

Moral Awareness and Therapist Use of Self

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Introduction

Among the myriad issues that are of concern to counselors is consideration of the way the counselor uses her or himself for the benefit of the client. As Combs, Avila and Purkey (1971) wrote over thirty-five years ago: "The helping professions demand the use of self as an instrument. Effective operation demands personal interaction. The helper must have the ability to share himself on the one hand and, at the same time, possess the capacity for extraordinary self-discipline" (p. 30).

It is this requirement of self-discipline that distinguishes the injunction to "know thyself" from the demands of the therapist's use of self. Knowing oneself incurs no obligations regarding how this self-knowledge may impact on others. The self-knowledge that is necessary for a counselor to have in order to use oneself in the service of the therapeutic benefit of another demands the intentional use of varied aspects of the self on behalf of another.

In what follows the concept *therapist use of self* (also referred to as *self as instrument*) is discussed addressing why it is important to incorporate into this concept the moral awareness of the counselor in the service of helping one's clients to affirm that aspect of themselves. A clinical example is presented to exemplify the issues being discussed. The discussion addresses moral situatedness within a multicultural world and the differences between positivism and perspectivism are contrasted. The issue of moral neutrality on the part of the counselor is discussed. The discussion will conclude with a proposed framing of the concept of therapist use of self.

The Therapist Use of Self

In the literature on therapist use of self the person of the therapist is regarded as a central factor in the salutary effects of the therapeutic endeavor. Satir (2000) wrote: “The person of the therapist is the center point around which successful therapy revolves” (p. 25).

Similarly, Aponte and Winter (2000) noted that it is within the context of a social relationship that therapeutic change occurs. They write that “at bottom, the single instrument each training model actually possesses is the ‘person’ of the therapist in a relationship with a client” (p. 85).

Lambert and Barley’s (2001) findings supported the importance of the person of the therapist. They wrote that the relationship factors between the client and the therapist are most salient in their contribution to the positive outcome of therapy (see also Messer and Wampold (2002)). Their conclusion is that attending to the therapeutic relationship in both practice and research will have more benefit on client outcome than will a focus on particular therapeutic techniques.

Consistent with these conclusions were the earlier findings of Whiston and Sexton (1993). They wrote: “More than any other element to date, the therapeutic relationship is significantly related to positive client outcome... We suggest that the therapeutic relationship is the foundation from which other activities are built” (p. 45). This underscores the importance of how a clinician is present in the therapeutic relationship.

Whereas Satir, and Aponte and Winter affirm the importance of the person of the therapist within the therapy relationship without naming relevant specifics, Peterson and Nisenholz (1999) named seven “personal resources” that characterize their framing of self as instrument. They maintain that the counselor should have acuity in observing the verbal and nonverbal behavior of the client, should be multiculturally competent and be able to “break out of their own cultural capsules,” should have the energy to enter the subjective world of the client in order to help achieve change, should be able to use

clinically appropriate self-disclosure and be able to help the client articulate his/her concerns. As well the counselor should be able to be appropriately confrontational and be able to foster an intimate therapeutic relationship. And lastly, the counselor should be in the process of personal growth (p. 12-13). In their discussion no mention is made of the relevance of the therapist's awareness of her or himself as a moral agent.

Yet in the course of living the challenge of confronting the multiplicity of factors with which persons deal in trying to do what they regard as the "right" course of action is a matter of considerable significance. In living who does not at times struggle with competing claims which complicate one's ability to gain clarity regarding the actions one will take that one regards as the right action to take? Sugarman and Martin (1995) wrote: "...psychotherapeutic conversations, and associated change processes, inevitably are saturated with moral concerns, whatever the professional/scientific approach taken or the social cultural context in which psychotherapy occurs" (p. 344). A great challenge in living is the challenge of taking responsibility for the actions that follow from one's choices.

In critiquing contemporary psychology, Cushman (2002) wrote:

It seems likely that by uncritically colluding with the social forces pushing psychology towards ever-more market-driven and scientific therapy practices, we are in the process, inadvertently or not, of shaping a psychology that erodes the one quality of personhood that I would suggest is universal in and indispensable to humankind: the ability to think of oneself as a moral and civic being and to practice moral discourse and have the capacity for moral action. (p. 112)

By including the importance of *moral awareness* in the concept of therapist use of self, this dimension of personhood is affirmed as relevant and important for consideration and development.

