

THE MYTH AND MEANING OF MORALITY IN THERAPY

by

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ABSTRACT

This study was conducted in order to investigate the manner in which female therapists describe a moral experience in therapy and to investigate what facilitates or hinders a moral experience in therapy. The study was set up to avoid the usual moral dilemmas, legalities or puritanical ponderings that have come to be associated with investigations of moral behaviour. Rather, a moral experience in therapy is defined as a relationship experience between a therapist and client which could be described as upright, good, wholesome and clear and one that involves care and concern. Eight female therapists who had been in practice for at least five years were asked to share two experiences that they had had with clients. The first experience was an experience that they would describe as clear, wholesome and caring, that is 'moral'. The second experience was one that would provide a contrast to the first experience: that is, one that was less clear, caring, wholesome and moral than the first. The interviews were examined using Tappan's hermeneutic model for interpreting lived moral experience. This model looks at the interrelationships among thinking feeling and action that accompany all experience. Where possible it attempts to separate these processes but, more importantly, it emphasizes the difficulty of separating these processes and the influences and interdependencies among them. The results of the study show that while all three processes enter into the therapist's moral

presence, the emotional process is most influential in determining relationship outcome. The therapist's 'feelings' while in relationship with her client can, if intense enough, undermine her clearest 'thinking' about how to form a clear and caring relationship. I conclude by stating that it is a myth to believe that teaching ethics assures moral practice.

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Chapter One

Introduction

Therapists are mandated by the institutions that train them to enter into the most private areas of their clients' lives. There exists between the therapist and the client an implied 'social contract' within which the client entrusts the therapist with privileged information in return for the therapist's moral and professional presence. This presence is the foundation for the trust that strengthens and deepens the therapy process and is necessary not only for the client's health but for the health of the profession itself (Weinberger, 1988). While training institutions place considerable emphasis on the therapist's professional presence through the requirement of numerous courses in theory, tests and measures, and research methodology, they are often less thorough in addressing the issue of the therapist's moral presence. There are differing views as to what constitutes a therapist's moral presence and within this differing, the relationships among moral knowledge, moral action, and moral 'being', are often misunderstood. One of the ways in which the question of moral presence has been addressed is through enquiry into the significance of education in ethics.

There has been much controversy within the counselling profession over the failure of many training institutions, particularly at the master's level, to provide or require a course in ethics. Though the faculties of such institutions ascribe to the importance of such training,

they find reasons for excusing a course requirement in ethics.

Handelsman (1986), in an American national survey of master's programs, found that faculties cited such arguments as a lack of time for an ethics course in a crowded curriculum, a lack of faculty interest or availability, or a belief that ethical issues are discussed adequately in practicum training. Many researchers believe that such reasoning results in the qualifying of therapists who are ill equipped to handle the broad spectrum of ethical issues which arise in their practice (Eberlein, 1988; Handelsman, 1986; Tymchuk et al., 1979). One of the central presumptions here is that knowledge precedes action.

There is another side to the ethics training issue. Though it is generally agreed that the therapist's moral presence is an essential requirement for therapeutic progress, there is controversy over what moral presence means and what makes it possible (Kitwood, 1990). When we examine issues of ethics we are looking at the morality of particular behaviours. A philosophy course in ethics, for example, is a study of the principles of right or wrong as they relate to human conduct. The principles are important only insofar as they relate to action for it is, eventually, the behaviour of the moral agent that we are concerned with, not the agent's familiarity with moral principles. Similarly, a professional code of ethics attempts to define principles, values, and standards to inform its members of moral issues in professional practice; however, the therapist's moral presence in therapy requires more than familiarity with

an ethics code. The therapist must not only know what is moral but be able to act on that 'knowing'. Some believe that the proponents of the teaching of ethics are naive if they presume that ethics taught assures ethics practiced, for it remains questionable whether the ability to intelligently discuss and resolve ethical dilemmas presented in a classroom setting is related, to any significant degree, to moral behaviour outside the classroom (Blasi, 1980).

Recent rethinking of what constitutes a moral agent (Gilligan, 1982; Kitwood, 1990) suggests that perhaps the emphasis on ethics courses as the solution to the need for moral therapists is misplaced. Gilligan argues that it is the quality of the relationship between persons that constitutes morality or immorality rather than an individual's ability to formulate, argue or act on principles of justice. Similarly, Kitwood views morality, not as a journey towards the acquisition of universal principles of justice which we attempt to live by with more consistency but as the development of the skill of meeting and respecting others as equal to self and through this connection moving on to a broader experience. Kitwood argues that it is the person of the therapist rather than the knowledge of the therapist that allows for the creation of the 'moral space' necessary to therapy. Further, he argues, it is the personal evolution of the therapist towards an integrated and moral whole, and the trust that the client develops in response to the therapist as 'sentient being' that assures the moral meeting of therapist and client. Such

thinking poses a challenge to the proponents of ethics education for it suggests that our ability to be moral is related less to what we know and more to what we are and that there is a great deal more involved in 'being' than there is in either knowing or acting.

I am interested in the essence of a 'moral experience' in therapy. My belief is that knowing moral principles, acting on moral principles and 'being' a moral person are not as closely related as may be supposed. The study that follows provides information on the therapist's personal experience of both a moral encounter and a poor encounter with a client in therapy; here I equate 'moral' with an upright, wholesome, clear and caring relationship and 'poor', with the absence of these qualities. I am enquiring into the therapist's perception of what makes for a moral experience in therapy.

Purpose

The purpose of this study is to conduct a series of open-ended interviews with a number of therapists to investigate what constitutes a 'moral experience' in therapy.

Problem

The problem of this investigation is:

- (a) to determine the therapist's experience of what constitutes a moral experience in therapy and
- (b) to determine the therapist's experience of what facilitates a moral experience in therapy.

Chapter Two

Literature Review

First I will address the literature on the issue of training in ethics. Next I will examine the research done on moral development by the developmental psychologists Piaget (1932) and Kohlberg (1958). Finally I will turn to the more recent views of such thinkers as Kitwood (1990), Gilligan (1982) and Tappan (1990).

The Issue of Training in Ethics

One of the ways in which researchers have addressed the question of the therapist's moral presence in therapy is through an investigation of the issue of education in ethics in the training of therapists. Generally, their concerns have been about the absence of ethics courses or, when ethics is taught, the manner in which it is addressed.

The proponents of the importance of education in ethics argue that training in ethics increases the therapist's ability to identify moral issues in therapy. Baldick, in a 1980 study, found that interns with formal training in ethics performed significantly better on the Ethical Discrimination Inventory than did interns without formal training. In general, there seems to be wide-spread agreement that ethics is important and should be taught. Tymchuk et al. (1982) examined psychologists' attitudes towards ethics training and found that 85% of a random sample of 113 American Psychological Association (APA)

members felt that ethics training should be required of all psychology graduate students. Though 99% of this sample indicated familiarity with a professional ethics code, 58% felt that this did not adequately prepare them to handle ethical issues in psychology. In a similar enquiry of psychology students' attitudes toward training in ethics Tymchuk (1985) found that 80% of a random sample of APA student members felt that most psychology students were inadequately informed in ethics issues and 83% felt that ethics training should be required of all psychology graduate students.

