to remain their father, but he had learned an economic and contractual way of thinking about relationships that was confounding his moral sensibilities.

As might be expected, when Bruce threatened his children with the possibility of ending their visits, they became both more insecure and less cooperative, testing his commitment even more. This pattern changed only after I challenged Bruce's assumption

about what kids owe to their parents and are capable of giving to their parents. I told him that young children do not thank their parents very often. The issue wasn't Karen and Scott's behavior, but Bruce's ability to offer an unconditional commitment to them. It was only once they felt his unswerving emotional investment that Bruce would get the cooperation--and love--he was seeking.

After working with Bruce on his commitment as a father, I myself was changed. I began to see moral issues where previously I had seen only clinical issues. I became more aware of how I had previously promoted a moral agenda of self-interest without being aware of it. For the first time, I was able to translate the insights of social scientists such as Robert Bellah to my everyday work with clients. Take the case of Joe, for example, who came to see me after Bruce had finished therapy.

#### Another Divorced Father's Commitment

Joe had managed a continued commitment to his two daughters, now 11 and 13, for five years after his divorce. But he was caught up short when his ex-wife remarried. Joe was tortured by the thought that another man was going to raise his children and win their loyalty. He became more distant and critical towards his daughters, even warning them that if he ever learned that they called the new man "dad," they would pay a terrible, unspecified price. The price, as I came to learn, would be his withdrawal from their lives.

Joe's crisis of parental commitment stemmed from his insecurity about competing with another man in his daughter's lives. He was putting his daughters into a terrible bind: disappoint their mother by rejecting her new husband, or accept the new stepfather and risk losing their father. I worked with Joe and his daughters to help him realize that

he was a one-of-a-kind figure in their lives, their only father whom no one could replace. After his insecurities became less blinding, I helped him see how damaging it was to his daughters when he let his commitment to them rest on how they felt about someone else. The security of non-custodial, twice-a-month father-child relationships is fragile enough without this impossible burden.

From my moral point of view, Joe was doing wrong by his daughters. It is wrong to manipulate children's loyalties the way he did, particularly the threat to use abandonment, the parental version of a nuclear weapon. Joe was not a bad person, but he was lacking sufficient moral fortitude to keep his commitment unquestioned. Of course, he was also lacking a variety of psychological resources to help him through his crisis. His now-deceased father had been inconsistent, his mother had rejected him after his marriage, and his relationships with women were unstable and conflictual. There was plenty to work on clinically. What, then, is the advantage of also describing Joe as lacking moral commitment as a parent? Why not just use clinical language that does not moralize and that keeps the therapist out of the moral judgment seat?

The problem with using only psychological language is that it tends to be long on explanations and short on responsibility. A psychological evaluation of Joe would point to the factors that prevent him from truly committing himself to his children. And the subsequent therapy, perhaps long term, would try to help him get to the point where he could commit himself fully. In the meantime, of course, his children are being harmed just as surely as if he were abusing them. Sometimes it is necessary to do the right thing before understanding why we have been doing the wrong thing.

The moral dimension added urgency to my therapy with Joe and his daughters.

From a moral point of view, he did not have the luxury of delaying change until he achieved more insight, higher self-esteem, or better emotional resolution of his divorce. During the first therapy session I introduced my concerns for the bind his children must be feeling. During the second and third sessions, after listening empathetically and establishing a genuine therapeutic bond with Joe--he knew I cared about him and wanted to help him--I challenged Joe to take prompt action to undo the damage his stance was inflicting on his children, and to take full responsibility for blackmailing them emotionally.

Earlier in my career I would have been afraid to challenge someone like Joe in moral terms. What if he collapsed in guilt and shame, or became enraged and dropped out of therapy? What if he agreed in order to placate me, but did not follow through with real change? Somewhat to my surprise, I have not encountered these reactions. The keys, in my view, are caring and timing. When I encourage or challenge a client in the moral realm, I do it with full compassion for the powerful personal binds that can lead us all to compromise our moral beliefs, along with a sense of appropriate timing about when to listen and support, when to raise questions, and when to challenge. In his personal insecurity and his terror about losing his children, Joe was losing his moral compass which for years had pointed towards commitment to his daughters without loyalty binds with their mother.

My challenge to Joe, and to other clients whom I have worked with in this manner, was to the moral sensibilities he already had. He loved his daughters and would not purposefully harm them. When I showed him the harm he was doing, and invited his daughters into a therapy session to say it for themselves, Joe accepted responsibility

without exaggerated self-reproach and immediately set about mending the damage by reassuring his daughters that he would love them always and that they could relate to their step-father however they wanted. Joe recovered his moral compass and lifted from his daughters a burden they could not have carried and remained emotionally healthy. And the moral fabric of a family had been re-sewn with a stronger thread of commitment. Not all cases are as straightforward as Joe's, partly because Joe was a good father who was temporarily impaired by jealousy. I was appealing to a value he held close to his heart: to be there for his children no matter what.

#### Commitment to Parents and Spouses

The most frequent expression of moral consultation in therapy involves not a challenge by the therapist, as in the cases above, but rather acknowledgement and affirmation of the client's moral language and moral sensibilities. When a female client whom I was seeing in family therapy reported, during the check-in at the beginning of the session, that she had just come from visiting her dying mother in the nursing home, she added: "I know she was not a very good mother in many ways, but now that she is dying I feel an obligation to be there for her." I replied, simply, "Of course you do." This is a simple affirmation of her moral sensibilities.

