

ETHICAL AND POLITICAL ASPECTS OF APPLIED PSYCHOLOGY

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Recent articles in this Journal and elsewhere have reflected the growing preoccupation of clinical psychologists with the ethical problems involved in counseling and psychotherapy. This concern with the moral issues of the counseling field is a healthy sign, indicating the increased maturity and self-criticism of applied psychology. Aside from his invaluable contributions to the systematic and quantitative study of interviewing technique, Carl Rogers and his students have done psychology a great service by their continued emphasis upon the essentially *ethical* questions involved in a philosophy of counseling. The discussion initiated by Sutich's code of professional ethics has already proved fruitful (Sargent, 1945; Sutich, 1944), and the present paper is to be viewed as a continuation of that discussion.

Our main purpose is not to discuss the specific proposals of Sutich's paper, which has already been done by Sargent (1945), but simply to introduce certain considerations which it seems to us have been insufficiently brought out in current writings on the ethics of counseling. We wish to stress as strongly as possible that we are not in any sense "opposed" to nondirective counseling nor to the introduction of ethical problems. Nor are we concerned here with the factual question of therapeutic potency of various methods. The bandwagon effect seems to be going strong in clinical psychology today, and we are willing to play momentarily the role of "the opposition" in order to bring certain issues into the boldest possible relief.

Our purpose in the present paper is twofold: First, we wish to sharpen the very important distinction between problems of *technique* and those of *ethics*. Secondly, we wish to raise a question concerning the use of terms such as "democratic" and "authoritarian" in discus-

sions of the counseling relationship. In what follows, we shall use the terms “counseling” and “therapy” interchangeably, with the added stipulation that our discussion is concerned only with those clients who fulfill Rogers’ criteria for acceptability as counselees. It is further assumed that the maintenance of the counseling relationship is at all times “voluntary” on the client’s part, thus excluding committed persons, individuals under study at the request of the court or social agencies, and the like. We shall use Sutich’s paper (1944) as our point of departure, but the issues are of course much more general.

Sutich defines “democracy” (political or nonpolitical) as the “continuing state of, and practice in, a voluntarily initiated and maintained relationship or pattern of relationships—involving either individuals or groups or both—in which there is an implied or explicit knowledge and acceptance of the equal, but not necessarily identical, individual and mutual, status, rights, duties, objectives and conditions, by the participants.” Following this, he defines democratic relationships, ethics, rights, and objectives in similar terms. Sutich considers that these definitions “underlie” the rules of action which he proposes as a systematic code, and his choice of words throughout the article indicates that he believes these rules follow as logical consequences from his definitions.

In the first place, we would seriously question whether it is profitable to introduce such a term as “democratic” in this context at all. The term is primarily a political one, referring to a kind of relation in which those who govern are ultimately accountable to those who are ruled. Hence, the term is not immediately applicable to a relation between two people, especially one so peculiar as the counseling situation. A voluntary relation from which one can withdraw entirely and which does not in any case involve the notion of governance should not be so described. Sutich admits (1944, p. 330) that he is not using a generally accepted definition of this term, but a particular conception of it. While we do not mean to argue the status of “real definitions,” it would seem undesirable to introduce the term at all if it

is not to retain its usual meaning. One is not entitled to exploit the evaluative advantages of a term and yet use the term to apply to something “particular and not generally approved.” This consideration would seem to apply even more cogently to the use of the term “authoritarian.”

Sutich goes on to state that it is the psychologist’s duty to avoid the development of undemocratic or authoritarian “rapport.” On this basis he condemns the transference relationship of psychoanalysis, saying that transference, “implying as it does a certain amount of emotional dependence, can scarcely be considered democratic in the present sense.” We cannot see that the existence of emotional dependence renders a relationship undemocratic, even as Sutich defines democracy. Would Sutich infer from his definitions that matrimony is authoritarian, since it involves “a certain amount of emotional dependence”? Can we label as “authoritarian” a relationship in which the patient, during treatment, feels dependence upon his physician? Sutich’s thesis implies this conclusion; in which case we must insist that he has freed the words “democratic” and “authoritarian” of their usual attractive and repellant power for us.