Recent attention to the participant of ethics has increased and can be evidenced not only by the numerous articles on ethics in psychological literature (Eberlein, 1988) but more importantly by the APA and the Canadian Psychological Association (CPA) attention to ethics in their accreditation requirements. This attention has resulted in an enquiry into the manner in which training institutions treat ethics in their curricula. Handelsman, in a 1986 American survey of terminal master's programs in psychology collected information from the directors of 289 programs and found that while 87% of the programs had some training in ethics, the degree of importance afforded the participant of ethics was uneven. Twenty-nine programs reported offering a formal course in ethics, 47% offered ethics as part of a formal course, and 11% offered less formal formats for ethics training such as discussion within practicum or intern supervision. The reasons for not offering a formal course in

ethics were several. Faculties listed no need for ethics training, no time for ethics training in a heavy course load, no faculty interest in teaching an ethics course and most commonly, the belief that ethics could best be taught through other avenues such as practicum training.

The soundness of the common presumption that ethics training is a natural process within the practicum experience has been addressed by several researchers. In a 1981 survey of predoctoral internships, Newmark and Hutchins found that internship and practicum supervisors do not necessarily see ethics training as their responsibility. Though ethical issues may arise in student cases and may in that context be discussed, Newmark and Hutchins found that supervisors frequently presume that the graduate programs, rather than themselves, hold full responsibility for ethics training. Handelsman (1986), in promoting formal training in ethics, argues that the widely held belief that ethics can best be taught in practica and internships is misplaced. He states that though it is assumed that adequate supervision will occur, often, time constraints within practicum settings preclude careful exploration of ethical issues. Handelsman argues that the competence of supervisors is also an issue for students' learning is limited by the supervisors sensitivity to ethics issues and if the supervisor is not herself/himself an ethics expert, issues may go unnoticed by both supervisor and student. Further, it may be argued, if the supervisor was trained within the same system as her/his students, the supervisor will often have no formal

training in ethics. Another issue raised by Handelsman is that even if one could presume that the supervisor is well qualified and that adequate time is available within the practicum training to discuss ethical issues as they come up, there is no guarantee that a broad spectrum of ethical issues will arise.

Given the evidence that practicing psychologists, psychology students, and the institutions that train psychologists, all firmly endorse the importance of ethics training, it is interesting that ethics training continues to hold low priority as a formal study. This brings us to the debate over how ethics should be taught.

One of the major difficulties with surveys of ethics education in institutions is that the surveys often report only the number of hours devoted to ethics or whether the institution offers a course in ethics; the philosophy or approach used in the teaching of ethics is rarely investigated (Eberlein, 1988). The proponents for a required formal course in ethics at the graduate level believe that the teaching of ethics through informal courses or the consideration of ethics only as ethical issues arise in other course work, stigmatizes ethics as being of less importance than formal course requirements in therapeutic theory and technique. Also, it is argued, such informal approaches fail to recognize that ethical awareness and decision-making depend on more than examining a few cases, or memorizing a set of rules (Eberlein, 1988; Handelsman, 1986).

There have been various suggestions among the supporters of formal ethics courses as to the most beneficial method of teaching ethics. Generally, the belief is that ethical reasoning is a skill that can be taught in much the same way as theory and technique, but such teaching requires more than the typical approach of simply looking at ethical dilemma. Suggestions for improving the manner in which ethics is taught have come from several authors. Abeles (1980) was one of the first authors to present an innovative concept for teaching ethics. He was concerned about the ready-made value systems that students bring with them to their profession and proposed a value-confrontation approach that challenged students to examine not only their own value systems but the value systems of the profession itself. Through the use of critical incidents and relevant readings he examined the personal values that relate to such professional issues as assessment, research and treatment. Handelsman (1986) suggests that the teaching of ethics could be made more stimulating and useful by adopting a multifaceted approach that blends theory and application, includes an analysis of ethical thinking processes and values clarification, and combines these with an exploration of ethical dilemma. He suggests avoiding the issue of unqualified or uninterested faculty within the department by recruiting teachers and guest lecturers from various sources such as professional ethics committees and university philosophy faculties. The benefit of team teaching such a course is also examined by Fine and Ulrich (1988).

Fine and Ulrich, in a 1988 study, examine the advantages of integrating psychology and philosophy in the teaching of ethics. Concerned about the gaps in the quality of ethics education in master's level programs, they propose the efficacy of teaching students to 'think' in ethical concepts rather than to memorize a code of conduct. Often, when ethical issues arise, there is an immediate impulsive 'right answer' that seems correct. However, as Fine and Ulrich point out, there are considerations that need to be made beneath this first level of thinking for, if a critical evaluative approach is used, there will often be two or more solutions or managements to the problem that hold equal validity. Fine and Ulrich developed, and evaluated a course in ethics that combined both psychological and philosophical perspectives. The course was team taught by an academic clinical psychologist engaged in clinical practice and a philosopher specializing in ethics. The philosophical component was considered critical since ethics is a primary subject of philosophy whereas psychology generally treats ethics as a secondary subject or as a tool to assist in clinical activities. The presumption here is that the philosophical perspective is more developed and therefore more profound than the psychological. The course consisted of 45 hours of instruction for 10 graduate students in clinical psychology. The objectives were to give students an increased ability to reason intelligently about ethical issues, to provide a knowledge of ethical principles, to distinguish between ethical and legal standards,

and to facilitate students to apply this learning to clinical cases. The instructors found that students had particular difficulty with the conceptual analysis of the ethical dimensions of clinical cases. The instructors believe that psychologist training typically does not advise and prepare students for the in-depth analysis of the multi-features that describe many cases. As a result ethical rules are memorized and applied with little understanding of the underlying principles considered in their conception. In evaluating the course, Fine and Ulrich emphasized the importance of considering the 'process' of ethical reasoning as well as the product. The complexity of the considerations necessary to ethical decision makes the journey as important as the destination. In an attempt to assess the effects of the course on the students clinical functioning, a three-month follow up survey was sent to eight students in clinical practice. Though students reported some behavioural effect, the study was not well controlled and the course, as expected, was seen to have a greater effect on cognitive rather than behavioural dimensions.

The concern about how education in ethics effects behaviour in clinical practice is an interesting one and regrettably, has often gone either poorly or completely unaddressed in the fervor to upgrade ethics training. Tymchuk (1985) states that despite the recent attention given to the importance of ethics, most discussion takes the form of reaction to or commentary upon previously existing issues in ethics. He complains that valid empirical research related to ethics is practically nonexistent.

Similarly, Welfel and Lipsitz (1983) state that much of the research that has looked at the teaching of ethics and its effects upon clinicians has produced contradictory findings that are marred by the weakness of the instruments used to measure ethical judgement. One of the problems with ethics research may be that while advocates of ethics education appear to consider ethics education as a step towards improving moral judgement and, subsequently, moral behaviour, they tend to isolate ethics from the broader enquiry into the development of moral judgement and in so doing fail to build upon the already existing body of research on moral judgement.