An elderly woman who was learning to be more assertive with her husband of 50 years, came to a session worried about whether she was being "fair" to her husband by being more assertive with him. (He had declined to participate in the therapy.) Ten years ago, I would have suggested to her that fairness was not the issue; rather the issue would be something like her personal sense of power or her use of appropriate assertiveness skills or whether her efforts were paying off in terms of relational change and her own

happiness. Now my first response to her moral question was, "That's an important question. What kinds of things are you doing that you think might be unfair to your husband?" After some discussion she came to her own conclusion that she was feeling skittish about her new assertiveness, but that she was not being unfair to her husband by speaking up for herself for the first time. She was taking advantage of her lifelong companion; indeed, he seemed happier overall these days, although he disapproved of her being in therapy. My point here is that I thought it was important to honor the moral consideration my client broached in therapy, rather than reject that language in favor of clinical language.

One might think that supporting client's spontaneous moral expressions is a completely obvious thing to do. Unfortunately, it is not. After a professional presentation during which I told the story of how I tried to affirm the woman who felt a sense of commitment to her dying mother, a professional in the audience told me about a similar situation when she herself had been in therapy with a highly regarded therapist during the time her own mother was dying. When she told her therapist of her sense of obligation to help her mother during these last months, the therapist challenged her with the pointed question "What is she to you now?" This is a classic illustration of egocentric therapeutic morality at work: every expression of obligation is unhealthy until proven otherwise, and every relationship should be measured by current rewards and costs.

Many therapists would agree that commitment to one's children and one's frail parents are moral issues in therapy, but what about marital commitment? (By marriage, I mean sexually-bonded relationships where two individuals have made a public commitment to be permanent life partners.) The reigning clinical assumption about

couples considering divorce might be expressed as follows: Is each partner getting back enough for what he or she is putting into it? Certainly this kind of bottom-line thinking is not only valid, but has particular relevance for women who have historically been discouraged from asserting their self-interest in marriage. Nevertheless, missing from most clinical discussions of divorce is any consideration of moral issues about faithfulness to one's marriage (dare I say it?) vows and responsibility to one's children. The great fear, of course, is that such talk in therapy only serves to entrap people in toxic and even dangerous marriages.

In her book Uncoupling, the sociologist Diane Vaughan (1986) describes how clients sometimes use therapists as "transition figures" to make an exit from a marriage, particularly when they go to individual therapy. Therapists treating individuals who are in distressed marriages are in a powerful position to encourage or discourage marital commitment. The assumptions embedded in the very language of therapy can move people away from their marital commitment. Every time therapists focus mainly on the questions "What are you getting out of this marriage?" and "Why are you staying?" they are implicitly encouraging divorce based on a self-interested, cost-benefit analysis of what the client is currently deriving from the relationship.

An example of therapists' bias against responsible commitments comes from the experience of a friend. She went to a well-regarded psychotherapist after her husband of 21 years (three children) announced he was having an affair and wanted a separation. The husband then to fall apart emotionally and had to be hospitalized shortly thereafter. Just three weeks into this marital crisis, my friend's therapist told her that her desire to work to salvage the marriage reflected an "inability to mourn" and an "reluctance to get

on with her life." Fortunately, she fired the therapist and got into marital therapy with her husband; they worked it out together.

I want to be clear here: self-interest is a valid and even necessary component of a marital commitment decision. My concern is that self-interest is often the only language accepted in therapy when an individual is making the fateful decision about ending a marriage. Many therapists will dismiss as cop outs a client's statement that he or she is staying married "for the children's sake" or because "I made a commitment for better or worse." These are seen as excuses to avoid confronting a hard decision based on one's own needs. I certainly thought that way during the 1970s and early 1980s, when I would urge clients to focus on their own needs to stay married or get divorced—the kids will be fine if the parents are fine. I am now willing to recognize and honor clients' moral considerations in the tortuous decision-making process that thoughts of marital separation almost always bring.

The next case illustrates the power of moral commitment in sustaining a troubled marriage. When Judith and Steve came to me for marital therapy, they were at one of the lowest points in a marriage that had seen few high points. Judith was a part-time nurse and Steve was a security guard. After 15 years of marriage and two children, ages 12 and 10, Judith and Steve were each in therapy--Steve in a group dealing with childhood abuse issues, and Judith in individual therapy focused on her low self-esteem. Each of them was terribly frustrated with the other. Steve, who was beginning to understand the distortions in his family history and his personality, felt Judith alternately abandoned him and treated him like her patient. Judith, who was recovering from years of verbal abuse from Steve, had little tolerance for his

complaints about her.

Although the therapy was tough and slow-going, often one step forward and two steps back, I was amazed at their persistence. They were one of the more troubled couples I had worked with, but they stubbornly refused to move towards divorce. Earlier in my career, I might have precipitated a crisis in the therapy--"either make progress or let's quit"--but I found myself hanging in there with them, encouraged by their occasional periods of progress.

After the third or fourth major relapse during the first year of therapy, I told them that I was running out of ideas to help them and asked if they wanted to continue to see me. They both insisted that they did not want a divorce because it was antithetical to the values of their Jewish faith and because it would harm their children. We talked about what sustained their commitment and they explained that their lives centered on the religious rituals, especially weekly Sabbath meals that they held no matter what the state of their relationship. They felt that these rituals provided a glue that helped them stay bonded during very rough periods. Judith and Steve had internalized a powerful and important prescription from their Jewish heritage: The integrity of marriage and family life is too important to compromise without a sustained, energetic and even stubborn effort to maintain it. I chose not to pathologize their refusal to give up on their marriage.

I told Judith and Steve that I respected their persistence and courage and that if they wanted to continue to work on their marriage, I would work with them. This seemed to galvanize them for renewed effort, which produced the longest sustained period of intimacy in their marriage. I did not do anything different in therapy; we just kept working on their ability to identify their needs, negotiate openly and fairly, and keep the

children out of their problems. It was like a losing football team deciding its problem was not the personnel, but how hard the team worked.

