

Psychotherapists as Crypto-Missionaries:

An Exemplar on the Crossroads of History, Theory, and Philosophy

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This chapter describes an intriguing case of the “crossroads” of history, theory, and philosophy. As we will attempt to show, there is simply no meaningful way to understand the role of values in contemporary psychotherapy without these crossroads, and understanding this role is now sorely needed. Never has there been more tension or tumult surrounding the issue of values. For years, therapists have been taught to eliminate, suspend, or at least minimize their own values while conducting psychotherapy: psychoanalysts recommended that therapists be “blank screens” (Franklin, 1990; Freud, 1912); behaviorists advised they be “objective” (Wilson, 2000); and humanists suggested they be “interpersonal mirrors” (Rogers, 1951).

Recent developments, however, make clear that therapists cannot escape or even minimize their values (Beutler & Bergan, 1991; Kelly, 1990). Therapists have long known that certain professional values were unavoidable, such as caring for and protecting their clients. Still, recent empirical and theoretical work has shown how deeply these inescapable values go – even to the level of personal moral and religious values (Tjeltveit, 1986). Researchers have shown that therapists not only use such personal values in therapy but also urge their clients to use them (Beutler, 1979; Tjeltveit, 1999). Therapists may not be completely aware of this persuasion process, but it is occurring nevertheless (Beutler, Arizmendi, Crago, Shanfield, & Hagaman, 1983; Smith & Slife, in press). In this sense, therapists may be, as Paul Meehl (1959) once feared long ago, “crypto-missionaries” attempting to convert their clients to their own value system (p.

257).

Needless to say, this situation has put practicing therapists into a quandary. What are they to do with their values? There are clear ethical injunctions against imposing personal values on clients (American Psychological Association, 1992), but if such values are inescapable – both in using and in urging clients to use them – then what is the most effective and ethical course of action? Here, we submit that this pivotal question cannot be answered without the simultaneous consideration of history, theory, and philosophy. As we will contend, the original discomfort of therapists with their values is not comprehensible without the context of history, indeed, a history that goes back to the Middle Ages. Recent conclusions that values are inescapable cannot be understood without the theoretical developments that spawned them. And finally, as we will argue, the solution to this therapy dilemma involves a dramatic change in the philosophy that undergirds psychotherapy. We review each of these aspects of the values issue in turn.

History—Accounting for Therapeutic Value Sensitivity

Why are so many therapists uncomfortable with and confused about the use of their values in therapy? Much as good scientists are assumed to be objective and value-free observers of psychological facts, good therapists are assumed to be objective and value-free observers of therapeutic facts. Indeed, if therapists do not strive for objectivity and value-freeness, they are considered unethical (Wilson, 1995). That is, if they do not value being value-free, then they are thought to violate the values of the discipline—for not being sufficiently value-free. The obvious paradoxical nature of this ethical injunction—to value being value-free—was never really questioned until just recently. Why? As we will see, psychotherapy was conceived in an era that reacted to value abuses of the past – abuses that date back as far as the premodern era.

Premodern Values. From the perspective of our modern era, values in the premodern era

(mainly the Middle Ages) were subjective and absolute. The terms "subjective" and "absolute" may seem contradictory. However, premodern values were, in some sense, subjective because these values were thought to be held without rational foundation. As viewed through our modern lenses, these values seem almost arbitrary, though they were certainly not arbitrary to the people of premodern times (Jones, 1969; Leahey, 2000). Still, virtually anyone with any power – whether religious or political – appeared able to decide what was right and good, without justification, or at least without rational justification.

The term "rational justification" is used because the leaders of premodern people had no problem invoking divine justifications for their values. That is, these political and religious leaders regularly invoked supposedly absolute truths to justify their values and their actions. Actually, the power held by such leaders was itself considered absolute; kings were kings and cardinals were cardinals by virtue of their divine origins or their divine morality (Jones, 1969). Values, in this sense, were both subjective and absolute. Lacking any rational or objective justification, the justification for these values was their absoluteness or their divinity. However, to many of us in the modern era, these justifications seem to be little more than trumped up excuses to validate the subjective interest of the king or religious leader, especially when horrendous oppression and tyranny occurred in the name of these trumped up justifications.