One notable attempt to connect research on ethics and research on the development of moral judgement is made by Van Hosse and Paradise (1979) who, in an effort to construct a measure of the ethical orientation of therapists, formulated the Ethical Judgement Scale (EJS). This scale is based upon Rest's (1979) Defining Issues Test (DIT) which in turn is a multiple choice version of Kohlberg's (1969) Stages of Moral Development Test. The EJS is an instrument used to measure responses to ethical dilemma and to categorize them as belonging to one of five qualitatively distinct levels of ethical judgement. These stages range from stage one, where judgement is motivated by external variables such as fear of punishment, to stage five, where judgement rests upon an internally defined set of principles whose source is a personal concern for the well-being of the client. Together, the five

stages form a developmental continuum. Researchers in ethics believe that the EJS presents a stronger instrument with which to measure ethical judgement and as such widens the prospects for empirical research in ethics (Welfel & Lipsitz, 1983).

Another less extensive but noteworthy attempt to link issues in the teaching of ethics with issues in the examination of moral judgement comes from Kitchener (1986) who, in outlining goals for teaching applied ethics in counsellor training, emphasizes the importance of integrating psychological processes with philosophical analysis. Kitchener raises the argument of the necessity to both inform the student of ethics and to assist the student to develop the moral responsibility and 'ego strength' to act on that knowledge. Uneasy with the concept of simply presenting students with moral dilemma and process oriented resolution, she suggests that cognition alone is not enough and that the student's sense of self is an important component in the relationship between moral judgement and moral behaviour.

The question of the relationship between moral judgement and moral behaviour is both longstanding and controversial. Let us turn now to a look at the research on the development of moral judgement.

The Development of Moral Judgement

Western morality is founded upon Judeo-Christian principles which delineate the necessity of and the pathway to 'right-doing' (Kitwood, 1990). Western philosophical thought on morality is presented

in a series of stringent arguments whose purpose is to convince others, through the power of reason, of the power of 'the good'. Following in the Socratic tradition, the principal concept is that if good enough reasons for doing good can be presented, most individuals will act morally. The emphasis is on cognition and the importance of presenting arguments that are both convincing and unrefutable. The philosophical discipline is not alone in relating cognition to morality in a quasi cause and effect equation. We can see how the concerns of the proponents of education in ethics fit into this thinking, for their central purpose is to inform, towards moral behaviour; that is, their intent is to expose the moral rules to as many as possible and to present the rules in such a clear and convincing manner that those concerned will be persuaded, through moral compunction, to act upon them. In general, the psychological study of morality follows the philosophical in its emphasis on the connection between cognition and morality. Psychological research on morality is grounded in the study of cognitive development.

Piaget was the first to lay the foundations of the cognitive developmental approach to the study of moral judgement (Kitwood, 1990). Though his central work was in the study of the development of thought related to logic, science and mathematics, he was also deeply interested in the development of morality. In his work 'The Moral Judgement of the Child' (1932) Piaget finds that the individual actively constructs her/his own moral knowledge through interaction with

an environment of persons. From his empirical research with children up to the age of twelve, he concluded that there are basically two distinct moralities: the first is one in which rules are pre-eminent and moral motive is based on a self-interested and fear dominated deference to authority. The second is one in which concern for persons is pre-eminent and moral motive is based on a recognition of the worth, uniqueness and autonomy of both self and other; the only rule here is reciprocity. Piaget believed both moralities to be present in embryo, but saw the first as initially predominant. He believed that transition to the second morality was possible partly through intellectual maturation and the ability to understand moral rules as social constructions open to analysis and change, but most predominantly through changing social experience. As the child moves away from the experience of parental authority and towards an experience with peers where conditions are more equal, relationships of reciprocity, co-operation and mutual respect are more likely to emerge. Piaget does not conceive of this as a stage change, as does Kohlberg, for Piaget sees the two moralities as co-existing. However, he believes the first morality to be gradually and naturally outmoded and the second morality consolidated through the child's new relational experience (Kitwood, 1990). The individual is seen as one who actively constructs her/his moral knowledge through both an increased cognitive sophistication and an increased social engagement with others. Developmental progression is seen as moving from the

egocentric motivation of the first morality to the other centered second morality.

Piaget's fundamental concern was with practical morality: the relationship between theory and practice. How does moral knowledge relate to moral action? Wright (1983) points out that Piaget's understanding of this relationship is delineated in his key term, 'prise de conscience', the translation of which is 'conscious realization'. At any point in time, a person has a particular practical morality from which they operate. This morality is acquired, largely unconsciously, through interaction with others. As new situations dealing with the treatment of others arise, for which there is no ready made moral solution, or as past moral decisions are called into question, the agent is required to reflect and formulate anew. It is through new experiences that the person gains a conscious grasp of the morality she/he has been living by and a clearer sense of self as a moral agent with the power to change and choose moral action. The 'prise de conscience' describes both a process and a new situation within which a piece of one's experience is seen in a new light and can never again be seen as it was (Wright, 1983).

In his work on morality, Piaget examined the individual within a social context and believed that morality was constructed, not in isolation, but, through engagement with others. In this respect, Piaget's enquiry into moral development is similar to that of depth psychology in that both understand the moral agent as a product of social experience. The

difference is that depth psychology finds the moral agent to be a more complex creature than did Piaget. Piaget conceived the moral agent as a reasonable and harmonious being for whom justice was the most rational of concepts. This rather simplistic conception failed to take into account the distress, inner division, and rage that can accompany moral resolution (Kitwood, 1990). Piaget's concentration on practical morality presents a contrast with the work of his immediate followers in the field of enquiry into moral development for they, particularly the Kohlberg school, dealt more with theoretical morality and examined the connection between moral judgement and moral action almost as an addendum. Lawrence Kohlberg's research on morality follows Piaget's developmental focus and is the most influential work in its field. Like Piaget, Kohlberg was interested in how the individual's moral outlook develops, however, unlike Piaget, Kohlberg's central enquiry focused on theoretical rather than practical morality (Kitwood, 1990). In Kohlberg's original study, his doctoral thesis of 1958, he examined the moral reasoning of seventy-five boys between the ages of ten to sixteen. The boys were presented with a series of stories, each of which posed a moral dilemma between the options of either following authority-based rules of correct conduct to solve the dilemma or considering the personal needs of the individuals in the story, bypassing the rules and formulating an original solution based on human need. The most well known of the dilemmas is the story of Heinz, the man whose wife is dying of a form of

cancer that could be cured by an expensive drug that Heinz cannot afford. The druggist who supplies the drug refuses to make the drug available unless full payment is made. The moral dilemma is, should Heinz steal the drug? Through a series of probing questions, Kohlberg gathered information about the boys' thinking about morality and from this information constructed a series of six stages of moral reasoning which he claimed represented a true, 'hard stage' developmental sequence. The six stages consisted of three levels of moralizing somewhat consistent with Piaget's findings. The first level was labeled 'pre-conventional' and decisions within this level were considered to be egocentric in nature, based on fear of punishment or anticipation of reward. The second level of 'conventional' moral reasoning was thought to be less egocentric and more considerate of the good of society. Decisions at this level were characterized by the desire to gain societal approval, to help others, and to maintain social order. The final 'post-conventional' level of moral reasoning was represented by a morality in which the person reasoned from within an individually formulated principled set of morals concerned with equality and mutual obligation. Kohlberg believed that as the individual's moral reasoning developed, she/he advanced towards reasoning that could be justified in philosophical terms. That is, the person would have to be capable of advanced cognition in order to be capable of third level morality (Kitwood, 1990).