A Clinical Vignette

Regarding assuming responsibility for one's choices, I recall a psychotherapy client with whom I worked some years ago. He was a white male graduate student in his late twenties. His parents lived in another part of the country. While not his presenting concern, he soon was focusing on his discomfort with not having “come out” to his parents. He was socially and politically active as a gay man within his community at his university. He was thoughtful and clear regarding his commitments to combat the sources and consequences of 'homoppression' (the term 'homoppression' is intended to highlight the oppressive effects on gay/lesbian persons of homophobic behavior, attitudes, fears be they on the part of others or the gay or lesbian persons own internalized homophobia). He was in an enduring relationship with his male lover whom he had met shortly after starting graduate school. He struggled with the competing concerns of on the one hand being committed to being open in the world about being gay, and on the other hand not wanting to cause distress to his parents to whom he was devoted. Over the course of our work together it became clear to me, as it was to him, that his respect for himself was being compromised by not coming out to his parents. I explored with him if his diminished self-respect reflected his sense that he was not living up to his moral values and commitments, particularly the value that he placed on honesty and integrity. He believed that it did and decided that it was past time for him to act in terms of these moral commitments. We spent some time exploring how he might approach his parents, which he subsequently did. He was able to deal sensitively with their surprise and initial distress, in large part he said because it was so clear to him that he was acting in ways that were consistent with his moral principles.

At the time of our work I recognized that I could have encouraged him to focus on his feelings of diminished self-respect without addressing the matter of his moral commitments. I chose otherwise because I had come to understand from what he had told me that the kind of person he was in the world mattered deeply to him, that is, a person who acted in terms of his moral principles.

Moral Situatedness

The approach that I took is consistent with the position that Doherty (1995) speaks to. He wrote:

Just as therapists do not supply clients with feelings and desires but rather help clients discover and work better with them, the same is true for moral beliefs and sensibilities. The client brings to therapy the moral raw material that we work with collaboratively; people are continually explaining and justifying their own behavior and evaluating the morality of others' behavior. The therapist is a consultant in this ongoing process of moral reflection. (p. 39)

In my work with the client, among other things, I served as a moral consultant.

Roffman (1996), in her discussion of the use of self as instrument in clinical training took the view that the subjective experience of the clinician must be understood within the broader context of the social/cultural realities within which that subjectivity is experienced. Roffman's position places upon the clinician the expectation that one comes to understand the situatedness of one's subjectivity within the broader socio-cultural contextual reality of one's life. Within this socio-cultural reality resides the moral values of the larger culture of which one is a part as well as the moral perspectives that one comes to develop as an individual. An awareness of the points of agreement and disagreement between oneself and one's socio-cultural context serves to clarify where one places oneself in the broader landscape of one's lived experience. This awareness also helps to increase one's attention to the differences that may exist between oneself and one's clients regarding socio-cultural experiences and moral perspectives.

Writing about ethics and morality in psychology, Prilletensky (1997) stated: "Ethics, according to Sidgwick (1922), is the 'study of what is right or what ought to be, so far as this depends upon the voluntary action of individuals' (p.4). In this sense, a right moral action is that which enhances the well being of others (Franken, 1963; Halberstam, 1993; Singer, 1993; Williams, 1972). This is the primary concern of ethics and morality" (p.

517). The notion of "well-being" is one that is bounded to cultural norms and therefore imbedded in culturally determined concepts of what constitutes a right moral action.

Christopher (2001) discusses the culture-based nature of moral perspectives. He wrote: "I use the term *moral visions* to refer to the constellations of cultural values and assumptions that constitute our understanding of the nature of the person and the good life" (p.120). He goes on to say: "Moral visions are central themes running through the drama of culture and combine to help constitute the total web of meaning and significance we call culture" (p. 126).

It is within the therapeutic interchange that Christopher sees the opportunity for clarifying cultural differences between counselor and client regarding moral perspectives. He sees the dialogic process as providing a unique opportunity for the counselor to move outside of his or her cultural capsule. He wrote:

If we are not aware that our perspective is limited by the horizon of our own moral visions, the Other's outlook and behavior can appear pathological, mistaken, distorted, or even evil to us. Because we are immersed in the background assumptions and practices of our own culture, it is natural for us as therapists to assume much more than we can ever fully recognize or articulate. It is only through the willingness to have our own cultural 'givens' questioned through dialogue that cultural differences can be bridged....(p. 126)

The recognition of the importance for counselors of multicultural competence (Sue, Arredondo, McDavis, 1992; Arredondo, Toporek, 2004) is ubiquitous. As Miller (2001) wrote: "...our diagnoses *and* treatment goals carry with them implicit moral commitments that certain ways of living, being, and relating, are good, right or virtuous, and others are not" (p. 350). His viewpoint is consistent with Hoshmand's (2003) view that psychological practice has a dual nature, namely, that it is a science-based cultural enterprise. This underscores the importance of clinicians fostering a dialogic process in which the converging and diverging points of their own and their clients' cultural and moral horizons emerge.