Modern Values. Our modern era is, in this respect, a reaction to and a correction of this premodern period, including its understanding of values. Modernists formulated two basic ways of combating the abuses and tyranny of the premodern period – both are strategies of neutrality. That is, both take the power out of the hands of arbitrary and subjective authorities and replace this power with supposedly nonarbitrary and neutral procedures for determining the values. Modernists view such strategies and procedures as rational and thus relatively value-free. The

two strategies that dominate this attempt at value neutrality are, in some sense, the opposite of the two themes identified in the premodern era – subjectivity and absolutism; the main strategies of the modern era are objectivity and relativity.

Again, these two strategies may seem contradictory at first, but they can be seen as variations on the same theme of neutrality. The neutrality of objectivity is perhaps the easier to see. One should not be arbitrary (and subjective) if one is objective; one should have rational justifications for whatever values one has – ideally, justifications that are based on rational methods for deriving such justifications. The most prominent of these methods for the person of modern times is the scientific method. Scientific method is particularly popular, because it is the shotgun wedding of two systems of justification – empiricism and rationalism (Slife & Williams, 1995). That is, scientific validation implies justification not only in terms of rigorous reasoning (rationalism) but also in terms of cold, hard facts (empiricism). Neither rigorous reasoning nor hard facts are viewed as subjective, because neither is thought to be controlled arbitrarily by those in power. Scientific method is itself in control, itself a neutral procedure for determining the good and the effective.

Relativism may be the more difficult to view as a strategy of neutrality, yet it is probably the more frequently used in this capacity in psychotherapy. Instead of powerful people deciding what is right for everyone, the philosophy of relativism holds that people should decide for themselves, relative to their own unique situations. Robert Bellah and his colleagues call this strategy expressive individualism, because the individual is considered in the best position to know what is best for him or her (Bellah, Madsen, Sullivan, Swindler, & Tipton, 1985). No leader, however benevolent, should make these decisions, because individuals know their unique situation best. Hence, values should be determined relative to one's individual situation. But why

is this relativity neutral? The main reason is that one must consider others in a neutral manner so that others can freely choose their own values. Most people use the term “tolerance,” rather than neutrality in this regard, but the injunction against value judgments is the same.

Modern Psychotherapy. Is this modern reaction to the premodern world – this supposedly enlightened response to the darkness of the Dark Ages – reflected in our psychotherapy values? Psychotherapy reflects modernism not only in affirming the importance of objectivism and relativism, but also in reacting negatively to those who would insert subjective and absolute values into the therapy session. Objectivism, for instance, is a clear theme of past and present formulations of the modern psychotherapy enterprise. Traditional personality theories are viewed as containing speculative values until tested empirically. For example, many view psychoanalysis skeptically, until it has justified its therapy techniques in objective ways (Henry, Strupp, Schacht, & Gaston, 1994; Weber, Bachrach, & Solomon, 1985).

However, the clearest approaches to neutrality in this objectivist sense are the recent movements of eclecticism and empirically supported treatment (EST). The most popular form of eclecticism, technical eclecticism, is the notion that science can objectively indicate which techniques of therapy are the most effective for which disorders (Slife & Reber, 2001). No values seem to be necessary in this process; the hard facts of therapy outcome are the adjudicator. EST is another variation of this objectivism (cf. Messer, 2001). Whatever is empirically supported – again, shorn of any value-laden judgments – is presumably what guides the therapist. With eclecticism and EST, then, the modernist strategy of neutrality is clear, because a supposedly value-free method is used for deciding what values and techniques therapists should use.

As developed as this objectivist tradition is, it still lags behind the tradition of relativism

for handling therapy values in a neutral fashion. As far back as Freud (1912), therapists have been exquisitely sensitive to the use of values in the therapy enterprise, especially personal and private values. The therapist is viewed as having tremendous power over the client. Similar to the kings and cardinals of the premodern era, therapists are viewed as having a power that should not be wielded subjectively or absolutely. This explains the clear professional injunctions against "imposing" personal values on a client (American Psychological Association, 1992).

Consequently, therapists either work with objectively-derived professional values or with values that are relative to the client or the client's culture.