In this initial attempt to understand morality Kohlberg made a direct link between moral entity and intelligent thought. The right of passage from one moral stage to the next was dependent upon the developmental capacity for formal thought. In his early research Kohlberg used an interpretive method for understanding the reasoning of his participants. This was strongly criticized by Kurtines and Greif (1974) who found that the Moral Judgement Scale, developed for measuring the stages of cognitive moral development, lacked standardization of both administration and scoring. Kurtines and Greif criticized the intuitive derivation of the arbitrary set of stages of moral reasoning and found that, after fifteen years of research using the Moral Judgement Scale there were still no reported reliability estimates of the scale. The validity of the model was also found lacking. Kurtines and Greif examined the four types of evidence for support of the invariant sequence, (cross-cultural, longitudinal, experimental and statistical), and found both the model and scale to have little construct validity. Further, they found the predictive validity of the model to be poor with no clearly demonstrated evidence to connect moral judgement, as measured by the scale, with moral behaviour. In response to this and other criticism Kohlberg re-formulated the stages making them less dependent on moral understanding and more connected with the person's view of self in society. Accompanying this re-formulation a new method of scoring the interview material was devised which pulled the model much closer to standard psychometrics

(Colby et al. 1983). With these modifications Kohlberg claimed that his stages of moral reasoning formed a true sequence and met the requirements for true cognitive developmental stages with each stage having a defined structure, with developmental succession invariant and with each stage incorporating and integrating knowledge and reasoning of the lower stages (Kohlberg, Levine, and Hower 1983). Though Kohlberg agreed that social experience, particularly role-taking, was a necessary component in the development of moral reasoning, he gave little attention to the emotions that might be present in role-taking, focusing rather on the cognitive processes. Kitwood, (1990) feels that in his emphasis here on the role rather than the person, Kohlberg moves closer to a pure theoretical cognitive-developmentalism and loses something of Piaget's concept of the delicate interplay of thought, affectivity, relationship, and action that is present in moral process. When the Kohlberg school sticks to outlining and assessing cognitive developmental stages of morality it has something clear and well documented to say. From Kohlberg's longitudinal study three noteworthy points emerge. One, the majority of adolescents and young adults never go beyond moral reasoning at a conventional moralist stage. Two, very few persons, about 10 percent, attain Kohlberg's level of principled moral reasoning. Three, there is little cognitive developmental change after 25 (Kohlberg, Levine, & Hower, 1983). Whatever changes do occur in adult life, and it is presumed by Kohlberg's critics that many do, they are not

registered in Kohlberg's scheme. If the Kohlberg school were content with the above claims it would rest on fairly solid ground, however, as Kitwood (1990) points out, in its attempt to be all encompassing the Kohlberg group has added numerous modifications and accretions to the theory and here it stands less steadily. One of its most questionable claims is that a cognitive developmental perspective, which outlines a particular philosophical conception of justice, can be the basis for a general understanding of our moral concern for others. The conception is rigid in its intellectualization and it gives little consideration to the person as an emotional being, rooted in a particular and individual social experience. This point is well developed by both Gilligan (1982) and Kitwood (1990) who question the perspective of Kohlberg and his followers and suggest a new perspective from which to study morality.

Both Gilligan and Kitwood, in their review of the study of morality, point out that Kohlberg, as did others looking at the field of morality, had an interesting methodological problem. Kohlberg wished to carry out an objective study of morality but at the same time held a distinctive view of what morality is. As a result Kohlberg used his particular philosophical apprehension of morality to both define morality and to observe and interpret the moral thought and action of his participants. Kitwood points out that Kohlberg identified his philosophical conception of morality with that of the philosopher John Rawls who, in his 1972 work *A Theory of Justice*, uses 'justice' as the key element in his examination of morality.

Rawls invents a theoretical construction of a system of justice in a prior-to-society world as the basis for his analysis of how morality would ideally work. He theorizes that if each individual had to moralize from behind a "veil of ignorance", that is, without prior knowledge of what her/his own individual situation in life would be, she/he would construct laws that were most just to all. Rawls was more concerned with social justice than with individual action and therefore says less about principles regulating individual behaviour and more about the principles necessary to the establishment of a just society where power, wealth, opportunities, liberties and rights are fairly distributed. Both Gilligan (1982) and Kitwood (1990) question the sensitivity of an enquiry into morality which is theoretical in both its conception and discussion and argue that morality is better examined in the day to day process and progress of relationships.

In her book In a Different Voice, Gilligan claims that, in her research with women, she heard a 'distinct moral language' quite unlike the moral language of men and from this she argues that women moralize from a different perspective than men. Gilligan believes that women's moral reasoning is oriented in a concern for care within relationships while men's reasoning is oriented in a concern for rights and justice. She argues that men have dominated the field of moral philosophy since its beginnings and the idea they have been largely concerned with is a conception of morality as 'impartiality'. Such

questions as, 'How can the world be made just and fair for all individuals?' and 'How can we set up a system of justice that treats the individual with the concern and respect she/he deserves?', have served as directives for a formal, cognitive and logical construction of the 'meaning' of morality. Gilligan argues that women conceive morality as something quite different. She believes that women are concerned, not with impartiality as rule or law but with the care of individuals in their particular context. I translate this as a conception of women as moralists who 'minister' justice as compared to a conception of men as moralists who 'administer' justice.

Gilligan, herself a developmental psychologist, began her early work in collaboration with Kohlberg and her own later research with women grew out of a reaction to what she perceived to be a gender bias in Kohlberg's work. Kohlberg's original study, his doctoral thesis, rested as the foundation for his later work. Gilligan argues that the study was conducted on an all male pool of participants, the central moral agents in the hypothetical dilemmas used to examine the participants moralizing were male and the scoring method was grounded in a masculine perspective within which there is only a limited sense of connectedness and relationship. Out of her own doubt about the validity of Kohlberg's research, part of that research suggesting that women moralized at a less developed level than men, Gilligan devised a new scheme of morality founded on her own empirical work with women. Her research is

interesting in that she expanded the usual design for moral research, by asking her participants how they defined moral issues and what they saw as moral conflicts in their own lives, (as well as presenting them with the traditional pre-constructed moral dilemmas), and examining the thinking that accompanied their resolution. Gilligan's intention here was to get closer to the participant's own lived experience of morality. Working with a group of twenty-nine women who were all considering the real-life dilemma of whether or not to have an abortion, Gilligan postulated the existence of three developmental levels which she believed described a sequence in the development of an 'ethic of care'. These levels rest on the idea that women experience their 'being' in the world differently than do men with women grounding their identity in their connections with others and men grounding their identity in their separateness from others. Gilligan did not claim her levels of care to be strictly cognitive-developmental as were Kohlberg's 'hard stages' however the levels she describes are somewhat similar to Kohlberg's articulation of a three level developmental progression with the difference being that Gilligan's analysis is more connected to real life experience and is particularly sensitive to the contextual and the emotional complexities that Kohlberg has been criticized for neglecting. Gilligan identifies moral development in her participants as a progressively more complex understanding of the relationship between self and other with transition from one level to the next being marked by a critical re-evaluation of the tensions between

