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AN EXAMINATION OF THE ROLE OF VALUES IN COUNSELLING AND PSYCHOTHERAPY

ABSTRACT: Counsellors and therapists alike have struggled for some time to ascertain whether or not there is a legitimate role for values in counselling and psychotherapy. From early attempts to keep the counselling process value-free, practitioners have moved to the point where they now question whether they can, with integrity, "remain objective." This paper contends that the question begs the point, i.e., that values significantly influence the counsellor's choice of a psychotherapeutic theory, selection of clients, counselling techniques, treatment goals, and direction of improvement. In fact, the entire therapeutic process is monitored in treatment by a formalized value-system — the therapist's code of ethics.

The question then is not whether values belong in therapy, but whether it is possible to train counsellors and therapists to the level where their own values do not interfere with the goals, methods, and directions required by the client for problem-solving.

According to the major educational journals, a significant shift has occurred over the last 25 years in the meaning, nature, and function of the term "values." Nowhere is this more evident than in the helping professions.

The 1950's, for example, were witness to an aseptic attempt by counsellor and therapist alike to deny their own values in the professional setting in order to "remain objective" — which is to say to contaminate neither the client nor the counselling process. In spite of the professed belief that the client was, by definition, resilient, capable, and growth-oriented, he was still seen to be defenseless against the potential onslaught of counsellor influence. By the late 1950's, however, with a greater number of articles reflecting the position that, try as they might, counsellors could not honestly check their

values at the door, so began a period characterized by "awareness" of values, and even admission of same to clients where appropriate. There were even those who were advocating that the counsellor "deal with" his values in therapy, since the counsellor was being painted as a "paid maker of value judgements (Golightly, 1971, p. 289)."

Changes in the field, however, have been slow to come. There is indeed ample evidence to suggest that the admonition to keep the counselling process value-free has been well ingrained. As a consequence, the extent to which the counsellor and therapist ought to "become involved" with his client is still very much unresolved at the practitioner level. It is the purpose of this paper, therefore, to examine the role of values in the therapeutic process with a view to providing a rationale for those engaged in the helping relationships to think anew on this most controversial issue.

For the sake of clarity, psychotherapy will be taken to mean "any psychological method which is intended to improve the personal or social adjustment of individuals who are aware that the therapist is offering psychological help (Glad, 1959, p. 22)." Values, in turn, are seen to be, amongst other things, "standards, or criteria, which are non-objective, in the sense that they represent preferences, which are in part socially or culturally determined (Patterson, 1959, p. 55)."

Current thinking has it that the career choice of an individual is in fact a value choice. In the case of the counsellor or therapist, the social science drive is indicative of the locus of what each values. These qualities, preferences, or end states which are valued by the counsellor are subsequently transformed into a framework and theoretical stance — which forms the functional base for his psychotherapeutic theory. With the adoption of such a theory, the counsellor-therapist is immediately locked into the world of value-related issues. A personality theory, Glad contends, "is a value system about the nature of personal maturity (1959, p. 25)." It's simply an organized way in which one can describe the therapist's referential, inferential valuing, and interpretative operations. Or, stated another way, a therapeutic theory is a value system that attempts to make explicit and repeatable the behavior of the therapist — while describing the terms under which the client is seen to be improving. It governs what the therapist attunes to, how he responds, the relationships he draws, and the gauging of movement in treatment. If, therefore, a person adopts a psychotherapeutic theory because it best fits his own personal framework, and if he is trained in its methods (which are really the operational applications of that theory), then it is only natural to expect that the person will behave, in treatment, in ways which are congruent with that theory. And if the adoption of a theory governs the orientation, methodology, and form of the helping relationship, it must as well determine the ways in which a client changes (Glad, 1959, pp. 22-27). More will be said about this later.

To what extent, then, is the counsellor's theoretical set related to the process of selecting clients for treatment? Although professionals do have the right to accept or reject (refer) clients, acceptance is

normally linked to the client's verbal facility, motivation for self-improvement, intelligence, and so on. Rejection, according to the research, often has its basis in counsellor competency and counsellor values. With respect to the latter, the findings suggest that counsellors prefer not to work with persons from a social class or cultural background which is different from their own. The reason given is that the therapist and client frequently get into difficulty in understanding each other's ethical or moral heritage. If we use Glad's analysis that the therapeutic process is "an intermingling of two value systems," it can be appreciated that when this happens, the therapist would be unable to "hear" much of the inner meanings of his client. As a consequence, therapy breaks down with each partner feeling distant or removed from the other. Mutual acceptance is unattainable. Glad argues that the therapist in such an instance is not sufficiently "multilingual in value understanding (1959, p. 229)."