At this point, it seems obvious that current notions of values management are historically situated. Dominant modes of this management are dominant reactions to historical developments, some occurring centuries ago. As we mentioned at the outset, however, profound questions have been raised about these management strategies. These questions are, for the most part, uniquely theoretical in nature (which are themselves historically situated). Although empirical research has contributed mightily to this profound questioning, as we will show, the fact that these empirical studies were conducted at all points to the theoretical concerns that spawned them.

Theory—Problems With Strategies of Neutrality

Problems with strategies of neutrality begin to emerge when theorists examined them more closely (Bergin, 1980; Strupp, 1980). For instance, how is it that such strategies are not themselves values, even personal values? The ethical codes and training modes of therapy make it clear that therapists should be or ought to be objective and relativistic, the "should" or "ought" of this sentence betraying the moral undertone of objectivity and relativity. One way to put it is that there is nothing neutral about this ethics of neutrality. Asking therapists to value being

value-free is contradictory, so why not recognize the impossibility of this value-free status?

Objectivism. Recent scholarship in the philosophy of science has also challenged the value-free status of the scientific method. Although modernist methods have successfully provided “objective” justification for a host of therapeutic techniques, they provide no objective justification for themselves (Curd & Cover, 1999; Slife, in press). That is, there is no empirical justification for empiricism, no scientific validation for science. Empiricism and the philosophy underlying science are just that – philosophies. One could claim that science has been a most successful method, but then such a claim would merely be one's opinion, stemming from one's personal values. No scientific evidence could be gathered for this claim without already assuming the validity of science in the first place. Moreover, there would be all sorts of pre-investigatory values involved in what is considered successful.

Science is actually filled with such values (Slife, in press). What matters (and is valued) in traditional science, for example, is what is observable and replicable. The problem is that there is no empirical evidence for the assertion that this is what should matter in science. Indeed, the history of science itself does not bear this out, as several historians have noted (e.g., Kuhn, 1970; Feyerabend, 1975), and there are alternative formulations of science, such as qualitative research, that do not assert the same pre-investigatory values (Denzin & Lincoln, 2000). In addition, the doctrines of observability and replicability are not themselves observable and replicable. They are philosophical or moral assertions about what should be valued, and they cannot be supported by scientific evidence, because, again, such values have to be assumed to garner such evidence.

Therapy researchers often present their research as if their methods are the value-free and transparent revealers of the effectiveness of various techniques (Beutler & Clarkin, 1990; Lazarus, 1995). Technical eclectics, for instance, put great stock in an objective method that

reveals which techniques work for which disorders, regardless of the theory that spawned the technique. The difficulty is that some therapy theories, such as existentialism (Yalom, 1980), specifically deny that their theory or their practice is about observable techniques, making it impossible to take part in a method that requires observability and replicability. One could claim, of course, that existential therapy is observable (e.g., operationalizable), but then one is in danger of studying only the manifestations of existential therapy—to fit the method mold—rather than what existentialists consider truly important. Moreover, to believe that the assumptions of a method, such as observability, are the most correct or effective in the first place is to make a very unscientific assertion, because this belief must be asserted before investigation even begins.

Relativism. Relativism has similar problems. Although relativistic therapists are supposed to approach their client as though they have no values—to identify and work within the client's values—the notion that one should approach clients in this manner is itself a value (Fowers & Richardson, 1996). That is, to be tolerant or open to someone's values is to support the values of tolerance and openness. The paradox of relativism becomes clear when we consider a client who is intolerant or close-minded. What values do relativistic therapists use in this instance? Should relativists adopt the values of the client, as relativism would demand, and abandon their own relativistic tolerance and openness, even to the client? Or should they uphold the values of relativism, and thus use and impose them during the therapy session on a non-relativist? Either way, the paradox of neutrality disallows relativists from carrying out their relativism.

The existence of these two alternatives raises an interesting empirical question: Which alternative do relativistic therapists typically select (however unconsciously)? The research on this question is fairly unequivocal: relativists do not embrace their clients' close-mindedness and

intolerance; they attempt to influence their clients to become more open-minded and tolerant (e.g., Jensen & Bergin, 1988; Smith, 1999; Strupp, 1980). In other words, relativistic therapists not only hold very specific values, contrary to their relativism, but also attempt to impose these values on their clients, often without realizing it. Indeed, they rarely view these values as stemming from their own unique philosophical position – that is, as their own private values.