Judith and Steve emerged from therapy with a marriage that not only was no longer emotionally debilitating, but also had a good measure of joy and satisfaction. I expect I will see them from time to time in the future, to help them over rough spots. They don't have a great marriage and they will always have trouble dealing with conflicts that trigger old vulnerabilities. But they regard their relationship as a "good enough" marriage, one that is grounded in their commitment to each other and to their children, and their mutual determination to make it work even if it is not the marriage they had hoped for in their youth.

I like to present a case like Judith and Steve to workshop participants and ask them if they are neutral about whether people stay married or get divorced. Generally, the students say that they will support whatever direction the clients want to take. But what if the clients are uncertain about whether to separate or to try to fix their marriage in therapy? Are you neutral then? Most say "yes." Then I ask if they are as neutral as they would be on the question, say, of whether a client switches jobs from the country government to the city government, or from IBM to Apple? The latter decisions are life-style and career advancement decisions that are generally not fraught with heavy moral weight. The decision to end a marriage, especially if there are dependent children but even if there are not, is a thoroughly moral issue because of past promises made, a life structure in place, and future consequences for many people of whichever path is taken.

As therapists, we are moral consultants, not just psychosocial consultants. We

should not try to impose our beliefs on undecided clients, but we can advocate in an open manner when appropriate. My own stance on marital commitment, which I use in most cases where there is not abuse and intimidation, is to tell clients who are considering divorce that I will help them look at their situation and make their own decision, but that I will be leaning in the direction of finding possibilities of restoring the viability of the marriage. I do not conduct a neutral marital assessment, as if their marriage was an automobile I was checking out to help the owner decide whether to repair it or junk it. I will be looking for areas of strength, sniffing for the presence of hope in the midst of pessimism, listening for clues for change. If clients ultimately decide on a divorce, I accept their decision and, if they have children, move on to discuss how they can maintain their commitment as co-parents to their children. If they decide to try marital therapy in order to restore their relationship, I tell them that I will be an advocate for their marriage, as well as for each of them individually, and that I will continue to advocate for their marriage until one of them calls me off. In these ways, I define myself as supporting the value of marital commitment, a moral issue about which I am not neutral, in the context of respect for clients as moral agents of their own lives.

#### Moral Consultation in Therapy: Truthfulness

It seemed an innocent-enough lie. Chad's mother did not approve of his new girlfriend, and Chad, age 21, felt that his mother's underlying agenda was not wanting to be replaced as Chad's first love. He and his mother were recovering from an unhealthy and enmeshed relationship during Chad's adolescence. Chad, who was seeing me for depression, had only recently moved to his own apartment and begun to function emotionally without regular transfusions of support from Mom. With Thanksgiving now

approaching, Chad wanted to spend the day with his girlfriend and her family instead of with his mother, but he thought that his mother would be hurt and angry if he did not spend Thanksgiving with her. Chad told me he was considering telling his mother that he had to work all day on Thanksgiving and then would be spending the evening studying for a big exam.

Chad didn't like the idea of lying to his mother, but he also didn't want the grief he would get for abandoning her on a major family holiday. Standard therapeutic discourse would take an entirely pragmatic, and not a moral, approach to his decision-making process. What would he accomplish by deceiving his mother, and what would he accomplish by telling her the truth? What was the likelihood of his mother finding out the truth anyway? Was the risk of discovery and recrimination worth the potential gain of avoiding a guilt-inducing discussion? How badly did he want to spend the day with Stan? How upset did he think his mother would be with the straight story, and how uncomfortable might Mom make it for Chad if Chad told his the truth?

Another standard therapeutic tack would be to express confidence in Chad to handle herself with his mother without resorting to deception. Chad was cowering to a mother who had far less power over her than previously. It would be developmentally healthier for Chad to be above board with his mother and take whatever heat comes. He no longer needed to hide his true self.

These two therapeutic stances--the first about risks and benefits of lying and the second about Chad's self-development and self-assertion--are valid and useful ways of helping Chad think through his decision. I called on both stances at various times during our conversation. I thought it would be better developmentally for Chad to take an open

stand at this time, and I thought there were serious risks that his mother would discover or intuit the truth, thereby leading to even more recriminations than the truth would bring. I explored with Chad why he was afraid to be honest with his mother about this situation, and expressed my concern for his personal well-being as he contemplated his decision.

But there was more to our conversation than concerns for Chad's fears and personal well-being. I asked him about the possible effects of the deception on his mother and on his relationship with his mother. The effect on his mother was easy to estimate if she found out the truth: she would feel hurt and betrayed and patronized, as if she could not handle the truth. The effect on the relationship could also be serious: a breach of trust and trustworthiness, and an encouragement for Mom, who had not always been honest with Chad in the past, to weave her own tangled web in the future. In other words, lying in this situation ran the risk of hurting his mother and undermining mutual trust in a highly significant relationship.

Mostly I stayed in a low-intensity questioning and exploring (responses 1-4) mode with Chad, along with an occasional expression of concern for consequences for Mom or the relationship. When he looked past his immediate fear of telling his mother, Chad had no trouble seeing these other dimensions. Indeed, it was partly his concern for his mother and their relationship that had led Chad to consult with me about the decision. He could see that the first lie ("I'm working and have to study") would probably lead to subsequent lies ("Oh, I had an O.K. day. We weren't busy at work. I didn't miss the turkey. I only talked briefly to my girlfriend today on the phone." And Chads's inquiries about his mother's Thanksgiving would feel disingenuous. Witness the distorting power of deception even if the other person does not suspect or discover the deception. As philosopher Sissela Bok (1979) asserts, lies

give power to the deceiver over the one deceived, and patterns of lying inevitably distort and erode human relationships. And this is true whether or not the deceived person knows it.

