ETHICAL PSYCHOTHERAPY AND PSYCHOTHERAPY AS ETHICS: A RESPONSE TO PEREZ*

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Perez has addressed the issue: In what sense can psychotherapy be scientifically grounded? Unfortunately, the conception of science used in this article is essentially a positivistic one, and positivistic distortions of the nature of science visit themselves on his discussion as distortions of the nature of psychotherapy.

Positivism permeates the presentation in both general and detailed ways. An example of a small positivistic residual is the differentiation of knowledge into three types—nomological, technological, and factual—and the characterization of nomological knowledge as "Knowledge of the relationships among variables," either deterministic or probabilistic laws. These notions are taken, as cited, from one of Hempel's late positivistic works. They ignore the fact that explanations and scientific justifications do not necessarily involve laws, and that there are kinds of constraints, regularities, and explanations in science that do not involve variables. Such views of science essentially vanished from mainstream philosophy of science some decades ago (Suppe, 1977). As is often the case, this particular positivistic vestige supports further general distortions in the ensuing discussion. This is not an isolated example, either from Perez's article or from the broader literature: residuals of positivism—with their many distortions, too frequently unexamined—seriously affect discussions of psychotherapy, just as they do other domains of psychology (see Bickhard, Cooper, & Mace, 1985).

I would like to focus on three deeply interrelated areas of distortion in Perez's discussion: (1) the construal of psychotherapy as an instrumental activity, (2) the implicit acceptance of the is–ought dichotomy, and (3) the view of psychotherapy as an activity which makes use of ethical considerations and to which ethical principles apply. I will argue that all three points are interrelated derivations from positivistic errors, and will schematically outline alternative views (space constraints prevent more than a schematization).

Psychotherapy is construed as an instrumental activity in which initial conditions are evaluated, goals are selected, and rules of intervention are applied in order to approach the goals. In this framework, "well-founded psychotherapeutic practice lies in the ability of the active person to consciously or routinely apply proven lawful knowledge, evaluated rules, and heuristics." Such a view of psychotherapy as instrumental technology derives directly from the positivistic view in which science aims toward causal (or probabilistic)

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deterministic laws (see "nomological knowledge" above); the point of science is instrumental control, and the application of science is the instrumental usage of such lawful control. Psychotherapy is seen as the application of proven techniques to appropriate and well diagnosed problems for the sake of accepted and selected outcomes: psychotherapy is a psyche-level auto mechanics, or, at best, a branch of medicine.

Application of techniques for the attainment of certain goals requires the selection of those goals, and that requires the involvement of values—of some sense of what is good or desirable. Within the positivistic view, values, in turn, cannot be derived from matters of fact, and must therefore be derived or justified in some other way. The basic reasoning here is that statements of empirical, observational fact do not themselves contain any value terms, and no such terms can be introduced in any valid deduction from such basic factual statements—conclusions cannot validly contain terms not already contained in the premises (except those introduced by definition on the basis of terms already present in the premises). This is classically stated as an impossibility of deriving "ought" from "is." In Perrez's words, "normative statements cannot be derived from descriptive ones."

The justification or derivation of norms, therefore, can only be in terms of other norms, which, in turn, can only arise from still others, and so on, yielding a "regression ad infinitum." Perrez suggests halting this regression with the consensually highest norms. Unfortunately, these could include the norms of National Socialism in 1939 Germany, or those of human sacrifice in Aztec Mexico, or adherence to, and advocacy of, the party line in the USSR—Stalin to the present. Perrez, of course, only mentions nice sounding norms like "human rights" or "the principle of justice," and undoubtedly would personally reject such norms as the above, but his reliance on "factual consensus" to validate those norms makes morality a matter of total cultural and historical relativity, and thus provides no way to avoid such conclusions. It reduces morality to the 'factuality' of social conformity. The intrinsic impossibility of grounding values in positivism, however, leaves little alternative (MacIntyre, 1981).