In this context the hermeneutic perspective has particular saliency. Betan (1997) wrote: "Hermeneutics involves a recognition that the observer is always part of, rather than detached from, what is being observed... Thus, one cannot intervene in human affairs without being an active participant in defining dimensions of human conduct and human worth. In viewing the therapist not as a detached 'analyst' of ethics, who we are and how we are become as important as what we do in an ethical circumstance" (p. 353).

As will be discussed later, the relevance of the moral perspective of the counselor has been over-shadowed by a tradition within psychology of the moral neutrality of the therapist.

The concept of the situatedness of experience was explored by Fay (1996) in his discussion of the replacement of positivism with perspectivism in social science. He wrote:

...philosophically the demise of science as the paradigm of intellectual activity is tied to the death of positivism and the concomitant emergence of perspectivism...in opposition to positivism which conceives science as the method *par excellence* for seeing Reality directly, perspectivism asserts that every epistemic endeavor – including science – takes place from a point of view defined by its own intellectual and political commitments and interests. (p. 2)

The implications for psychotherapy of Fay's comments are clear. Namely, as persons and as therapists we engage from a particular vantage point. As therapeutic agents we must own the moral implications no less than the intellectual and political implications of our commitments and interests.

MacIntyre (1984) speaks to this point in saying: "Every action is the bearer and expression of more or less theory-laden beliefs and concepts; every piece of theorizing and every expression of belief is a political and moral action" (p. 61). In so saying MacIntyre reminds us that through our actions we evince the beliefs and commitments that we hold. In leaving out moral considerations from the psychotherapeutic

conversation, therapists communicate through their silence both a lack of interest in such matters and the lack of relevance of such matters to the therapeutic endeavor.

Psychotherapy and Moral Neutrality

The tradition in psychotherapy, however, has been to withhold addressing moral matters. Doherty (1995) wrote that “A cornerstone of all the mainstream models of psychotherapy since Freud has been the substitution of scientific and clinical ideas for moral ideas” (p. 9). In this vein Cushman and Gilford (2000) refer to the profession’s “prohibition against engaging in moral discourse” (p. 992). It is no wonder that in the literature on therapist use of self the relevance of the therapist’s moral perspective is rarely discussed.

Aponte and Winter (2000) wrote:

It is inevitable that therapists will evaluate and judge problems through the lens of their own worldviews, that they will naturally conjure up goals that fit with their ideals, and be inclined to propose solutions that fit with their own views of life. Few psychotherapists will argue today that practitioners can actually be ‘value-neutral’ in therapy (p. 136).

In so saying Aponte and Winter dismissed the vaunted notion of the therapist’s moral neutrality. The notion of moral neutrality supports the conditions whereby therapists, by their silence on matters relating to moral responsibility, justice and injustice tacitly collude with an ahistorical, acontextual framing of individual suffering which results, as Prilleltensky (1997) wrote, in “attributing excessive weight to individual factors in explaining social behavior, and by abstracting the individual from the sociohistorical context” (p. 523).

A tension, then, exists between the goal of supporting the client in making his or her choices and the goal of not using one’s influence to impose one’s own perspective on the client’s choices. However, MacIntyre (1984) discussed a difficulty for therapists (as well as others) in recognizing one’s effect on the choices and actions that another takes. He wrote:

My own future from my point of view may be representable only as a set of ramifying alternatives with each node in the branching system representing a point of as yet unmade decision-making. But from the point of view of an adequately informed observer provided both with the relevant data about me and the relevant stock of generalizations concerning people of my type, my future, so it seems, may be representable as an entirely determinable set of stages. Yet a difficulty at once arises. For this observer who is able to predict what I cannot is of course unable to predict his own future in just the way that I am unable to predict mine; and one of the features which he will be unable to predict since it depends in substantial part upon decisions as yet unmade by him is how far his actions will impact upon and change the decisions made by others – both what alternatives they will choose and what sets of alternatives will be offered to them for choice. Now among those others is me. It follows that insofar as the observer cannot predict the impact of his future actions on my future decision-making, he cannot predict my future actions any more than he can his own; and this clearly holds for all agents and all observers (p. 96).