After Chad came to the decision to tell his mother the truth--a decision I told him I supported and offered to have him tell his mother during a family therapy session--I reinforced his image of himself as a courageous, truth-telling individual. In other words, I addressed the theme of integrity. Integrity is harmony between our moral beliefs and our actions. As Chad had grown psychologically healthier in the past few years, he had learned to be more straight and direct with people in his life. That is partly why he was not comfortable with his plan to lie to his mother about Thanksgiving. When he told me he felt much better about facing his mother with the truth, whatever the reaction, I ended my part of the discussion by saying that I was glad that he had made a choice that was more consistent with his values and beliefs. In other words, I emphasized how he was maintaining his moral integrity, which is one of the responsibilities of adulthood, a realm in life he was just beginning to enter after years of overwhelming emotional dependency. When he shared his decision with his mother in a family therapy session, she took it well and said he was glad to her son could be so honest with her.

This may seem like a fairly benign example of truthfulness, but I chose to present it precisely because this is the kind of situation in which therapists have tended to miss the moral dimension. The effects of deception are much more apparent, and the moral issues therefore much more obvious, when it comes to "big lies," for example, about an affair or about the adoption status of a child. I am more interested in exploring the more subtle examples which provide the invisible moral background of routine therapy issues.

Although different schools of psychotherapy take different approaches the issue of truthfulness, none deals adequately with the moral dimension. Insight-oriented therapies, beginning with Freud, have emphasized truthfulness with self, that is, discovering and honestly facing hidden or repressed dimensions of one's personality. Humanistic and growth-oriented therapies, beginning with Carl Rogers (1965) have emphasized present self-awareness more than mining for hidden historical and repressed truths about the self, and they add the interpersonal dimension of "speaking my truth" to others. They stress honest expression of wants and feelings, but more for the sake of authenticity and self-development than as a moral mandate. The emphasis is on my need and right to express what is true for me, rather than on your need and right to hear the truth from me. The distinction is not a trivial one.

In Chad's case, the psychodynamically or insight-oriented therapist would focus on the underlying personality dynamics of Chad's decision on deceiving his mother. Chad's internal process could be viewed as demonstrating his arrested psychological development. The actual choice of lying or truth-telling might be viewed as insignificant; the therapeutic gold lies in the deeper meaning of his struggle. The question of Mom's needs and rights would not be particularly relevant. My point is not that a psychodynamically-oriented therapist would never address the moral dimension of lying, but that the therapeutic discourse generated by the model itself cannot generate such moral discussion. Conventionally-trained therapists who deal with the moral dimension of life are not using their "native tongue" as therapists; they are making it up as they go along.

Humanistic and growth-oriented therapists working with Chad would pay more attention to his present decision-making process. One approach would be to help him

determine whether he would empower and liberate herself more by telling the truth or by lying to his mother. Since self-expression is aimed primarily at serving personal needs, the therapist might help Chad do a cost-benefit analysis of the issues, with the therapist being neutral about the outcome as long as it promotes the growth of the client. For example, he might decide to not risk lying and harming a relationship that he needs. Or the therapist who believes that authentic truth-telling is generally best for individuals might help Chad define herself wants clearly in his relationship with his mother. From this perspective, Polonius's admonition to Hamlet, "To thine own self be true," can only be fulfilled if we generally tell our truth to others. In either approach--appeal to personal needs or to personal authenticity--the independent moral claims of others on our trustworthiness are absent.

Two other schools of therapy deserve our attention on the matter of truthfulness. Cognitive-behavioral therapists have a here-and-now orientation to clients' decision making. They focus on dysfunctional beliefs and behavioral skills aimed at helping clients maximize their psychological rewards in life. Cognitive-behavioral therapists might question Chad's catastrophic expectations of what will happen if he tells his mother the truth about his Thanksgiving plans. And they might help him learn the assertiveness skills needed to deal straightforwardly with his mother: the ability to say what he wants and to not be deflected by manipulation. As with the other models of therapy, this approach has much to commend it for Chad's situation. But the implicit moral frame is still one of self-interest, even though the therapist might personally hope that Chad ultimately does not think he needs to lie to his mother.

Family therapy is more relational than the individual psychological models of therapy. Most family therapists would be concerned about the effect of Chad's lie on his

relationship with his mother. They would advocate for the relationship as well as for Chad. Family therapists would look for the generational patterns of deception and secrets, viewing these as unhealthy for close human connections (Imber-Black, 1993). However, most family therapists would not conceptualize Chad's decision in moral terms, only in relational terms. The implicit moral theory is as follows: people need healthy family relationships and healthy family relationships are based, in part, on honesty. What is missing is family members' obligations to each other. Most family therapists use either the language of health and dysfunction or the language of effective or ineffective problem solving, and sometimes the language of personal empowerment, but eschew explicit moral discourse about lying. The family therapist Ivan Boszormenyi-Nagy (1987) on the other hand, does believe that family members have responsibilities to one another because there are moral bonds that connect them. Boszormenyi-Nagy, however, has not written extensively about truthfulness per se. Thus, the family therapy tradition provides some of the important elements of a morality of truthfulness in psychotherapy, but so far has not gone far enough in elaborating it.

Why should therapists care about truthfulness and lying? First, some definitions and conceptual distinctions. By truthfulness, I don't mean always speaking what is factually true in a situation. I mean speaking what ones believes to be true. I might tell you that I will come to your party but not realize that I have an out of town commitment. I was truthful with you but in error about my ability to follow through. In other words, there is a distinction between being truthful and speaking the truth. Of course, truthfulness is limited by our self-knowledge and our proclivities for self-deception. But the morality of truthfulness rides on the faithfulness of our words to what we believe.

Belief in one another's truthfulness, according to Bok (1979), is the cornerstone of social relations, without which cooperation and trust cease to exist. She writes: "Trust in some degree of veracity functions as a foundation of relations among human beings; when this trust shatters or wears away, institutions collapse" (p. 33). Therapists should be concerned with truthfulness, then, because it is the foundation of trust, without which human relations disintegrate. Truthfulness is not only about personal insight or personal development or psychological gain; it is also the moral foundation of social relations.