Psychotherapy, then, becomes the ethical application of procedures toward ethically chosen goals. Ethics is involved both in the application—like ethical medicine or ethical experimentation—and in the decisions concerning the sense of "good" that guides selection of therapeutic goals. I have suggested that this basic framework for conceptualizing therapy derives from positivism, and have indicated some of the deep problems it gives rise to, such as the social relativity of "highest norms." However, the literature on therapy is in fact replete with such frameworks. This is most especially true in those therapeutic approaches that are derived from behavioristic psychology, which, in turn, was most deeply influenced by logical positivism. Many of Perrez's citations, appropriately, are from such behavioristically derived literature. General positivistic perspectives, and consequent distortions, however, can still be found throughout the contemporary scene. (For relevant discussions, see, for example: Bernstein, 1983; Bickhard, Cooper & Mace, 1985; Campbell & Bickhard, 1986; Gendlin, 1970a, 1970b, 1974; Goldfried, 1982; Habermas, 1968; Lazarus, 1971;

MacIntyre, 1981; Mahoney, 1980; McCarthy, 1978; Polkinghorne, 1983; Putnam, 1978, 1981; Richardson & Guignon, 1988; Rieff, 1968; Shapere, 1984; Suppe, 1977; Taylor, 1985.)

I would like to suggest that psychotherapy is not just an instrumental activity, that the is--ought dichotomy is false, and that ethics is involved in therapy far more deeply than just in its applications of methods or in its choices of goals. I will not be able to give the relevant arguments in full, but will instead provide schematics of them—indicating along the way some of the shifts away from positivism that are involved.

First note that, in this positivistic view of psychotherapy, the therapist is, in certain limited ways, a moral being—making choices concerning therapeutic ends, and acting ethically in interaction with the client. The client, however, is not an ethical or moral being in any sense that is relevant to the nature or process of psychotherapy. The moral being of the client is never mentioned in the positivistic picture. This will be one of the logical nexuses of my contentions against the positivistic view.

I will begin by re-examining the argument for the is–ought dichotomy (e.g., Hudson, 1969; Taylor, 1975). Simply stated, it is invalid. The key to understanding this is to note that principles of valid logic do allow the introduction of new terms by definitions. The logical positivists certainly knew this, and based their verificationist theory of meaning on it (Suppe, 1977). But the logical positivists erred in their consideration of the powers of definition. They were committed to an austere, desert ontology of the world consisting only of directly observable objects, events, simple properties, facts, and so on. Correspondingly, the only kind of definition that they considered was abbreviative definition in which one term was introduced solely as an abbreviation for some more complex structure of lower order terms. In this way they hoped to avoid the introduction of any metaphysical commitments beyond those of the directly observable base of the definitional hierarchy.

For my purposes here, the important point is that they overlooked explicative definitions, most specifically, explications of emergents. Positivists had a notion of emergence, but is was a trivial notion that was nothing more than the converse of being able to reduce the terms of one theory to those of some more 'basic' theory by abbreviative definitions. The positivists' desert ontology did not allow the serious consideration of genuine emergence, in which new properties emerge in organizations of lower-order systems that are not eliminatively reducible to theories of those lower-order systems. The core of my contention about the is–ought dichotomy rests on the possibility of explicative definition of truly emergent properties. Living beings, for example, involve properties that are not to be found in non-living matter, yet can be explicated or modeled, in terms of certain sorts of recursively self-maintaining open systems. Such an explication, however, does not provide an eliminative reduction because such open system properties are not specific to *any* particular kind of matter. Such an open system could, in principle, be constituently based on carbon, silicon, or, conceivably, on plasma, and so on; the explication, therefore, cannot be eliminated in favor of statements only in terms of such forms of matter, because

the emergence is in principle unboundedly open to all such forms of matter. Certainly there is as yet no generally accepted such explication; I need only the possibility for such sorts of explication.

Consider now the possibility of such an explication of the emergent nature of a moral agent—of an agent that can engage in moral actions and can commit moral errors. I do not wish here to provide such an explication, only to point out that, unless we postulate moral-agency souls inserted at birth or at conception, or invoke some other supernatural model, such an explication must be possible. If we make one further assumption—that such an explication of moral agency would imply some constraints on what constitutes moral error—then those "constraints as derived from that explication" would constitute a derivation of value statements from statements of fact. Definitions, arising as explications of the ontological emergence of moral agency, then, can validly derive ought from is.

My next contention is that human beings are in fact intrinsically moral agents. They are not simply agents to whose actions principles of ethics can be applied; rather, values are intrinsically part of the human being's ontological constitution (Campbell & Bickhard, 1986). This, if true at all, is just as true of clients as it is of therapists. Two additional characteristics are foundations for (or aspects of) this emergence of moral agency: (1) humans are self organizing—it is an essential part of their ontology that they learn and develop, and (2) humans are hermeneutic—it is an intrinsic aspect of their ontology that they are constituted in terms of meanings, interpretations, and understandings (Campbell & Bickhard, 1986).