selfishness and responsibility. At level one the individual is most the world differently than do men with women grounding their identity in their connections with others and men grounding their identity in their separateness from others. Gilligan did not claim her levels of care to be strictly cognitive-developmental as were Kohlberg's 'hard stages', however the levels she describes are somewhat similar to Kohlberg's articulation of a three level developmental progression with the difference being that Gilligan's analysis is more connected to real life experience and is particularly sensitive to the contextual and the emotional complexities that Kohlberg has been criticized for neglecting. Gilligan identifies moral development in her participants as a progressively more complex understanding of the relationship between self and other with transition from one level to the next being marked by a critical re-evaluation of the tensions between selfishness and responsibility. At level one the individual is most concerned with her own survival and well-being. At level two she has shifted from this ego-centric focus to a definition of goodness as a self-sacrificial caring for others in return for the approval of society. At level three she is capable of an independent and reflective understanding of 'care' as the guiding principle in the resolution of responsibility to both self and others.

The women in Gilligan's study were interviewed twice, once at the time they were making their decision about the abortion, and again at the end of the following year. Gilligan arrives at her identification of a

sequence in the development of an ethic of care through an analysis of the ways in which women use moral language and the ways in which they shift their thinking as they reflect upon and judge their thoughts. Gilligan's participants identify moral problems as issues of care and responsibility in relationships and Gilligan finds the same reflective perspective and differentiated thinking in these women as Kohlberg identifies in the post-conventional thinking of men. Gilligan maintains that since women construct the moral problem differently than men do, women's moral development cannot be accurately assessed if the measure used to assess them is a measure that was constructed to interpret a particular type of male moral reasoning. Therefore, a measure such as Kohlberg's , which equates moral development with an increased ability to logically and formally theorize about justice and its ties to reciprocity and equality cannot, Gilligan argues, be considered generalizable to women when women do not construct morality in the same manner.

Most of Gilligan's research on morality is small scale, qualitative and interpretive and therefore, as Kitwood (1990) points out, is open to the same criticisms that Kohlberg received for his early work. Gilligan is also criticized for holding a female perspective in her analysis of morality and in so doing it is suggested that she falls into the same error that she herself describes as Kohlberg's gender bias (Philibert, 1987). To be fair to Gilligan, she does not make the same generalizations about her work

as does Kohlberg. Neither does she claim that a 'caring orientation' is biologically driven, unique to women or superior to the 'justice orientation. She introduces her work *In a Different Voice* by saying that her intention is not to make generalizations about either sex but to examine what she sees as the differences between two distinct modes of thought and to focus upon the difficulties of interpretation when only one of these modes has been recognized in the enquiry into the development of moral judgement. Despite this clarification, the area in which Gilligan has drawn both most acclaim and most criticism is in her finding of a gender difference in moralizing. Though research on her own description of a 'caring orientation' is just in its beginnings, her work has re-opened the gender difference controversy and there is now a large body of evidence that questions the original gender difference finding that women score lower than men do in their moral reasoning. Rest (1979) reviewed twenty-two studies using the Defining Issues Test and found that only two studies showed a gender difference and the findings were in the favor of women. Walker (1984) in a meta-analysis of seventy-nine studies using the Moral Judgement Interview found that rather than showing a gender-based difference in moral reasoning the studies show gender differences based on occupation and education. Brabeck (1986) in another review confirmed the findings of Rest, Walker and others stating that she could find few if any significant gender differences in moral judgement.

The controversy over gender difference continues in both psychology and philosophy. The philosopher Marilyn Friedman (1987) in a critique of Gilligan, argues that perhaps the 'different voice' that Gilligan hears in her research with women describes a gender specific way of talking about morality rather than a true gender difference in the way the sexes conceive morality. In her review of the literature on gender differences Friedman argues that if men and women do not show statistical differences on the care/justice dichotomy this is not surprising since the two concepts are mutually compatible. Justice, she argues is tempered by care and care by justice. Neither exists without internalized conceptions of the other. Friedman believes that Gilligan's female participants discuss morality differently than men do because men and women are involved in a different kind of 'moral labor' which itself dictates the manner in which they describe moral concern. Friedman argues further that Gilligan's interpretation of justice is limited in that it fails to take into account that the concept of justice arises out of a history of relationship experiences within which some individuals were treated unfairly by others. Friedman sees the concept of justice as intimately tied to a desire to care for others. While she agrees that the language and labor of morals may be gender specific, she believes that the meaning of morality is the same for both sexes.

The research into whether or not a gender-based difference in moral judgement exists continues but both Friedman (1987) and Kitwood

(1990) believe that Gilligan's most valuable contribution to the field has been to draw attention to the obsessive one dimensional view that both philosophy and psychology have employed in their enquiry into morality ever since Kohlberg's original research was published. Kohlberg himself agrees that Gilligan's work has been successful in extending the dimensions of the enquiry into morality (Kohlberg, Levine, & Hower, 1983). One extended enquiry into the meaning of morality that is of particular interest is that presented by Kitwood in his work Concern For Others; a New Psychology of Conscience and Morality (1990). Let us turn now to a consideration of what Kitwood calls the 'sentient being'. Kitwood complains that researchers in the philosophical and psychological study of morality have a tradition of focusing on the individual in isolation and out of the context of her/his history, relationships, and social setting. Within this study the pattern has been to examine the individual's theoretical morality and in particular her/his moral judgement. Kitwood sees this as at least partially connected to the familiar problem created by the recognition of a particular paradigm in any research field: that is, that once the paradigm is in place, the paradigm itself attracts further research. However, within this difficulty, Kitwood believes that moral psychology has become too connected to an ideological formulation of 'the good' which presents a 'pietistic' and narrow account of morality as aligned with the status quo and with presiding dominant social interests. Kitwood argues that researchers fail

to consider the complexities of the person who is the moral agent and in so doing miss the core and context within which morality develops. While traditional researchers in the development of morality have considered the development of cognition as the catalyst for moral development, Kitwood argues that cognition is only one of several factors that contribute to the making of a moral agent. The flattering impression, coming out of the enlightenment, of man as the lord of reason and therefore of the universe, has, Kitwood believes, been a fixed concept that has strongly influenced researchers' perceptions of the individual as a moral being: thus the emphasis on cognition in the study of morality. Kitwood, in his conception of the individual as moral agent, a conception that comes out of depth psychology, broadens the above into a consideration of the context within which the individual becomes a moral agent and presents a dramatic contrast in his analysis of the developing individual who cautiously, from birth, threads her/his way through the difficulties inherent in the process of formulating the relationships that structure social fabric. Kitwood (1990) describes this individual as follows:

...an exceedingly variable and wayward creature; sensitive and vulnerable because so intelligently aware, and capable of carrying an inordinate burden of fear; needing others desperately, yet often finding their closeness a source of burden and tension. The very sense of self is precarious, being formed in the first place when

the infant is powerless, and requiring continual validation and support from other persons. (p. 42)

It is within this understanding of the individual and the context within which the individual develops that Kitwood considers the development of morality. He believes that the study of moral reasoning is useful but that, alone, it tells us very little for its significance can be measured only when it is related to action and the context within which the action takes place. Moral development should be assessed not by the ability to discuss and resolve moral dilemma, he argues, but by an analysis of how we treat one another throughout the minutiae of daily living.