I have been using the term "lie" without defining it. In Bok's definition, a lie is "an intentionally deceptive message in the form of a statement" (p. 16). I am lying when I assert something that I do not believe in order to deceive you. Lying, then, is an active process rather than merely hiding from you what I know. Chad would not have been lying to his mother if he had said, "I have other plans" and then declined to be specific. He did not necessarily owe his mother a full explanation of his Thanksgiving plans, but he went farther than concealment when he concocted a false story in order to have his mother believe that his intention would have been to do Thanksgiving at home. Thus Chad's story would have been a lie as defined here.

Lying, then, is different from keeping secrets, which has to do with the domain of privacy. Everyone, according to Bok, has a legitimate area of privacy, of experiences, thoughts, and wishes that are not to be intruded upon by others. Illegitimate inquiries about one's sexual past are a good example. Truthfulness, then, does not mandate full disclosure of all one's thoughts, actions, and feelings. Given Chad's previous experience with his mother's intrusiveness, if he mother had inquired about how serious he was with this woman friend, he would be justified in either telling his mother that he didn't want to get into it, or

in shrugging off her question with an evasive, "I don't know." But going beyond maintaining privacy to manufacturing untrue stories would move him into the domain of lying, turning the tables on the his mother by leading her on. Of course, in everyday life it is not always clear where privacy ends and the other person's right to know begins, as when one's sexual past may have consequences for the current partner's health, or when failing to disclose one's deep dissatisfaction with a marriage undermines the spouse's ability to take corrective action or to protect his or her interests. These are delicate areas of moral consultation in therapy.

In addition to undermining relationships, lying imposes unfair and sometimes oppressive burdens on the one deceived. A lie--and, I would add, an unfair secret--often constructs a sense of unreality, a disharmony between observations, feelings and intuitions on the one hand and the "truth" that the other has convinced us to believe. Rachel Hare-Mustin (1994) critiques a published therapy case in which a woman arrived home to confront a partially clothed husband, another woman dressing herself as she emerged from the bathroom, and a rumpled, semen-stained bed. Her husband maintained vehemently that he had a wet dream and that the woman, the girlfriend of a relative, had just stopped to use the bathroom! The wife felt as if she were going crazy. Their marital therapist dealt with this situation as two people with different "stories" based on their observations and experiences. Hare-Mustin criticized the therapist's handling of the case on feminist grounds of privileging the oppressive story of the husband over the experience of the wife, who as a woman has been trained to yield to the authority of males.

From the perspective of this chapter, an additional criticism of the case is that the therapist colluded in the husband's lie by treating his story as having equal truth-value with

the wife's. I am not suggesting that the therapist should have told the husband he was lying--such confrontations rarely accomplish anything--but rather that the therapist should have supported the needs of the wife who was having trouble resisting the power of a big lie. By not supporting the wife's truth-telling over the husband's lying, the therapist contributed to the distortion of her experience and to the oppressive power of the lie. The therapist fell prey to a kind of postmodern fantasy that all stories are created equal, including those of victims and those of perpetrators. Are the truth-claims of historians and Holocaust survivors on an equal footing with the truth-claims of those who deny the historicity of the Holocaust? Heaven help us if they are. Truthfulness is a moral issue in psychotherapy, not just a psychological and interpersonal issue.

Lying is about power and covert self-protection, and truthfulness (within the context of sensitivity) is about sharing power and the willingness to be vulnerable. Ultimately, there is no contradiction between truthfulness as a hallmark of personal authenticity and empowerment, and truthfulness as a moral mandate. All the traditional theories of individual psychotherapy support the value of truthfulness for the well-being of individuals. What they miss is the importance of truthfulness in the moral order of relations between people, the notion that others have legitimate demands on us for honesty and that truthfulness is a core element of character. If therapists fail to see the moral dimension of being truthful, then they only help people speak the truth when it will serve their need or promote their personal growth. And they may resort to their own mental calculus about truthfulness and deception in and out of therapy. In either case, the bent needle of truthfulness further tangles the relational web in which we live.

### Specific Interventions in Moral Consultation

Psychotherapy is a form of conversation, and moral consultation in psychotherapy can range from the mildest affirmations to the most intense challenges. Following are eight types of responses I have used with clients in dealing with moral issues, listed in increasing order of intensity. I include brief examples drawn from the issue of family commitment. It is important to keep in mind that these moments of moral conversation punctuate otherwise regular clinical interactions. Some of the examples may not be consistent with every therapist's mode of doing therapy; they are not intended to be prescriptive but rather to make more concrete the range of statements related to moral responsibility that are consistent with values-sensitive therapy. Two important principles for the use of the model are: a) that the more intense the level of moral intervention, the stronger the empathic connection with the client must be; and b) in dealing with more than one client in couples or family therapy, the therapist should move back and forth between perspectives of the parties involved.

1. *Validate the language of moral concern when clients use it spontaneously.* A noncustodial father of school-age children was pondering whether to take a job in a city far away from his children. He wondered whether his move would hurt his ability to be a good father to them. I affirmed that indeed this was a very important concern.
2. *Introduce language to make more explicit the moral horizon of the client's concern.* The father in the above example proceeded to frame the issue in terms of the possible damage to his "relationship" with his children, a category that does not necessarily encompass the possible harm to the children and the

importance of his one-way commitment to them. I sensed that his concern was deeper than his language implied, and I said, “Yes, they may feel that you are walking out of their lives by moving away.” My response focused the subsequent discussion more clearly around the needs of the children.