If these points hold, then psychotherapy cannot be purely instrumental. Instrumental interventions may or may not have their place in a valid psychotherapy—that is not the focus of my argument at this point—but any model of psychotherapy that is restricted to instrumental interventions is intrinsically incomplete. A purely instrumental approach to a person ignores and denies that individual's self-organizing nature, it substitutes manipulation for hermeneutic interpretation and understanding, and it presupposes that that person's moral being is at best irrelevant. But, if self-organizing, hermeneutic values are at the core of human ontology, then any such view of therapy is simply denying most of what it is to be human, and, therefore, most of what can become psychopathologically rigid and dysfunctional, and, therefore, most of what psychotherapy is supposed to be about. At best, such a view gives no guidance for the most essential aspects of therapy; at worst, such views deny clients' essential humanity and damage their development (Bickhard, in press).

Consider now what it would mean to take seriously the ontology of clients as self-organizing, hermeneutic, moral agents. Such a view does not remove what we know about the dysfunctionalities of irrational cognitions or of disordered "selves," and so on. Instead, it provides an encompassing framework for such knowledge, but a framework with its own deep implications for psychotherapy. In particular, a self-organizing, hermeneutic hierarchy of values at the core of human ontology constitutes a valuing process—a process by which we generate new values, and prioritize and reprioritize already present values, by which we

reflectively evaluate and thereby constitute and reconstitute who we are—as the core of human ontology. It is fundamentally distortions of this valuing process that constitute psychopathology (Bickhard, in press), and emancipations of the process that constitute therapy. But empowerings or emancipations of a client's core valuing process cannot be accomplished by any approach that denies the power and legitimacy of that core of the person. Any successful such denial, whether implicit or explicit, whether deliberate or inadvertent, can only be damaging to that person's basic character, and, thus, countertherapeutic. In particular, legitimate therapy cannot be restrictedly instrumental.

Note that this implies that legitimate therapy must involve ethical stances of respect, legitimation, sensitivity, and so on for the client's core self—must involve something like unconditional positive regard—not as an instrumental technique, but as a nurturance of the basic potential for self-organizing, hermeneutic, valuing-process, growth in the individual. This necessarily ethical stance on the part of the therapist is not just a matter of the ethical applications of techniques, but an essential core of the ontology of what therapy is. Further, it is not derived from any sort of social consensus, but rather from the nature of human Being. Therapy is not just an activity to which ethical considerations can be applied, nor just an activity which makes use of moral considerations in selecting its instrumental goals. Psychotherapy is a very special kind of intrinsically ethical relating to another person.

Note further that such ethical relating—say, a sense of care—is not only not an instrumental technique, it cannot be adopted as an instrumental technique. It is a characteristic of the person's whole spontaneous way of being, not a separable instrumental action. To attempt it instrumentally is to instruct, to command oneself to be spontaneously caring, but a command to be spontaneous is a logical self-contradiction. Instrumental actions involve only separable actions of the person. Ethical ways of being, and other such characteristics of spontaneity— other such "ways of being"—involve the whole person. We simply do not and cannot have instrumental access to our whole selves—we cannot step outside of ourselves to instrumentally manipulate who we are (Campbell & Bickhard, 1986). Further, not only is the ethical valuing of the therapist not instrumentally accessible, neither is the valuing process of the client, and for the same reason— it is not just something the client does, but at the core of who the client is. For either the therapist or the client, then, to attempt to approach themselves strictly instrumentally in therapy yields a logically contradictory self-imperative—with consequent distortions; and for the therapist to approach the client in a restrictedly instrumental manner is to deny the relevance, legitimacy, power, respectability (among other aspects) of that client—with consequent damage. The essence of psychotherapy, then, from the perspectives of the therapist, the client, and the relationship between them, intrinsically cannot be understood or modeled from a positivist or instrumentalist perspective.

I do not expect to have persuaded many readers of my basic claims here: I have at best outlined some of the most central arguments. Instead, I hope to have shown that an implicit positivism can seriously distort our conceptions of human beings and of psychotherapy, and I hope to have provided at least a

sketch of what a non-positivistic picture of psychotherapy might look like. The scientific grounding of psychotherapy will require a much richer understanding of the nature of science than positivism can provide.

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