The philosopher and author Iris Murdoch says much that is in agreement with Kitwood. In Metaphysics as a Guide to Morals, a review and criticism of philosophers' discussions of morality, Murdoch states that there is an important difference between learning about virtue and practicing it and she argues that the former can sometimes act as a delusion to prevent the latter. She is critical here of the tendency of both philosophy, which she describes as "a department of logic", and psychology, to dialogue in ignorance of the patterns of life claiming that ethics exist at the border of experience and that human relationships are the first and most important testing ground of morality. Here she cites family influence on the developing psyche as critical in moral development.

Kitwood criticizes the tendency within psychology to divide the mind into faculties of thinking, feeling and willing, believing that this convenience distorts our understanding of the intimate connections among these faculties. Our morality is an extension of our personhood and therefore involves not only our cognitive abilities but our 'sentience'. Our sentience, as Kitwood describes it, is the mooded or emotional aspect of self from within which we construct our world through our relationships with others. It is a vital source of feeling and activity whose living energy is present in all our actions, interactions and reactions. It is most obvious in its extremes, as in emotional arousal, but it is present too, and more telling when we are in a state of equilibrium for then it defines our most enduring beliefs about others. It exists, Kitwood argues in the very young child, long before the child is capable of organized thought. Kitwood is joined in his thinking here by many others (Wilson, 1993; Murdoch, 1992). In the first year of life, the child accumulates vast amounts of knowledge about her/his own body and about the people and world around her/him. The first meanings the child takes from life are largely in the form of feelings for, at this point, neither language nor understanding are available to the child. Further, Kitwood argues, the child is an agent within her/his world long before she/he is aware of what it means to be an agent. Within this early agency Kitwood includes moral agency. Since the young child can both 'feel' the rightness or wrongness of an act, and 'act' as a moral agent before being capable of cognition,

Kitwood believes the obsessive focus on cognition in the study of morality to be an unfortunate abstraction. He states:

Our most basic moral apprehensions are acquired, not as little moral philosophers, but as sentient beings, not yet capable of indirect, symbolic communication. The morality that is held by a mature and integrated person is not derived primarily from a textbook or instruction, but from the lived, felt experience of relationship - of care, support, respect, love, hatred, fear, rejection. Later, perhaps, it is reflected upon and incorporated into a world-view. (p.52)

In his consideration of the development of moral agency Kitwood uses psychoanalytical terminology. He conceives the individual as having three levels of 'psychic activity', conscious, pre-conscious and unconscious. The conscious level encompasses the rational self and is closely bound to language. Pre-conscious activity is less organized, less logical and strongly affected by mood and emotion. It has been unknowingly constructed, beneath conscious awareness, (often before the individual is capable of formal thought), to deal with highly emotional experiences and provides a very different type of knowledge than does conscious activity. As an example of this Kitwood describes the agoraphobic as one who 'knows' on a conscious level that open spaces are not dangerous but at the same time 'knows' on a pre-conscious level that they are extremely dangerous. The third level of knowing is the

unconscious. Kitwood describes the knowing at this psychic level as fantasy activity which, when it reaches the conscious level, is known in powerful and emotional images and associations. Kitwood believes that all three of these enter strongly into our moral being however he believes that our pre-conscious knowledge is the most fertile area from within which to understand our nature as sentient beings and moral agents. That is, it is from within our mooded and emotional centre that our most enduring and consistent moral being surfaces. As Kitwood points out, the moral philosopher may argue morality eloquently and publish papers which his colleagues admire; he may even be capable of finding resolutions for the most difficult of moral dilemmas, however, his moral being is judged, not by these skills, but by the manner in which he treats his wife and children on his return home from the academic circle.

Kitwood's understanding of the individual comes from his work as an academic social psychologist, from studies in depth psychology and from his own empirical enquiry into the nature and origins of values (Kitwood, 1977). As a practicing therapist he has been concerned with the necessity and method of creating a 'moral space' in the therapy session within which the client can heal. Kitwood believes that this 'moral space' is a product of both the therapist's and client's ability to give 'free attention' to the subject matter that unfolds in the therapy session. Giving 'free attention' is having the ability to treat the other's subjectivity as equal to one's own in a kind of caring objectivity where the

usual distractions of judgement and projection are minimized. Kitwood states that it is dependent upon the ability of the participants to get beyond the 'unacknowledged' anxieties, fears and conflicts around which they have constructed defences. Once these are pulled from the preconscious and acknowledged on a conscious level, they can be laid aside and the pathway to free attention and, subsequently, moral space opens. Kitwood emphasizes that in order to share moral space, both the therapist and the client must be capable of free attention. It is the process of acknowledging our defences that frees us to enter into a genuine concern for others and this concern, Kitwood states, is what morality is.

Kitwood presents an eloquent and convincing argument to encourage a review of how we have traditionally looked at morality, not only in the study of philosophy and psychology but in the process of therapy. It makes good sense to suggest that one needs to be aware of one's defences to be able to gain new knowledge of both self and others and Kitwood is not alone in emphasizing the necessity of the therapist to be aware of and to be working on her/his own issues in order to provide good therapy. Both psychoanalysis (Masson, 1990) and at least one branch of family therapy (Bowen & Kerr, 1988) require the apprentice therapist to address her/his own issues as part of the training program. However, the interesting twist that Kitwood puts on the importance of being aware of one's own issues as both therapist and client is that he conceives this in moral terms. For Kitwood, moral presence in therapy is

not simply a matter of being capable of solving moral dilemma as they arise, rather, moral presence is embedded in every moment of the therapy experience for it consists not in measuring and prescribing the 'moral ought' but in being with the client within a genuine objective and clear caring that is the essence of a moral concern for others.

The therapist-client relationship that Kitwood describes is much like the "I-Thou" relationship that Buber (1957;1958) speaks of in the world of relation where one is able to affirm the other as unique and whole no matter how partially formed. With this affirmation comes an essential entering into "the between" that exists in the lived moments that the "I and Thou" share together. This unconditional 'being with' allows the emergence of a meeting where seemings and pretensions are replaced by genuine dialogue. Within this dialogue, struggles are experienced in a 'living partnership' within which the other's unique and whole person is affirmed despite the choice to argue out differences. Buber, like Kitwood, believes that if the "I" can confirm the other as "Thou" a genuine and mutual dialogue will occur. Like Kitwood, Buber argues too that the current tendency to dissect the whole of the person into its researchable parts through analytical and deductive measures, distorts the picture of the person. Buber argues that this is a distortion whose analytical premise rests on a conception of the whole person as 'put together' and therefore able to be 'taken apart', and whose deductive premise relies on a belief that the dynamic and central entity of the

person can be reduced to a number of schematic and surveyable structures. For both Buber and Kitwood, the whole is greater than the sum of its parts and the parts cannot be understood when separated from the whole.