This has two important implications. The first is that the therapist must inevitably limit the range of clients with whom he might otherwise engage as therapeutic communication appears clearly to be enhanced by a similarity of therapist and client value systems (Glad, 1959, pp. 229-236). And secondly, Glad contends that "when congruence is lacking between the values and aspirations of the client and therapist, they find it difficult to agree on therapeutic goals (p. 39)." Goals are essential to therapy. And goals reflect values. Moreover, both the counsellor and the client have a right to set their own goals, however general or specific. With this freedom, however, goal conflict may occur. For example, the counsellor's goals may be to promote client self-esteem, or active adjustment, or integration, or independence, while the client may simply want relief from symptoms or a quick answer. While the counsellor may view self-understanding as essential to the client, and the necessity for him to learn ways of approaching future problems, the client may desire only that someone solve his problem for him. When such goal conflicts do arise, referral often results. Therefore, depending on the values held by the counsellor and/or the client, the client may be rejected (referred) when either his goals in treatment or his expressed means of reaching them are in conflict with those of his therapist.

To this point then, we may reasonably assume that values affect the counsellor's personal career choice, that they are the basis upon which the decision to adopt a psychotherapeutic theory is made, that they subsequently influence either acceptance or rejection of potential clients, and that they are prominent in goal setting in the treatment process itself.

Looking more closely at the actual treatment process, it has been suggested that the techniques employed by the counsellor are neither randomly selected nor based on what might independently be judged to be the most appropriate for the client at any particular moment. Rather, his methodology is closely bound to his theoretical stance — which is in turn contingent upon his own personal value system. This would be consistent with Patterson's thinking, which contends:

What aspects of the client's functioning will occupy the interviewer's attention (what he will focus upon), what inferential structure he will use in observing and understanding the client's behavior, what aspects of the client's behavior he will consider most important, and how he will synthesize these observations and value emphases into an interpretation of what the client's behavior means are all theoretically determined to some degree (1959, p. 183).

Moreover, each psychotherapeutic theory has inherent in it a definition of what "good adjustment" would be. This serves as an internal gyroscope, ensuring that the counsellor's theory and methodology are consistent. Its function is to give direction to the thrust of the treatment, determining in effect the way in which the client will inevitably change attitude and/or behavior. Although no particular school of counselling will admit that one of its primary purposes is to change the client's values, each of the psychotherapeutic approaches directly seeks changes in client personality. And value judgements determine how this change shall be.

While values affect theory and practice, they are also in and of themselves legitimate topics in the counselling process. It would be readily acknowledged, for example, that an exploration of personal values is essential to the reconstituting of personality which is in fact the substance of therapy. On a less severe level, however, such as in school counselling, one finds that values appear to be at the heart of decision-making problems. Williamson argues that counselling cannot help but be affected by values, "because every choice and every action must be based upon explicit or implicit acceptance of a value (1958, p. 524)." Delores Armstrong would reinforce the place that Williamson accords values in the life of young people. She found in her study of San Diego youth, for example, that value-related issues, not the more popular questions of grades, status, and the like, were the area of greatest concern for youth. And that "when values are vague and inconsistent, they generate only aimless and confused behavior (Armstrong, 1971, p. 297)."

To seek help from a counsellor, however, may not be the answer for youth either — for these professionals appear to have their own unresolved value conflicts. Shertzer and Stone (1972) cite frequent instances in which the counsellor's personal and professional beliefs are not in accord with each other. For instance, they ask that we consider a client of superior ability whose career goal is to drive a semi-trailer truck. Professionally, the counsellor professes that all work has dignity, regardless of its status — but his operating belief is that professional occupations are better. Or examine the situation of a highly intelligent social butterfly who has failed several subjects ostensibly due to her overinvolvement in social activities. For the record, the counsellor would say that the kind of person you are is more important than how successful you are — but down inside, it is accepted that the stature of a person is defined by success and achievement (Shertzer & Stone, 1972, p. 374).

An interesting feature of this helping process, whatever the quality, is that the specific language used during the relationship is also

steeped in value. The various terms used by the therapist to describe the client's behavior, whether positive (good), neutral (indifferent), or negative (bad), are themselves value decisions — again related to the counsellor's central theory. Accordingly, the client's verbal behavior tends to be shaped by reflecting these values. Truax highlighted this phenomenon after analysing tapes of Rogers' interviews. It was claimed that client-centered therapists such as Rogers "unwittingly shape the client's conversation by providing positive reinforcement for verbal responses such as those which describe feeling and refer to the self in positive terms (Lowe, 1969, p. 45)." Patterson takes an even firmer position, arguing that not only do "patients conform in their verbalizations to the terminology and theories of the therapist," but do so to the extent that "if therapists value dreams, patients dream; if the therapists value sexual material, patients produce it (1959, p. 67)." And Parloff contends that "the literature is replete with examples of patients unwittingly adapting their productions and even use of symbols to the particular psychodynamic theories and preferences of their therapist (Parloff, 1957)."

This tendency of patients to learn to assume the values of their therapist, referred to by Pepinsky as "convergence," is particularly evident with respect to expected outcomes for the therapeutic process. This should not be too surprising, since Wolff's study (1954) showed that therapists themselves believe that their own value system influences the form of patient change. And we are already familiar with the fact that client improvement is "directed" toward that state of "good adjustment" which is consistent with the therapist's personality theory. Even research with "normal individuals" in psychotherapy groups indicates that such individuals behave in ways which are consistent with a particular theory as expressed by the leader's techniques. This has been substantiated by the work of Smith and Glad (1956), Ferguson (1956), Hayne (1958), and Banks (1970). Perhaps the classic study of convergence, however, was that of Rosenthal (1955), in which both psychiatrists and patients in psychotherapy were given pre- and post-tests with the Allport-Vernon-Lindzey Study of Values.