3. *Ask questions about clients’ perceptions of the consequences of their actions on others, and explore the personal, familial, and cultural sources of these moral sensibilities.* A woman suddenly left her second husband and moved into a small apartment where her teenage children could not live, leaving them with their stepfather. Her daughter in particular was very distressed. After empathetically listening to the woman’s story, I asked, “When you were making a decision to leave, how did you think it would affect your children? And how do you think they feel now?” Her answer led to a discussion in which she indicated she had not anticipated the hurt and pain her children would experience and to an exploration of what she could do now to repair the damage.
4. *Articulate the moral dilemma without giving your own opinion.* In the case of the woman who moved out on her children, I arranged a session with her, her children, and the stepfather. (The therapy had been initiated to address the daughter’s distress.) After the daughter spoke openly about how rejected she felt when her mother moved to a place where her children could not live even part-time, the mother explained that she had felt a need to start a new life and moving to a friend’s small apartment seemed to be the most logical way to get out quickly. I then frame the dilemma as follows (speaking to the mother):

“So, on the one hand, you’ve got your strong personal need to leave your marriage right away, and on the other hand, you’ve got your children’s need to be with you as their mother and to know that you want them.” I let the family take the ball from there.

5. *Bring research findings and clinical insight to bear on the consequences of certain actions, particularly for vulnerable individuals.* Although such information can be presented in any therapy situation, here I am referring to the use of data and theory to influence clients to take a course of action that the therapist considers morally better as well as psychosocially healthier. For example, in speaking to Bruce about whether to leave his children after his marital separation, I described the research data on the importance of regular, predictable contact between fathers and children after divorce. I was summarizing data not as an objective scientist but as a moral exhorter.
6. *Describe how you generally see the issue and how you tend to weight the moral options, emphasizing that every situation is unique and that the client will, of course, make his or her own decision.* A man was contemplating leaving his wife because the marriage had been empty for many years. He had never told her how unhappy he was. He was trying to decide whether to start marital therapy or to end the marriage right away. After exploring his feelings and his thinking, I said something like, “I’ll tell you the position I have come to over the years on the question of pulling the plug on the marriage right away versus trying marital therapy. Now bear in mind that I am a marital therapist, so I am not objective here. But my view is that a long-term marriage is too

important a thing to give up on without a serious effort to salvage it in marital therapy. I'm sure there are exceptions, and I can't tell you that you should try therapy or that it will work. But I hate to see a couple break up without at least some consideration of getting help together." He decided to bring in his wife, and in this case the therapy was successful.

7. *Say directly how concerned you are about the moral consequences of the client's actions.* This is what I did with Bruce when he was contemplating a quick move out of town and out of his children's lives. Because time was short, a decision was imminent, and I had a good relationship with him, I used an intense form of moral response.
8. *Clearly state when you cannot support a client's decision or behavior, explaining your decision on moral grounds and, if necessary, withdrawing from the case.* A couple had started marital therapy, and the wife told me privately that she had an ongoing, intense romantic relationship with another man, one that had been sexual but for the time being (perhaps only for a short time) was not sexual. She did not want her husband to know about it but believed she could give marital therapy a good effort. I told her that I could not accept her decision to participate in marital therapy without telling her husband about the other relationship, because it would be unfair to him to be in the dark when she and I knew about her divided commitment. Having made the moral point, I also told her that I was confident that the therapy would not be successful in any event if she had an outside lover. The latter remark spoke to the pragmatic consideration I was trained to address—the former spoke to

the moral consideration I had to learn to speak up about. After I made a stand about not doing the couples therapy, she decided to tell her husband about the relationship and to end it while therapy continued.

#### Illustration of the Model with the Video Case

"Cheryl" had been married for 17 years and had two teenage children. About a year before our consultation, she began an affair with a man she knew professionally. Her job took her out of town about once a month, when she and her lover got together for great sex and conversation. Right now, her lover, recently divorced from his wife, was pressing Cheryl for a commitment to leave her husband and be with him.

I asked about her marriage. She said that her husband was a very good man—kind and loving and supportive—but that the marriage lacked passion for her. She had felt emotionally empty for a number of years. They were doing a good job raising their children, she thought. They rarely argued. Their sexual relationship had been blah for many years—infrequent and unexciting. Her husband had supported her career decisions, although they did not share many outside interests. In fact, he was so supportive and constructive that she was confident that he would not abandon her or be mean-spirited if she told him about the affair. Although being hurt terribly, he would work to make things better, she said. But Cheryl told herself and me that she deserved more out of life and marriage than she felt she could get from her husband. It was fear of hurting her children that was most stopping her from leaving. They would be devastated, she thought, and their lives turned upside down, especially if she was the one to move out and away to the community where her lover lived.

Cheryl was facing what she called a "churning dilemma." She didn't "fall" into the affair, she noted; she had clearly decided to pursue something she felt she needed and deserved in her life. Her lover gave her an intense and satisfying relationship. Their conversations were deeper and their sex more thrilling. After years of passively accepting a loving but passion-less marriage, she felt that she had come alive after being kissed by a man who had been her friend but soon became her lover.

Every case of moral consultation involves the sorting of values based on an understanding the facts of the client's situation. As I listened to Cheryl tell her story, I concluded that hers was not an abusive, destructive marriage but rather a supportive and companionate one that seemed to be meeting many of the needs of the children and her husband, and some of Cheryl's needs as well. If Cheryl had told me about her husband's violence, addiction, or chronic irresponsibility, I probably would have come to a different value stance and approached the consultation differently. Instead, my value about moral commitment in marriage permeated my consultation. I saw Cheryl as operating out of what I call a "consumer" approach to marriage, focusing on what benefits she was not receiving from her husband but not on what she was failing to put into the marriage (Doherty, 2001). And I believed there would be serious harm to her children and to her husband if she were to end her marriage at this point. As I listened to her, I reflected on the recent research demonstrating the children who experience the most harm from divorce are those whose parents have a relatively harmonious but not happy, intimate marriage (Amato, 2000).