In so saying, MacIntyre's observation has profound implications for psychotherapy. A therapist may not want to influence, with his/her value system and moral beliefs, the choices that a client is trying to make and the actions to take. It is inevitable, as MacIntyre demonstrates, that by virtue of the therapist's participation in the client's sorting out process, the therapist, whether intended or otherwise, impacts on the client's decision-making.

MacIntyre makes clear that by virtue of our engagement with our clients we are affecting the decisions they make and the actions they take. We are not responsible for their choices and actions (to the extent that the client is capable of being a responsible agent and the therapist is being ethical), but as MacIntyre asserts we are certainly implicated in those decisions and actions.

In this context Satir (2000) wrote: "Once, a man came to my office with a bullwhip in his hand and asked me to beat him with it so he could become sexually potent. While I

believed that it was possible that his method would work for him, I rejected it on the bases that it did not fit my values. I offered to help him in other ways and he accepted" (p. 20).

By virtue of her awareness of her values, Satir was in the position of making the choice to decline to participate with her client in a method of work that was incompatible with her moral position. She offered an alternative that the client accepted. She did not attempt to avoid the issue by presenting herself as if she was morally neutral on this matter, nor did she attempt to impose an alternative method. She engaged with the client in a way that acknowledged the incompatibilities with which they were faced and gave him a choice that he took. The position that Satir took is in line with the perspective articulated above by Aponte and Winter. It is also consistent with Carl Rogers' articulation of the importance of the therapist being authentic. For the counselor to pretend to be someone he or she is not presents the client with a relational encounter in which the client must choose between his or her perceptions of the authenticity of the counselor and what the counselor is inauthentically communicating.

Inevitably clinicians are challenged to make decisions regarding their capacity to be of help to clients given the clients' therapeutic needs. The choices, as helpers, must be most particularly those aspects of oneself that the counselor believes will be therapeutically helpful. Certainly that must include a conception of what counts as being helpful and for what purpose(s). Each theory of psychotherapy addresses itself to the question of what will be helpful based on its understanding of what has gone awry. As the earlier cited writers have averred, it is the person of the therapist who plays a crucial role in the process and outcome of any psychotherapy. As a counselor one is bound by an ethical requirement not to offer services to a client whose interests cannot be addressed respectfully and competently.

Clinical Vignette Revisited

Referring back to the clinical vignette discussed above, among the ground rules that I negotiated with the client (I'll call him Sam) were that we each had the prerogative to ask each other any question we cared to and that we each had the prerogative to answer that question or not. At the start of our work he had told me that he was a gay man and had asked if I had had experience working with gay people. I told him that I had. He did not ask about my sexual orientation. He did comment from time to time that there were ways in which I reminded him of his father and wondered aloud if he was likely to get the same caring and support from his father that he felt he got from me if his father knew that he was gay.

I am a gay man. It matters to me as a political and moral act to be out. That said, in my work with my clients I believe I have an obligation to place my clinical responsibilities to my clients ahead of my personal moral commitments. I make self-disclosures to my clients only when I believe they are in the service of the therapeutic work and when they do not compromise my sphere of privacy.

Peterson (2002) discussed the ethical practice of self-disclosure. She wrote:

The literature on self-disclosure suggests that an ethical therapist might do well to consider the following questions before disclosing personal information to a client: (a) Is this information necessary to protect the client's informed consent? (b) Is my purpose in disclosing this information to benefit the client or to benefit myself? (c) Will this particular client use this information in a way that is helpful? (d) Will disclosing this information interfere with our therapeutic progress, such as by contaminating the client's therapeutic transference? (p. 30)

I believe that the self-disclosure to be discussed meets Peterson's criteria for non-harmful self-disclosure.

It was not until near the end of our work together (considerably after the events described above) that Sam asked about my sexual orientation. I told him that I would answer him but first I asked him why he had not asked me that question earlier. He told me that he

had thought about asking me at various times but had felt that it would be better for him to focus on his experience of me rather than be guided by labels that might effect what he did or didn't tell me. I did tell him that I was gay. He told me that he was glad he hadn't known before talking with his parents because having been so open with me without knowing my sexual orientation had made it somewhat easier to tell his father with the hope that his father would come to accept him. I cite this as an instance in which clinical judgment led me to be silent regarding an issue of personal moral significance (being "out" in the world) because of my judgment regarding the needs of the client.

The purpose in this discussion is not to encourage the imposition of moral considerations into psychotherapy. Rather, the purpose is to speak on behalf of the recognition that moral considerations have relevance in psychotherapy and therefore have relevance for our understanding of the concept of therapist use of self.