It was found that, in general, patients' scores on the moral values test changed during therapy, with those patients rated (by independent judges) as improved becoming more like their therapists, while those rated as unimproved tended to become less like their therapists (Patterson, 1959, p. 67).

In short, since counselling and therapy are learning processes, clients readily learn those values, techniques, and systems of integration which are prized by their therapists.

However, the factor which binds all counselling personnel together, regardless of their varied theories and concomitant techniques, is a rather consistent set of fundamental beliefs about the nature of man. All psychotherapeutic theories promote the dignity and worth of man, and refer to man's essential equality, freedom, and possibilities for perfectability. Upon such prized values are constructed the ethical

standards which guide the conduct of the practitioner. A profession's code of ethics, according to Patterson, is merely "an expression or formalization of a group's values (Patterson, 1959, p. 58)." Bixler and Seeman (1946) concur, stating that ethics are principles of action which are based on a commonly accepted system of values. Both APA (representing therapy) and APGA (representing counselling) have, in their respective codes of ethics, translated this status accorded to man by requiring their members to abide by the precept that their "primary obligation is to respect the integrity and promote the welfare of the client or counsellee with whom one is working."

In essence then, values play a part from the outset in the counsellor's initial career selection. From that point, values influence the psychotherapeutic theory which the counsellor subsequently adopts, the "criteria" by which he selects his clients, the manner in which he formulates treatment goals, the behavior which he exhibits in terms of techniques and methods, the way in which he deals with value-related issues, the extent to which he conditions his client's vocabulary, and the manner in which he subtly shapes his client's improvement in the direction of his own theoretical orientation. And throughout all this, he is governed by a value system or code of ethics which he has accepted as paramount principles of action.

Surely then, it can no longer be considered desirable for counsellors simply to become aware of their own values — and thereafter to strive to keep them out of the counselling relationship. In fact, research makes it abundantly clear that not only is this impossible, but foolhardy as well. By desperately working to keep the counselling process value-free, the counsellor inevitably creates a pressuring influence on his client. As a result, the client may project his own values onto the counsellor in those areas of silence (Ingham & Love, 1954), or he may adopt what he rightly or wrongly perceives to be the counsellor's values. Wolberg suggests that "no matter how objective he (therapist) remains in an attempt to permit the patient to develop his own sense of values, there is an inevitable incorporation of a new superego patterned after the character of the therapist as he is perceived by the patient (Wolberg, cited in Ingham & Love, 1954, pp. 75-76)."

What may be required, therefore, in contrast to withdrawal from this area, is additional emphasis on the training of therapists and counsellors in the realm of goal setting. Specifically, counsellors may well profit from learning experiences which assist them in some structured way to better analyse the client's strengths — so that the client can ultimately take greater responsibility for the setting of his own goals. This would imply, as Rogers' recent thinking attests, an ever greater personal involvement of the counsellor with his client — with each striving to communicate openly and personally in an attempt to create that level of relationship in which the counsellor would "allow" the client to discover and explore his own values. Otherwise, with research confirming that clients acquire the values of their therapists, societies of the future may well "require" the helping professions to "teach" pre-determined values in the treatment process.

Counsellors and therapists alike can no longer avoid the necessity of scrutinizing both themselves and their theories in value terms. Perhaps the oft-noted incongruities that exist between counsellor belief (professed value) and subsequent practice may be shown to be something other than the traditional struggle between professional beliefs and institutional policies. Perhaps value confusion and value conflict within the helper himself, or the lack of a pluralistic goal in his theories, may be at the source of many of the current difficulties.

In the final analysis, counsellors and therapists must own their own values, and express them in treatment when appropriate to do so. But to do this, they must discard the notion that they are amoral or ethically neutral. They must believe that they have a right to their own values, both personally and professionally. And they must remain true to them — otherwise they risk disintegration of their own personalities.

RESUME: Les conseillers en orientation et les psychothérapeutes se remettent en question depuis nombre d'années au sujet du rôle exact que jouent les valeurs personnelles en counseling et en psychothérapie. Il y a quelques années l'on croyait pouvoir faire du counseling complètement divorcé de toute valeur personnelle. Aujourd'hui, les professionnels se demandent s'ils peuvent en toute honnêteté demeurer objectifs. Cet article traite justement du fait que les valeurs personnelles du conseiller influencent son choix de théories, son choix de clients, ses techniques de counseling, ses objectifs et ses étapes de traitement. En fait, les valeurs personnelles du thérapeute, notamment son code d'éthique, contrôlent tout le déroulement du processus thérapeutique.

Les valeurs personnelles jouent un rôle en thérapie; c'est chose certaine. Est-ce maintenant possible de former des conseillers en counseling et des thérapeutes qui ne laisseront pas leur propre système de valeurs personnelles produire des interférences dans le processus de décision du client? Voilà la vraie question!

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