There are other rules in Sutich’s list which seem to us equally arbitrary in that they are not consequences of his own definitions. He states, for example, that “Democratic rapport implies that the counseling relationship is essentially educational.... (1944, p. 333). This is no doubt a lofty and admirable aim, but in what way does his definition of democracy imply any such thing? Again, he states that “It is the duty of the psychologist to avoid an advisory role.” Why? Advice is often therapeutically useless, sometimes therapeutically helpful. But Sutich derives this rule from the contention that advice involves a status difference between psychologist and client and hence is inappropriate to a democratic relationship. Does this mean that one cannot seek advice of anyone of equal status? How does it come about that the giving of advice—especially when specifically requested by the advisee—violates the requirement of “equal but not identical status”?

If I ask a question voluntarily of a dentist or doctor or plumber, am I submitting to an authoritarian relationship thereby? In seeking advice there is the implication that I feel the advisor to have some skill or knowledge which I can make use of *if I see fit*. If this assumption were not made, why would I go to a counselor? Is it not precisely because he *has* some skill or knowledge that I am willing to pay a fee for his services? Why, if there is not any status difference even in this narrow (and harmless) sense, do I not go to a carpenter, crystal-gazer or bone surgeon instead of to a psychologist for counseling? It is just because the counselor does have special status due to knowledge or training that he often is in a position to know when to withhold advice or predictions from me when I request them. It is naive to suppose that "democracy" is identical with "complete absence of leadership or direction." Democratic systems do not abjure leadership, but simply require that it be responsible.

It is quite unnecessary to forbid the counselor to *decide* things for the client (1944, p. 335) since this is strictly impossible psychologically. Of course, the counselor may behave in such a way as to make a certain decision more *probable* than another (and in some instances, to the extent of shifting the balance of forces from one decision to its alternative). This possibility exists in all kinds of counseling, else there would be no point in claiming superiority for one kind of counseling over another on the grounds of its therapeutic efficacy. If, to take the extreme case, nondirective counseling were shown empirically to lead more often to ultimate unhappiness and maladjustment (by the client's own evaluation) than another kind, would anyone continue to advocate and practice it? If it makes no difference what kind of counseling you choose to do, there is no point in talking about the matter. If it *does* make a difference, then the moment a counselor decides to employ a certain technique, he has committed himself to being a factor determining the client's destiny. That he does not do *all* of the determining is clear; but if he does not do an appreciable amount of it, he is operating under false pretenses. It

is no answer to say that he merely acts as a special sort of listener or interpreter who enables the client to make his "own decision." If this particular kind of listening does not tend to give certain results rather than others, the whole issue is trivial; if it does so tend, then the counselor must recognize that he is inserting himself in the equation whether he is consciously "manipulating" the client or not.

The essential point here is a philosophical one, to be sure; but the case is being argued on essentially philosophical grounds. Either counseling—of *whatever* kind—makes a difference, or it does not. If it does not, the counselor should abandon the enterprise in favor of some other social function. If it does, it is the counselor's responsibility to do whatever he can to point the client in the right direction. The "direction," to be sure, is the client's to choose, not the counselor's. But *within* the limits set by the client-chosen direction, there is nothing authoritarian about introducing determiners. If we were committed to avoid "influencing" the client, the case would be hopeless, since analysis, recognition of feeling, interpretation, and even silence are all determiners. It is a mistake to assume that the counselor is necessarily exerting less "influence" on behavior when he interprets or clarifies, for example, than when he predicts, suggests, or advises. In fact, the opponents of more directive methods sometimes condemn them because they are not effective!

It must be stressed that no relationship which fulfills the general conditions to which our discussion is limited can ever be really "authoritarian" in the strict sense. It is the most characteristic feature of authoritarian relationships that the "subject" is not at liberty to accept or reject what is "proposed" by the authority. A Jew in Nazi Germany was not at liberty to choose whether he would be governed by Nazis. He was not even at liberty to leave. Not only was the relationship strictly "one-way" in terms of rights and duties, but, even worse, the relationship was one *which he could not terminate*. It seems to us that it is this latter condition which makes the use of the term "authoritarian" in describing counseling a source of confusion. Even the old-