Consider the popular multiculturalism movement in psychology, which explicitly extols the value of “cultural relativism” (Sue, Carter, Casas, Fouad, Ivey, Jensen, LaFramboise, Manese, Ponterotto, & Vazquez-Nuttall, 1998, p. 4). In the multicultural view, culturally competent therapists are those who respect the culturally different worldviews of their clients “without negative judgments,” because, all worldviews – all values – are relative and therefore, legitimate (Sue et al, 1998, p. 39). This relativistic stance is viewed as preventing value imposition and oppression. However, the multicultural commitment to relativism extends beyond the therapist. The client, too, should be persuaded to value relativistic tolerance and acceptance of multiple worldviews. In other words, relativism is not just something that all therapists should endorse, but something that all clients should endorse as well – as a kind of absolute (or universal) set of values.

The intriguing thing is that this quasi-absolutism violates the relativist ethic about not imposing values on clients, regardless of how widely these values are endorsed. Just because these values are widely agreed upon does not make them any less values, or any less imposing when the therapist insists upon them. And, there is considerable evidence that these therapists do insist upon them (see Kelly, 1990 and Beutler & Bergan, 1991 for review). Indeed, this is the reason that some observers view multiculturalism in therapy as a type of cultural imperialism (cf. Fowers & Richardson, 1996). Far from therapy being a neutral technique, far from therapists

working within the client's own value framework, these techniques and these therapists are pushing a very specific culture and a very specific set of values – relativism.

Actually, this attempt to inculcate relativistic values is completely understandable, both from a historical perspective (as reviewed) and from a human nature perspective. In the latter case, it may be natural for people to want to share what they think is good or correct. Relativists would not hold their relativism unless they believed it to be the best and most healthy approach to living. Why not impart this to their clients? Of course, relativistic therapists are not the only therapists to attempt to influence their clients with their own values. The empirical literature on values makes it clear that no therapist is immune from this attempt to influence. As Kelly (1990) puts it in his review of this research, "therapists [are] not value free even when they intend to do so" (p. 171). The relativists are specifically noted here because they are specifically dedicated to avoiding the imposition of their values on their clients. Yet, all empirical indications are that they are like the rest of us – completely value-laden.

Research on Values. The research on therapist values in therapy dates back at least as far as Rosenthal's classical studies some 45 years ago (Rosenthal, 1955) and involves literally scores of studies (e.g., Arizmendi, Beutler, Shanfield, Crago, & Hagaman, 1985; Beutler, 1979; Beutler et al, 1983; Kelly & Strupp, 1992; Martini, 1978). Actually, Rosenthal's findings hold up remarkably well, though the methods have since been improved and refined. Rosenthal essentially found that client scores on a test of moral values changed during therapy, with those clients who were rated as improved becoming more like their therapists, while those rated as unimproved tending to become less like their therapists. In sum, value similarity was highly associated with therapeutic improvement.

Although the meaning of this association was not fully understood until subsequent

studies, this essential finding has been confirmed and replicated across many types of experimental designs, therapists, settings, and clients. Larry Beutler has been a leader in this confirmation and replication (Beutler & Bergan, 1991; Beutler, Johnson, Neville, Elkins, & Jobe, 1975; Beutler et al, 1983). Beutler and his colleagues have also shown that value convergence, as it has come to be known, is even more important to therapy improvement than a host of other factors, such as therapist credibility and competence (Beutler et al, 1975). And all sorts of values seem to be important to perceived client improvement – professional values, moral values, and in many studies religious values were pivotal (e.g., Beutler, 1979; Kelly & Strupp, 1992). This last finding is especially intriguing, because it means that for therapy to be successful, clients and therapists have to converge on their religious values.

But what is this convergence? It sounds like a mutual and reciprocal relationship between client and therapist. However, as Alan Tjeltveit's (1986) insightful review of this research reveals, this convergence is not some idyllic fusion of horizons. Overwhelmingly this research indicates that therapists do not change their values during therapy; only clients change their values (Tjeltveit, 1986). One might say that therapists only perceive success in therapy when their clients have come to have values like their own, including their own religious values. As Tjeltveit (1986) puts it, this phenomenon should not be known as "convergence" but rather "conversion" (p. 516). Therapists are essentially converting their clients to their own way of thinking, including their private religious values, and not considering them to be finished with therapy until they do convert. As Kelly (1990) notes in his review of this research, values convergence (or conversion) does not apply to clients' ratings of their own improvement; it only applies to therapist ratings of improvement and normality.