Cheryl did hold values about marital commitment and not harming her children or husband. She struck me as a good and sensitive person caught between her conscience

and her desires for more fulfillment in her life. But she spoke about her personal desires as if they were constitutional rights, such as freedom of speech, and her emotional needs as if they were biological facts, such as needing vitamin C to avoid scurvy. Our culture teaches us that we are all entitled to an exciting marriage and great sex life; if we don't get both, we are apt to feel deprived. What used to be seen as human weakness of the flesh has become a personal entitlement.

Social historians have shown how psychological individualism has been growing in our nation for more than a century. Its current form is what I call the consumer attitude, a combination of the human potential movement of the 1970s (with its focus on personal growth) and the market values of the 1980s and 1990s (with their focus on personal entitlement and cutting your losses and moving on if you are not satisfied) (Doherty, 2001).

Although it lurks inside nearly every married person who lives in our culture, the consumer attitude usually does not become apparent until we come face to face with our disappointments about our marriage and our mate. That's when we start to ask ourselves, "Is this marriage meeting my needs?" and "Am I getting enough back for what I am putting into this marriage?" In Cheryl's case, she had told herself for years that she was staying in the marriage only for the sake of the children. She had "settled" for a second-class marriage in a world that tells us not to settle for second best, because a better product or service is beckoning. Hence she was vulnerable to enticements of a new relationship that looked like it could make her truly happy.

During the first 20 minutes of the interview, I focused on helping Cheryl examine the implications of leaving her husband for her own well-being. Using the metaphor of

the affair as a tropical island, a vacation paradise that no one can permanently reside in, I tried to undermine the fantasy of a blissful new love relationship that would never encounter the erosion of passion that all long term relationship must face. I presented a scenario in which Cheryl could see rebuilding her marriage as a positive option for herself, instead of a sell-out of her core personal needs. Since she will eventually end up on the "big island" anyway, with its daily responsibilities and challenges to a relationship, why not figure out how to have a satisfying marriage with her current husband? Cheryl clearly preferred that option but was doubtful it was possible.

Towards the end of this part of our conversation, Cheryl explicitly said that she had consciously chosen the affair and was no longer "a good girl." I know how I would have handled this comment during the 1970's: I would have encouraged her to challenge the way that society or religion or her rigid conscience were defining her as not a "good girl." I would have supported her heroic efforts to break out of the mold of following other people's expectations for her. Instead, I let her remark pass without comment or follow up. I wanted to move the conversation to the realm of interpersonal morality--how her behavior and decisions might affect others in her life--rather than focus on her claims to authenticity and rebellion from conventional standards. If we had been able to meet in the future, I would have returned to the theme of her being a good girl or bad girl, to see if she could integrate these parts of her identity, but for now I wanted to shift her gaze outward rather than inward.

Although I had been doing implicit moral consultation during the entire interview, through focusing the conversation on the option of retaining her marital commitment, explicit moral consultation began when I inquired about the consequences of a divorce

for her children, her husband, and their community. Notice how I first summarized and validated the self-interest aspect of her decision. Here is our exchange, beginning with my words:

"Okay. So there are two parts of this. One part is where you might have your best chance for personal happiness, to live your life in a relationship so [that] the next part of your life may give you more joy. And then the other part of it is the consequences to different people."

"Yes, I know, I know."

"So let's talk about that part of it."

"The consequences."

"And maybe we can put them [personal happiness and the consequences to others] back together at some place. But, how do you think it would affect your children?"

"Oh, the consequences would be devastating."

During the rest of the interview, I continue to use the central moral consultation strategy: level three (inquiring about consequences for the well-being of others). I also use level four (summarizing the dilemma), and level five (bringing clinical insight or research in a persuasive manner to the conversation).

At a key moment in the interview, I felt invited by Cheryl to lay out a scenario whereby she could put it all together: honor her marital commitment, do right by her children, and still have personal happiness. Here was the key exchange, following my statement that it is possible for couples who work at it to "have the kind of energy and

passion that is possible and quite fulfilling, not the new [relationship], but the one that after 10 years or 15 years or 20 years, you say, wow, this is good." Cheryl replied:

"Yeah, see, I can't believe that. It's unbelievable to me that that's possible."

"In your marriage?"

"In my marriage, right. So, keep talking so you can tell me more how to do that."

At this point, I had permission to lay out a path in which Cheryl would end the affair definitively and proceed to tell her husband that their marriage had been in grave danger and that she had had an affair. Awhile later, when she challenged the idea of telling her husband about the affair, I said that I don't have any rules about this sort of thing, but that my sense in her situation was that this level of honesty would give her husband and her the best chance to make some major changes. I acknowledged that this is an area about which professionals have different opinions.

During the remainder of the interview, I tried to undermine Cheryl's sense of fatalism about whether her husband can change. I did this by challenging her own passivity in the marriage and her unrealistic beliefs about how her husband should respond to her ambiguous gestures about improving the relationship. Towards the end, I repeated the theme that Cheryl, at some point in her life, will have to do the hard work of maintaining an intimate marriage, even if she leaves with her lover:

"And you will have to do the same kind of looking inside to keep that other relationship alive at some point, that you'd have to in your marriage."

"So I might as well do it in my marriage since we've got history in the marriage and it would be hurting so many people."

"That's for you do decide."

"That's for me to decide, yeah."

"But that sure makes sense to me."

Notice that I reaffirmed her autonomy in this important decision. I also quietly affirmed the direction of her decision making, since my position was no doubt quite clear to her anyway. I encouraged her to work through her decision with her therapist.