fashioned counselor, who advises, suggests, or persuades, can never be “authoritarian” in the political sense so long as it is the right of the client to reject his advice and to terminate the relationship. This distinguishing feature of all counseling, whether directive or nondirective, is not introduced as hair-splitting but as a very cogent reason for avoiding the use of such terms as authoritarian and democratic. No matter how objective the person who uses such terms—and we do not intend to imply any demagoguery on Sutich’s part—it is absurd for psychologists to suppose that they can make themselves immune from the subtly pejorative connotations of a term like “authoritarian” in our present society, simply by giving a sterilized, cold-blooded definition of it. There exists a very real danger that technical therapeutic issues will be unintentionally obscured by the use of such terms, so that all kinds of “directive” counseling, even the mere suggesting of interpretations in the analytic sense, will be automatically classed as authoritarian and hence anathema. Sutich himself, for instance, apparently considers the words “directive” and “authoritarian” synonymous (1944, p. 330).

In attempting to form ethical judgments concerning certain kinds of counseling methods, it is first necessary to establish the more fundamental principles which the relationship assumes. If our “code of ethics” is to be more than a mere series of personal predilections, it should be logically derivative from premises which are acceptable to all counselors. For instance, the relationship of specific verbal techniques in counseling to the more broadly defined therapeutic goal is one of means to ends. The client comes in with a symptom, complaint, or problem of which he wishes to be relieved. It is assumed that he can be helped more easily *with* counseling than without it. The client has a right to expect that we will do everything that is not otherwise immoral, illegal, or nonprofessional to aid him in reaching his goal. The specific techniques, whether of simple listening, recognition of feeling, clarification, interpretation “analysis,” suggestion, reassurance, persuasion, information giving, or advice, are presumably

selected as means to that end. That we may make an unfortunate selection is admitted, and surely must be made known to the client. If the possibility of even an admitted “expert” making a mistake in choosing means to ends were not compatible with ethical relations, then medicine, law, engineering, etc., would all have to be condemned as unethical. That the means we employ may be unacceptable to the client is quite possible, just as the nondirective counselor may find a client who cannot accept a nondirective relationship. In any case, the client is free to come and go as he chooses.

The problem of technique is an experimental one and must be kept distinct from the problem of ethics. We do not for a moment imply that technique is wholly unrelated to the ethical question; quite the contrary, it is to be derived in part from ethical decisions. But the point here, as always in an applied discipline, is simply that the choice of technique is a joint function of two kinds of previous considerations. First, we have to make the ethical decisions; and, secondly, we have to *discover* certain means-end contingencies which are strictly empirical. As long as the initial ethical presuppositions are kept in mind, we need have no fear of justifying vicious means by good ends, since if the initial ethical provisions are adequately stated, certain means will be precluded automatically.

Consider, for example, the problem of giving advice. It is merely doctrinaire to deny that advice has sometimes been therapeutic. How often it is therapeutic, with what kinds of cases, under what special conditions—these are all empirical problems and are assuredly not to be resolved by the a priori enunciation of a “philosophy of counseling.” Since systematic and controlled studies of the effects of psychotherapy are rarely made, these questions have no scientific answers at the present time. There are a great many psychiatrists in the world, neither fools nor knaves, who would defend themselves for advising a conflicted bisexual person to cease frequenting homosexual haunts as part of a therapeutic process. There are perfectly well-known principles of learning theory which justify—nay, require us—at least to

consider seriously the giving of such advice. The point is not that the present writers feel this advice to be justified, or unjustified, but simply that as yet the empirical evidence on the question is not in. It would be most unfortunate if the quantitative study of the therapeutic process which Rogers, Covner, Royer, Porter, Snyder, and others have initiated were prevented from its full empirical development by a rejection of techniques on a priori grounds.

Suppose that further careful study should bear out, for example, the contentions of Herzberg in his recent *Active Psychotherapy* (1945) that for many kinds of neurotics the imposition of “tasks” facilitates improvement and cure. In addition to analysis and environmental manipulation, Herzberg forbids masturbation fantasy of a certain sort, sets the patient to making social contacts, requires that he attend certain classes “against his will” (strictly impossible, of course). There are two separate questions at stake here: First, does it work? Herzberg’s own statistics would indicate that it does. If it does, is it in any sense “unethical”? We cannot summarily dismiss as authoritarian Herzberg’s careful and serious work, based upon twenty years of therapy and involving five hundred cases. Nor is it sufficient to adduce admittedly plausible generalizations such as “the growth of the client must come from within himself,” an assertion which certainly needs some more detailed behavioral explication before we accept it or reject it as a psychological truism. If this proposition means that without motivation to change his present state of adjustment the client cannot be helped, it is something recognized by all psychotherapists. If, on the other hand, it means that the verbal stimuli—including even persuasion and suggestion—coming from a counselor never contribute materially to the alteration in behavior for which some motivation is already present, then it is simply a personal opinion for which no clear evidence has yet appeared.