The corollary of this finding is that notions of improvement and the lack of improvement

are bound up with therapist values. Therapists do not perceive improvement until clients evidence a certain set of values. Another way to say this is that those who are in need of psychotherapy –those who are disordered or abnormal – are those who do not match our values as therapists. If this corollary is startling, it probably ought to be. It clearly suggests that private therapist values, even religious values, are vitally involved in professional judgments, including collective judgments, such as the diagnostic system.

The fact is, values are endemic to all worldviews, cultures, theories, and frameworks (O'Donohue, 1989). Unless therapy is done randomly or capriciously – without a system of any kind – then it is value-laden rather than value-free. Interestingly, the eclectics have already tried a form of unsystematic therapy. However, they soon abandoned this "bag of tricks" approach as unthinking and unethical (Slife & Reber, 2001). The upshot is that therapy cannot be conducted without values, both personal and professional. Therapists cannot work with clients without using, and urging them to use, the therapist's values in the process.

The problem is that some tough questions follow from this conclusion. For instance, does this mean therapists are doomed to be dogmatic? How are they different from religious missionaries, attempting to convert their clients to their own value system, including their religious values? Does this mean they cannot truly be open to the value system or culture of their clients? How can client autonomy be preserved? Several insightful scholars have recognized the significance of these questions over the years. As mentioned, Paul Meehl (1959) surmised this problem at an early stage of this research, "Suppose that the empirical research should show that . . . all therapists are crypto-missionaries. Such a finding would present us with a major professional and ethical problem" (p. 257).

Failed Solutions. Two ways of solving these problems have been proposed: minimizing and matching. Unlike objectivism and relativism, these solutions acknowledge at some level the inescapability of values. However, similar to objectivism and relativism, they underestimate the power of values. A recent book by Tjeltveit (1999) represents the first solution. The essence of this solution is that therapists should minimize their values to the greatest extent possible.

Therapists may not be able to eliminate their values, for all the reasons reviewed, but they should strive to come as close as possible to this ideal to protect client autonomy.

The problem with this first “solution” is apparent in the "shoulds" of the last two sentences. Minimization of values is itself a value; protecting client autonomy is itself a value. And neither value is a "minimized" value. Both are full-blown values, in every sense of the term. One cannot minimize a minimization value without getting into the paradox of relativism. That is, one cannot minimize minimization without trying to minimize as little as possible, but then trying to minimize as little as possible is to engage in minimization as much as possible, and so on, with the same paradoxical result.

Perhaps most tellingly, research shows the same value imposition as the relativist. When therapists embrace minimization and autonomy as their primary values about values, they also urge their clients to embrace these values as well (Smith, 1999). In other words, if therapeutic relationships are thought to work best by minimizing values and protecting autonomy, then why would therapists not presume that other relationships also work best in this manner? After all, such a finding reflects the 45-year history of this research, across all sorts of values. Whatever values are valued, they are the values that are promoted in therapy. The point is that no strategy of neutrality has resolved this values dilemma—not objectivism and not relativism—and no

minimization strategy that attempts to approximate this neutrality, as if it were the ideal, will resolve it either.

Another blind alley is the proposal to match clients and therapists (e.g., Kelly & Strupp, 1992). This approach would first assess the values of all clients and their therapists, and then match them so that only those with similar values would be working together. The problems with this approach, however, are manifold. First, there is the practical problem of getting a valid assessment of a person's values. Any quick review of this research reveals the many challenges in accomplishing this task (Braithwaite & Scott, 1991). Even if this problem could be solved, another line of research indicates that values change from context to context and problem to problem (Walsh, 1995). This would mean that a perfect match might become decidedly imperfect as the therapy relationship evolves or as either individual in the relationship changes, for any number of reasons.

But how “perfect” can a match in values really be? When those who advocate this approach discuss “value similarity,” what does this similarity mean? How similar do therapists and clients have to be to truly be matched? Would such a match have to extend to all professional, moral, and religious values? Are any two people on this earth really identical in all these ways? The logistics of this matching approach, as well as the empirical and theoretical obstacles, seem insurmountable.