Use of Self and Moral Awareness

As the therapist develops the ability to use the self on behalf of the client, the injunction to do no harm must always be considered. Among the ways that any clinician can do harm is to impose her or his viewpoint on the client rather than supporting the client to develop the viewpoint(s) that serves the client's therapy goals and life commitments.

Counselors have a responsibility to their clients to delve deeply into themselves in many ways including those situations in which the counselor has been confronted by moral dilemmas. The counselor's understanding of these dilemmas and the choices and actions taken in response to them informs the counselor about his or her positionality as a moral agent and how one has met what one regards as one's moral responsibility. In this way one learns about one's own moral situatedness. This self-awareness requires a stepping back from the conceptual landscapes we inhabit in order to achieve what Hoshmand (2001) describes as "reflexivity, or accounting for one's own philosophical biases..." (p. 108).

The following sorts of questions are significant to ask in order to increase this level of self-awareness: What do you believe is the right way to behave in relation to others with whom you interact? How do you believe you should act when other's attitudes and/or behavior cause you to feel oppressed? What obligations do you have to the community or communities of which you are a member? What obligations do you have in the face of perceived injustice? What is required to be a morally responsible person? These are questions that address one's moral perspective. The answers to these (and like questions) require further exploration. It is important that we go on to challenge ourselves regarding the reasons for the answers to the questions. In other words, on what bases do we make the choices we make. This level of reflexivity serves to increase one's understanding of one's relationship to one's values and moral positions. In knowing more about oneself in these respects one can use this knowledge to avoid unintentionally imposing one's own views on those of the client and thereby increase one's effectiveness in helping the client clarify and affirm her or his own moral positionality.

The therapist does not cease to be the person he or she is when walking into the therapeutic encounter. We take ourselves with us wherever we go. If counselors leave out of therapeutic discourse the reality that each person is an agent in a life that is lived out in a moral landscape then we contribute to the landscape becoming morally barren.

The therapist has the responsibility to be present on behalf of the client. It is not to impose answers on others' questions. Therapy is a conversation. We have all participated in vapid conversations. Nothing is gained from them. Benefits are gained from respectful conversations that address matters of moment that speak to issues of meaning and relevance. Among those conversations are those that address one's sense of oneself as a moral agent. They are an aspect of what is involved in being a person.

A unique aspect of the field of psychology is that as one looks through the window at others there is a mirror beside the window at which one can look at oneself. By taking the occasion to look in the mirror one has the additional opportunity to examine one's own

values, moral perspective, confusions and uncertainties. This is in the service of enhancing one's reflexivity.

Whatever may differ between oneself and one's client, each is a person. Certainly the differences between persons matter profoundly. In order to be competent clinicians one must be aware of the differences between oneself and each person with whom one works and strive to understand, respect, and honor those differences in order to be aware of and sensitive to their meaning and moment to and for the client.

Conclusions

In the moral arena, as in others, one cannot know in what ways one is different from another until one situates oneself somewhere. Whatever may be the pretensions of psychology to moral neutrality, in the lived experience persons are not morally neutral. Each of us is morally positioned. Whether or not one's position is fully articulated, each person takes action in the moral realm and has responsibility for those actions and their consequences. If psychotherapy is not to be irrelevant to the lived experiences of real persons it must recognize, honor and embrace the moral aspects of human life. As counselors we must examine and re-examine where as persons we position ourselves within a moral landscape. As discussed earlier, Fay, Christopher, and Betan enjoin us to recognize that there is a point of view, a perspective, from which one articulates one's moral situatedness. In this way we can help ourselves to gain increasing clarity about where each one of us is situated in our respective landscapes and examine more deeply the values, assumptions, attitudes, axioms that characterize the moral perspective from which one views the world. We thereby increase our reflexivity and concomitantly decrease the likelihood that we will, because of a lack of awareness, impose our moral viewpoints. This is in the service of supporting clients in meeting the challenges they face and thereby more effectively using the persons we are in being present with our clients.

In this discussion the focus has been on the inclusion of moral awareness in the understanding of the concept of therapist use of self. There are many aspects of ourselves that are relevant to how one is present with a client. Each of these aspects must be used consciously and purposefully on behalf of the client. With this in mind I propose that therapist use of self be understood to mean the intentional use by the therapist of his or her abilities, experience, identity, relational skills, *moral awareness*, knowledge and wisdom in the service of the therapeutic benefit of the client.

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