The writers have no wish to defend Herzberg’s method, but simply wish to indicate that his techniques make good theoretical sense in terms of what we know so far about the laws of behavior, and

that (like *all* therapists) he claims to get results. Assume that empirical study showed that the imposition of tasks by the therapist increased the proportion of “cures” significantly and decreased the mean therapeutic time by a practically significant amount. Is there any real sense in which the method proposed would be unethical or authoritarian? We would be arguing here against a straw man, if the objections of nondirective counselors were only on technical (i.e., therapeutic) grounds. But even in such cases the strength of their advocacy would be out of all proportion to the follow-up evidence published to date.

It is clear that the nondirective counselor is perfectly prepared to thwart the momentary motivations of his client, apparently in terms of long-time goals which are assumed to be mutually acceptable. Thus, the initial structuring of the counseling situation entails in most cases a systematic frustration of the client's needs for a relationship of a somewhat different (and presumably less therapeutic) sort. Thus the client asks, “Why did I do that?” or “Do you think I should do so and so?” The counselor imposes upon the client a counseling structure which precludes his getting answers to such questions. We have seen several undergraduates who had previously been handled nondirectively with respect to vocational and educational plans and who expressed much dissatisfaction with their experience. What is clear from such cases is that a need for a certain kind of counseling had been present in the client at the time of referral, had persisted during the attempt at nondirective procedure, and was still present even weeks or months after the last interview. We are not concerned with how typical this is, nor whether it is good or bad, nor even with whether some other approach would have been more adequate. We simply wish to stress the fact that a need of the client—no mere transitory whim but one lasting over several months and with considerable tension involved—was thwarted by the counselor. This can mean only that the thwarting was out of deference to some long-time, more fundamental goal. Certainly we must assume that this fundamental goal was client-chosen. The counselor, however, does not take the

path desired by the client. He insists upon counseling in a specific way, the student's wishes to the contrary notwithstanding. By what right does he do this? Because he knows better than the student how the goal may most assuredly be achieved.

We cannot see how it is possible to justify such a procedure without making the admission that, in some respects at least, the counselor knows more, has more skill, understands more deeply, than the client. The counselor knows (or thinks) that simple reassurance, or advice giving, or the setting of tasks, or brow-beating, or causal interpretation do not in fact lead to therapeutic consequences. Hence, he refuses to make use of them in spite of the wishes of the client. It may be argued that these refusals are not strictly anything more than the "definition of the therapeutic situation," which the client, having once comprehended, is free to abandon if he chooses. This is quite true, but no more so than in the case of any other device or technique, even advising and forbidding. The counselor makes the rules, and the client may then play the game or not as he sees fit. Once the fundamental goal of the therapy is mutually agreed upon—and this may be anything from the improvement of a few study habits to an attempted reorganizing of the character structure—it is impossible to label as essentially authoritarian a means-process employed. The expressed and implied aim of the client is to "get well." It would seem to be almost immoral for a counselor to withhold anything in the way of therapy, except behavior defined as unethical on other grounds, as long as he has committed himself to this fundamental aim. So long as the client continues the relationship, why is the counselor not (ethically) at liberty to cajole, persuade, encourage, interpret, flatter, reject, analyze, advise, suggest, praise, impose tasks, or do any of the things which will achieve the result? The real objection to the vast majority of these methods is, of course, that they do not in fact succeed. The result is that the pragmatic tests and the nondirective "ethical" tests arrive at rather similar but not necessarily identical conclusions. For the disparities we need to make the distinction clear.