### Whose Morality?

The most common concern I hear about the explicit use of moral discourse in psychotherapy revolves around the question of whose morality should be introduced. Who decides what is right and wrong in any given case or situation? Is the therapist expected to have cornered the market on what actions are consistent with moral commitment and which undermine moral commitment? When is a divorce an escape from one's adult responsibilities and when it is a necessary, though sometimes tragic, act of moral courage? When is placing an elderly parent in a nursing home an act of abandonment and when is it an act of responsibility? Who gets to decide what is right and wrong?

The exploration of moral issues in therapy does not occur mainly inside the head of the therapist playing moral philosopher or moral judge. It occurs in the heart of the therapeutic dialogue, in conversations in which the therapist listens, reflects, and questions, probes and challenges--and in which the client is free to do the same and to develop a more integrated set of moral sensibilities. Morality emerges for all of us from social interaction punctuated by moments of personal reflection. Morality, in the words of the sociologist Alan Wolfe (1989), is "socially constructed." Wolfe writes:

Morality thus understood is neither a fixed set of rules handed down

unchanging by powerful structures nor something that is made up on the spot. It is a negotiated process through which individuals, by reflecting periodically on what they have done in the past, try to ascertain what they ought to do next....Moral obligation [is] a socially constructed practice....Morality viewed as a social construction differs from the traditional view of morality as "adherence to rules of conduct shaped by tradition and respect for authority. pp. 216, 221.

Those established traditions and authorities have been undermined too extensively to serve as unquestioned arbiters of personal morality in the twenty-first century, except insofar as their precepts make sense to modern men and women. To use an obvious example, all the major monotheistic religions once accepted slavery--now considered a moral evil of staggering proportions--as a practice in keeping with God's will and traditional religious texts. Similarly, governments have manipulated citizens' loyalty and duty to country in order to fight wars that most people now consider unjust. The hard-won battle for personal freedom of conscience in the Western World is not going to brook falling back on an older morality of unreflective rule following. And psychotherapists would betray their mission if they saw themselves primarily as agents of moral socialization for established traditions.

On the other hand, I do not believe, as some liberals do, that morality is created by each individual out of whole cloth. We are born into families and communities and ethical/religious traditions that shape us and become part of our identity. As Wilson (1993) asserts, moral sensibilities in each individual are formed in the intimate environment of family life in childhood and later through wider interactions. This is not to say that we each cannot distill a personal moral perspective as we mature, but that our

moral development and our moral sensibilities are inextricably connected with social interaction. Wilson writes that we are coming "face to face with a fatally-flawed assumption of many Enlightenment thinkers, namely, that autonomous individuals can freely choose, or will, their moral life" (p. 2).

Morality is a communal, as well as a personal, affair. This over-emphasis on autonomy and under-emphasis on relationships is a reason why Kohlberg's (1991) very influential theory of moral development, is not especially useful to psychotherapy, in my view. The theory focuses on abstract moral principles and on the categorizing of individuals' moral reasoning into developmental stages. For purposes of psychotherapy, Kohlberg's work does not deal enough with the affective, interactional, and behavioral aspects of morality--with how people learn, feel, and practice their morality. Even in its main area of moral reasoning, the model has tended to devalue relational thinking, as Carol Gilligan (1982) and others have pointed out. Furthermore, it would be dangerous for therapists to view themselves as leading the client to a "higher" stage of moral development, presumably one occupied by the therapist and not by the client.

Conservatives' rigid rule-following and liberals' excessive individualism and reliance on abstract reasoning, then, do not offer reliable guides for moral discourse in psychotherapy. I believe that a better tradition comes from the early twentieth century sociologist George Herbert Mead (1956) and other "symbolic-interactionists" who emphasize the social construction of reality. Alan Wolfe's (1987) work comes out of that tradition. If morality is created through social interaction, then psychotherapy can be viewed as a form of specialized social interaction in which current moral beliefs and sensibilities are explored, affirmed, revised, rejected, and new ones created. The

therapist, who is also a member of a moral community of social discourse, helps clients reflect on the moral dimensions of their lives. The therapist neither dictates moral rules nor claims to know all the answers, but rather is sensitive to the often delicate interplay of personal, familial, and community needs and responsibilities involved in difficult moral choices.

In the realm of moral responsibility, I do not believe that the therapist's task is to help people think through decisions by means of abstract moral principles that ethicists debate, although these principles have a place in the spectrum of moral discourse. Rather our major emphasis should be on the lived experience of the client as moral agent, on working through moments of struggle and pain over find the right thing to do. Just as therapists do not supply clients with feelings and desires, but rather help clients discover and work better with them, the same is true for moral beliefs and sensibilities. With few exceptions, clients are able to bring the moral raw material that we work with collaboratively; people are continually explaining and justifying their own behavior and evaluating the morality of others' behavior. The therapist is a consultant in this ongoing process of moral reflection.

Our therapy caseloads are like Shakespearean dramas suffused with moral passion and moral dilemmas. We have been trained to see Romeo and Juliet only as starstruck, tragic lovers, a perspective from which we fail to notice that the moral fabric of parental commitment was torn when their families rejected them for loving each other. We focus on the murder of Hamlet's father and Hamlet's own existential crisis, rather than on Hamlet's mother's abandonment of her grieving son. Commitment to loved ones and betrayal of that commitment are central moral themes in the human drama played out in

psychotherapy every day. For Bruce, a searing divorce was the moral crucible in which he forged a new identity as a committed, loving father who could give without counting the returns and remain faithful without weighing the alternatives. From the moment Bruce told me he might abandon his children, I knew that the therapy was about more than psychological and family issues; it was about Bruce's moral integrity and about the moral fabric of a family. That revelation changed both of us. Years later, when I came to the consultation with Cheryl, I knew what I should do as a therapist and a human being. I no longer split my moral self and my professional self.

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