At this point, we have two clear elements of the values dilemma in psychotherapy. First, therapists have an important sensitivity to values imposition that arose in response to, or at least was nurtured by, historic value abuses. Second, we have a cogent line of theoretical (and empirical) argument that seems to indicate that attempts at value imposition, in some forms at least, are inescapable. Where does this leave therapists? From the modernist perspective, it must

look like an irresolvable dilemma. Therapists cannot eliminate, suspend, or even minimize their values. Indeed, it appears as if they cannot even eliminate value differences. In fact, this is the correct conclusion – therapists must have and act on their values, and they must have and act on their value differences. But then what can they do if this conclusion is true? Are they destined, as Meehl (1959) predicted, to being crypto-missionaries, attempting to convert everyone to their own value system? Is there an alternative?

Philosophy—Three Misconceptions

Fortunately, there is a relatively overlooked philosophic tradition that is a vital source of aid – the hermeneutic tradition. Philosophers such as Hans Georg Gadamer (1960/1995), Jurgen Habermas (1973), and Charles Taylor (1985) advocate a new attitude toward values. The modernist attitude has therapists fearing and attempting to avoid values, because they assume values distort our understanding through biases and obstruct our relationships through conflicts. Hermeneuticists, however, contend that therapists should embrace rather than fear and avoid our values. They assert that values have been misunderstood because of the modernist over-reaction to premodern abuses.

This misunderstanding has resulted in three major misconceptions that we describe in turn: values are bad, values are subjective, and values are independent of one another (Slife, in press). The first misconception is one we have already alluded to—values are bad, at least for knowledge advancement (in therapy and research). This modernist value about values is what some hermeneutic philosophers call our "prejudice against prejudice," our bias against biases (Gadamer, 1969/1995). However, these philosophers point out that very little is possible without values, including knowledge advancement, because human experiences and identities require a sense of what matters (Taylor, 1985). Values organize and prioritize our experiential world,

making the things that matter stand out and the things that do not matter recede into the background. Values also help define us as individuals. Who we are involves what we stand for. Who we are entails what we consider to be right and good, and wrong and bad (Richardson, Fowers, & Guignon, 1999).

This is ultimately the reason therapists (and researchers) cannot avoid values – values constitute them. Therapists are lost without the direction that values bring. Modern relativists and objectivists are cases in point. Neither could function without their values – openness and tolerance for the relativist, neutrality and impartiality for the objectivist. Interestingly, openness and neutrality are rarely viewed as values, and certainly not as biases. In fact, many people associate these values with the antithesis of values and biases. Make no mistake, however, they clearly meet the definition of values, because they provide a code of conduct and indicate what is important. Yet, the modernist prejudice against prejudice has led therapists to view them as devoid of values.

The second misconception of modernism is that values are merely subjective. This is the Cartesian notion that values stem from the subjectivity of the mind and are added to our experience of the objective world. If a therapist values honesty, for instance, this value is not thought to be part of the world, but rather a subjective meaning that the mind adds to it. This is one of the reasons that therapists have traditionally attempted to avoid values – they wanted to operate solely on the basis of objective experience, without the subjectivity and presumed arbitrariness of biases and values.

Hermeneutic philosophers, however, have long realized that our subjectivity and objectivity cannot be so easily separated (Heidegger, 1926/1962; Taylor, 1985). What we have considered the objective world – the world of our lived experience – is filled with more values

than our Cartesian tradition has allowed us to realize. One cannot experience the world without also experiencing values – that some things matter over other things (Taylor, 1985). The rape of a five-year-old girl is publicly reprehensible and objectively consequential. Although context and culture must be taken into account when understanding this event and our response to it, our horror at this small girl's plight is not just an arbitrary feeling that our culture happens to have invented. There is a kind of reality to these feelings and a kind of objectivity to the value of her life. Some values, in this hermeneutic sense, are not solely private and subjective; some values have a public and an intersubjective quality that is vital to recognize.

The last misconception of modernism is that values are independent of one another. Many people, for example, assume that the value of open-mindedness is independent of other values, certainly independent of close-mindedness and religious values. However, the hermeneuticist contends that all values are part of a system of values, a web of values, from which they cannot be extricated without losing their meaning. For the therapist to value open-mindedness, for example, is to simultaneously reject the dialectical value of close-mindedness. The very identity of open-mindedness depends on us understanding where this value begins and ends – where it is and where it is not. Although it is true that we cannot act simultaneously on opposite values, dialectical values still define and give meaning to each other (Rychlak, 1994).