Sutich is led, for instance, to the peculiar statement that the nature and limitations of every test must be explained to the client (1944, p. 336). Sargent points out in a footnote that, taken literally, this would make tests such as the Rorschach useless, and that all that is really necessary is “an honest and satisfactory, though partial, explanation” (1945, p. 51). Here is the recognition that the more fundamental aim will necessitate compromises with a strict counselor-client equality of understanding in the therapeutic process proper. We would go further than Sargent, for in the case of the TAT the degree of structuration existing makes advisable an actual element of deception (as is explicitly indicated in Murray’s manual). It will not do even to let the subject know that he is taking a personality test; rather do we deceive him into supposing that we are trying to measure his imaginative intelligence. It is quite easy to explain initially (as one of the present writers often does) that just as in the general medical clinic one is subjected to a great number of peculiar apparatuses and experiences, so also here we may do some things that seem useless or incomprehensible. The client is privileged to reject help on these terms if he so desires. This attitude is objectionable to certain counselors because their passion for self-effacement makes the procedure appear too “medical,” too much like one person “treating” another. Is it really so dreadful to admit that the counselor knows anything more than the client, or that seven or eight years of formal training followed by varying amounts of special experience have conferred any advantages upon him? There are even some who believe that one should wait upon the client’s suggestion before administering a test. How many hours of recognizing feeling would be required before a client untutored in psychology would suggest that he be given some ambiguous figures to look at, in order that the therapist could better understand his personality?

We are not implying that training and experience fit one to “choose goals” for the other. As has been repeatedly pointed out above, the *goals* are determined at the inception of the counseling

relationship. But one hopes the training and experience of the psychologist have yielded some skill as concerns means to their achievement. In any case, the phrase "choose goals" is misleading, since only the client *can* choose ultimately, a simple fact of behavior in which some writers seem to lack any real conviction in spite of their frequent reiteration of it! One cannot force the client to do something by cajolery or advice any more than by causal interpretation, or by a nondirective "Um-humm," except in the trivial deterministic sense we have treated above. As Rank has said, "Also I believe that our knowledge today is already extensive and definite enough to allow us a direct conversion of our experience into therapeutic power. One need not fear suggesting something positive to the patient for if we could not help with the consciously aimed application of our experiences, we should remain face to face with the patient's suffering as helplessly as he himself" (Rank, 1945, p. xvi).

The most fundamental ethical commitment of the counselor is to help the client achieve the client's end, which is to get well, or to be less shy, or to enjoy his studies more, or to choose the vocation in which he will be happiest. In any reasonable sense this commitment is the most fundamental because it is this which brings the client for help, it is this for which he pays his fee, it is this which he explicitly requires of the counselor. It is our view that any "philosophy of counseling" which acquires a structure so rigid that it even occasionally inhibits the counselor from taking steps which would psychologically facilitate this attainment is unethical and doctrinaire.

We must emphasize once more that we are not here concerned to defend or refute any particular views as to therapeutic techniques. Nondirective counselors are in general less rabid in their insistence upon the superiority of their method than are most therapists who affiliate themselves with systems or schools. Nondirective counselors do not claim their method to be perfect or universally applicable. In spite of these explicit and self-conscious statements, in less guarded moments, however, as in the detailed analysis of a case record, there is

the subtle but unmistakable attitude that departures from the non-directive method are “bad” either ethically or therapeutically or both. It is as though the protagonists were saying, “There are cases where other methods are equal or superior, but we can’t think of any.”

It is hardly necessary to reiterate the warning that the publication of case reports showing “cure” by a given technique cannot enable us to make definitive decisions. Particularly is this true when published data depend wholly on interview verbalizations and not on follow-up behavior data. The volumes which are filled with the therapeutic successes of Rankians, Freudians, Adlerians, Jungians, Stekelites, Meyerian psychobiologists, Horneyans, and the rest can be matched case for case with those of the “Rogerians,” not to mention the disciples of Gautama and Mrs. Eddy. A scientific study of the efficacy of psychotherapeutic methods is difficult to set up, and in any case might not turn out to be too popular an enterprise. It is an axiom of psychiatry that *all* therapists get “results.” Our aim in the present paper has been to separate as much as possible these factual questions of technique, which have not yet been decided empirically, from the ethical problem of the counseling relationship. The systematic scientific study of the psychological laws of the interview has made a very promising beginning; it will be unfortunate if certain principles are accepted without being either empirically established or shown rigorously to be real consequences of ethical commitments of a more fundamental nature.

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