What Kitwood and Buber are looking at here is optimal experience in relationship. Another researcher who has looked at optimal experience, not only in relationships but in all areas of life, is Csikszentmihalyi (1990). He terms such experience "the flow experience" simply because 'flow' was the word most frequently used by people attempting to describe optimal experience. Csikszentmihalyi states that the key element of an optimal experience is that it is an end in itself. Within this experience there is a loss of self-consciousness, that is "an absence of self from consciousness". Csikszentmihalyi explains that this does not mean that the person in flow is not aware. Rather there is a transformation of time and a sense of union with the other within which one's separateness is lost. There is no place for self scrutiny, rather all of one's energy goes into the 'being with' the other.

I turn now to Tappan (1990), whose hermeneutic approach I will use in my methodology. Tappan, like both Buber and Kitwood assumes that moral presence is more complex than has been traditionally supposed. In his analysis and extension of Dilthey's (1894/1977) hermeneutical approach to 'lived experience', Tappan draws on Dilthey's contention that in any representation of lived experience, the three

psychological dimensions of thinking, feeling and acting are fundamentally interdependent, interrelated and indissociable. Tappan extends this assumption to his own hermeneutical approach to lived moral experience arguing that the narratives of lived moral experience can be interpreted in a manner that highlights the complex interrelationships among these three dimensions of thinking, feeling and acting. Tappan is critical of approaches, like Kohlberg's, which attempt to 'abstract' a single processes from the others, arguing that in order to grasp the complexity of moral experience it must be understood that the interrelationships among these processes form a hermeneutic circle in which each influences and is influenced by the other and none can be isolated and understood. In examining the three dimensions Tappan states that the cognitive dimension is most easily accessible consisting of the individual's thought processes which can be stated and studied. The willing dimension too, is easily observed consisting of acts that the participant either intends or completes. The feeling dimension is more difficult to get hold of for it consists of the person's affective response to a situation and this feeling and instinctual process cannot be easily reproduced. Tappan is in agreement with Kitwood however, in believing that the affective dimension is at the center of psychic experience and though its content resists analysis, Tappan believes it can be accessed through examining the conditions under which it occurs. Tappan argues then that psychic life is a living process whose structure can be examined

by taking a 'cross-section' of any particular state of consciousness and pulling out the interdependent and 'simultaneously' existing processes of thinking, feeling and acting. Like Gilligan, he believes that these can be most genuinely accessed through the participant's narrative of her/his own 'lived experience' rather than through a discussion of moral dilemma. Tappan believes that his method is less open to the criticism of interpretive bias that Gilligan suffered, in that he focuses on the more 'global' dimensions of thought, feeling and action while she has been accused of 'imposing' a particular interpretation upon the text by approaching her analysis from an 'a priori' construction of a justice/care dichotomy.

Overview

Traditionally, psychologists and the institutions that train them have considered the therapist's moral presence in therapy by examining the question of the need to provide formal courses in ethics in teaching programs and by updating ethics codes within the profession. There has been considerable research into how best to present ethics so that the practitioner, once she/he enters the profession is adequately prepared to manage the moral dilemmas that may arise in therapy. Over the past 60 years, researchers in morality have focused primarily on the development of moral judgement and those interested in professional ethics have, to a great degree, followed this paradigm for they have addressed the issue of the therapist's moral presence by examining

her/his ability to identify and resolve moral dilemmas in exercises not unlike those presented by Kohlberg to his research participants. Recently, the tendency to address the question of moral presence by focusing on the individual's moral judgement has been questioned and several researchers (Gilligan, 1982; Kitwood, 1990.) have attempted to redefine the issues in the study of morality. They believe that our morality is not a measure of how well we resolve or manage moral dilemma but rather how well we treat others in the moment to moment relationships of our every day living. Within this understanding they are critical of attempts to isolate cognition from feelings and actions believing that the three processes are intricately associated with and influenced by each other in the development of a moral being. Kitwood extends this conception into his consideration of the therapist's moral presence stating that the therapist's morality is not simply a function of her/his familiarity with an ethical code or of her/his expertise in resolving or managing moral dilemma. Rather, it is a function of how the therapist and client interact within the relationship process and as such is embedded in every moment of the relationship experience between the therapist and client. Kitwood argues that morality depends upon the ability to provide the 'free attention' necessary to engage in 'moral space' in therapy. This, in turn, depends upon the ability of both therapist and client to bring into conscious awareness and set aside, the defences that get in the way of true communion with another individual.

I am in agreement with Kitwood's view that morality is embedded in every moment of the therapy session. Further, I believe that institutions that train and regulate therapists for moral practice commit a serious misunderstanding of both the meaning and extension of morality in therapy when they focus their attention almost exclusively on the cognitive process of identification and resolution of moral dilemma. Of particular concern is the failure of those responsible for the training and regulation of moral therapists, to formally recognize the necessity to address the mooded or emotional aspect of the therapist, (that aspect that is, in Kitwood's view, dependent on the recognition of pre-conscious construals), as a highly significant factor in the equation of the therapist's moral presence.

I am interested in how therapists themselves, in their real-life, day to day engagements with clients, experience morality. Given that morality in therapy has come to be strongly connected with issues of ethics and dilemma resolution, I have avoided framing my enquiry in these terms. Rather, I have asked my participants to reflect upon a wholesome, upright, clear and caring experience that they have had in therapy with a client. I believe that a relationship that can be defined in these terms constitutes a moral experience. My intention is not only to extend the manner in which the therapist's moral presence has typically been addressed, but, more importantly, to gain first hand information about how a number of therapists reflect upon their own lived moral

experience within the therapist/client relationship.

Chapter Three

Methodology

I recruited eight female therapists as participants. The recruitment was done by word of mouth. I explained to these participants, the purpose and method of my thesis and I presented to each, a recruitment letter outlining the same. I conducted two, one hour, open-ended interviews with each therapist. All therapists had been in practice for at least five years. I used the number eight because it is the smallest number of participants I thought reasonable in a project of this scope where I expected to gather 'some' information about female therapists' moral experience without expecting to generalize the results to a larger number of therapists. I used all female participants because the number of participants is small and I thought it more useful to have a larger amount of information about one sex than to have a small amount of information about both. I stipulated five years of experience because I believe this represents enough clinical experience to facilitate a reflective process. My purpose has been to gain insight into how the participants reflect upon a moral experience in relationship with a client in therapy. Since I did not wish the participants to identify the typical ethical dilemma that has come to be so strongly associated with morality in therapy, I defined for the participant, the type of relationship experience that I was interested in. I asked each participant if she had had an experience with a client that fit this definition of a moral experience. I asked her to share

with me how she would describe the experience as a moral experience and I then asked her to share with me the experience itself. When the participant finished describing her moral experience, I asked her to share with me an experience that did not work as well as the one she has just described: that is, an experience that was less moral than the first. Within the reflective process that the therapist used in describing the moral experience, I was interested in three specific focuses. The first was how the therapist 'thought' within the experience. The second was how she 'felt' within the experience and the third was how she 'acted' within the experience. In the first interview I used an open-ended interview approach in which I asked several specific questions and, throughout the interview, I acted as a facilitator, posing comments or questions that assisted the participant to reflect upon and clarify the experience. I attempted to keep the participant as close as possible to the immediacy of the experience she was describing. The interviews were tape-recorded and transcribed. Following are the statement and the questions that I presented to each participant:

I believe that our morality is tested, not by an examination of our knowledge of moral principles or ethics, but by an examination of our day-to-day, moment-to-moment interactions with others. I am not interested here in moral dilemma, legalities, or a puritanical or politically correct definition of morality but rather in the experience of a natural, upright, wholesome, clear and caring relationship.