The web of values also contains those values that we must assume for the particular value to be possible. In the case of open-mindedness, for example, one might assume that open-mindedness is good, moral, and, for a theistic person, godly. In other words, many values are underlain with other moral and religious values. Even if one is not religious, one still has a value position regarding religion—God, for instance—that can underlie other values (Eliade, 1987). After all, to assume that God does not exist, or even that the issue of God's existence is

irrelevant, is to have a qualitatively different position from someone who assumes that God does exist and God's existence is relevant. The point is that all values are inextricably connected (and underlain) with other values.

Consider our open-minded therapist, again, this time working with a fundamentalist client—a client, let us say, who is close-minded because she believes that God has commanded it. The webbed relation between the therapist's professional values and the client's religious values is particularly evident in this situation. The therapist has several options, ranging from attempting to change the client's close-mindedness to endorsing it. However, to attempt a change in this value is literally to attempt a conversion, because it means a change in her religious beliefs—her beliefs that God says she should be close-minded. On the other hand, to accept and not dispute her close-mindedness is to implicitly endorse her religious beliefs. Either way, the therapist's values have religious implications. The therapist's values are part of the web of such values, whether or not the therapist intends this.

But what do these three “corrected” misconceptions tell us about what it means to embrace values from the hermeneutic perspective? First, values are real, in a sense, and consequential; they are not merely figments of our imaginations or inventions of our minds. They have an aliveness and an energy all their own. Second, this energy is not always an obstacle to the pursuit of knowledge. Indeed, values can be viewed as constituting (and not being separable from) our understanding and identities. And last, values are intimately related to one another. Part of the energy of values is that they require each other for completeness, including oppositional values. Values exist and make sense only in relation to one another. This means that if values constitute our very being, then we require each other for completeness; we exist and make sense only in relation to other valuing beings.

This radical sociality is the reason that many hermeneutic philosophers have championed dialogue (Gadamer, 1960/1995; Habermas, 1973). Dialogue is the means of interrelating and completing these values. Indeed, this could be the purpose of therapy – to offer an intimate setting in which values and the people who hold them can interrelate and work toward completion. This is, of course, a much more positive picture of therapy than the one Paul Meehl (1959) painted when he lamented the problem of values and feared the crypto-missionary role. Indeed, he saw the problem of values as the potential destruction of the therapy enterprise. The hermeneutic perspective on values, by contrast, leads to a justification for and perhaps even a reorientation of therapy. Although the details of this reorientation remain to be worked out (see Smith & Slife, in press, for more details), it seems clear that a hermeneutic perspective provides an understanding of the role of therapeutic values that meets the historical, theoretical, and philosophical challenges of the issues.

Conclusion

It is for this reason, too, that we believed the issue of therapeutic values would offer an instructive exemplar of the crossroads of history, theory, and philosophy. Psychotherapists have long known something was wrong with their management of values. Consider Meehl's (1959) warnings over 40 years ago about the potential for crypto-missionaries. However, empirical research alone, as important as it is, has not been able to deal with the problem. The other parts of the knowledge advancement enterprise—history, theory, and philosophy—are required to illuminate the problem, provide a framework for understanding it, and suggest an alternative framework for resolving it.

History has the unique property of providing perspective and illumination. In this case, many therapists had assumed that the need for neutrality was a given, at least until history

illuminated this “given” as one view—the modern view—on a long historic road of views. Still, it is theory, in this case, that supplied a framework for this view that led to the values dilemma, only dimly sensed by Meehl and others. Theory examined the underlying assumptions of the current framework in ways that no empirical program could, revealing the reasons for the practical paradoxes and therapeutic tensions. This theoretical analysis also hinted at seeming solutions (see “Failed Solutions” section) that ultimately only revealed the bankruptcy of the old framework. In the case of therapeutic values, then, another framework altogether is warranted. A philosophical understanding of the current framework is thus required, along with an understanding of possible alternative philosophies, such as hermeneutics, for the field to continue to move in a positive direction.

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