Can you think of an experience that you have had with a client in counselling that comes close to this: that has felt upright, wholesome, clear and caring?

In what sense would you describe this as a moral experience? Would you be willing to share the experience with me and can you tell it to me as if you were telling a story beginning with the time when you first met the client and then moving into the middle of the relationship and then to the end of the relationship?

Would you contrast this with a story of an experience that you have had with a client that did not fit this description : that is, an experience that was less upright, wholesome, clear and caring than the one you have just described , and again, can you tell it to me as a story with a beginning, a middle and an end?

I wished the participant to share a moral experience and a less moral experience and I wished her to reflect upon what makes the experience moral or less moral. However, most importantly, I wished the participant to reflect upon the experience itself, and to get as close as possible to the immediacy of the experience. Within this reflection I expected the participant to identify thoughts, feelings and actions.

Analysis

In evaluating the interview material, I have used Tappan's (1990) hermeneutical model for interpreting narrative representations of lived moral experience. Tappan's method is similar to the method Gilligan

uses in the analysis of her care/justice perspective in that both Tappan and Gilligan examine real-life moral experience and both use an interpretive methodology in which they employ a 'sequence' of readings and focus on a particular dimension of interest in each reading of the text. As mentioned above, Tappan assumes that lived moral experience is made up of the three interrelated and indissociable processes of thinking, feeling and acting. This approach, unlike traditional studies of moral development, does not seek to separate and isolate these processes from each other but, rather, focuses on the interrelationships and influences among them. Tappan argues that in order to understand and interpret narratives as an 'expression of life' the interpreter must be aware that the narration itself is already a reflection upon the event and as such is distanced from the original experience. However, it is the narration itself, that is of interest, for the process of telling the story is itself an act within which cognition, emotion and action are held together. Therefore, the story becomes a "symbolic textual representation of lived moral experience" (p. 247) from which the interpreter gains access to the mind or being of the story teller. Further, Tappan argues, the process of understanding is 'inductive' and therefore cannot be accessed from an objective or value neutral point. That is, there is no 'nonpositional understanding' and the interpreter can only enter the hermeneutic circle, if she/he acknowledges her/his own perspective. Tappan states:

An interpreter understands by constant reference to her own

perspective - to her "projective forstructure" that shapes her understanding of the world based on her expectations, preconceptions, biases, and assumptions that rest, fundamentally, on her life-style, life-experience, culture, and tradition. (p. 249)

Therefore, the interpreter's methodological challenge is to look for a way to interact with the text from and through her/his own experience.

In analyzing the text, I have followed Tappan's method of reading the text of the narrative five times. The first reading was done to get a general idea of the material. The second reading was done to identify cognitive processes that outline the cognitive dimension of the moral experience. These areas were underlined with a coloured pencil. In the third reading the emotional processes within the experience were identified and underlined with a different coloured pencil. In the fourth reading the actions within the narrative were identified and marked using a third coloured pencil. I recognize clear representations of cognitive processes by such phrases as "I think" and "I believe". Clear representations of affective processes often include the phrase "I felt" or "it felt like" or simply descriptors such as "I was angry" or "I was upset". I identified the conative process through statements of action such as "I just stayed still with her" or "I let her pull and push on me". In the final reading I focused, once again, on the narrative as a whole and was crucial to how the text was understood for it was used to identify the connections and interrelationships among the three processes of

thought, emotion and action.

In considering the validity of the interpretations I make from my readings of the narratives, I rely on Tappan's (1990) comments on the validity of this method of interpreting a text. Tappan states that in general, hermeneutic approaches do not abide by the strict subject-object division associated with the objectivity that defines traditional empiricist methods of enquiry. Nor do they operate from a "correspondence theory of truth" which requires that the truth of a particular statement be dependent upon the degree to which it corresponds to already known facts of reality. Rather, Tappan states, hermeneutic approaches consider the knower and the known to be fundamentally interrelated and therefore there is an expected circularity, the 'hermeneutic circle', where, as stated above, it is understood that the interpreter's knowledge will shape her/his interpretation of the text just as it is understood that within the process of interpretation, meaning is made rather than found. Tappan argues that though such interpretations may appear to be valueless on the grounds of subjectivity, they are not so when the interpreter is seen as a member of an "interpretive community". Tappan states that, within the concept of an interpretive community, the interpreter does not operate in isolation towards idiosyncratic meaning but rather, operates from within a community where values, assumptions and biases are shared, argued and agreed upon. Achieving 'agreement' within the interpretive community is the

ultimate goal for 'agreement' is the test to assessing the validity or truth of the interpretation of a particular text. Since there is not, as yet, an interpretive community which shares Tappan's understanding of the interplay among the processes of cognition, feeling and action within moral experience, the evaluation of the interpretations that come from this method cannot at this time be finalized. Nonetheless, such studies continue to contribute information towards the formulation of such a community.

The purpose of the second interview was to present to the participant a summary of my understanding of her experience and to give her the opportunity to comment upon or add to this understanding. I saw the second interview as an important part of the research methodology for, by providing the participant with the opportunity to comment upon findings drawn from material gathered from 'her', I believe I move toward respecting the participant as 'subject' rather than 'object'.

Chapter Four

Results

The following results provide data on the interconnections among the three processes of thought, feeling and action as represented in the lived experience of eight therapists in session with clients. As the eight therapists relate the stories of their moral and less moral experiences they describe, inadvertently, their own moral process. Using Tappan's method I have attempted to identify the processes as either separate or inseparable and have focused on the influences and interrelationships among these processes.

Jessica: The Moral Experience

Jessica is a 35 year old therapist with master's degrees in both nursing and psychology. She works with clients and their families who are dealing with life threatening diseases such as cancer. Jessica's focus in therapy is primarily experiential. Her example of a clear and caring experience with a client is the story of a fourteen year old girl who is grieving the death of her sister and comes to Jessica in an attempt to deal with the pain and loss connected with this death. The young girl is discouraged that the intensity of her grief has not subsided and she has been told by her friends that she should, by now, be over the grief and be moving on with her life. With the intention of identifying the interrelationships among the therapist's thoughts, feelings and actions throughout the experience, I begin by quoting at length from Jessica's

opening remarks on her sense of what makes this experience a moral experience. She states:

It's quite hard for me to articulate this because a lot of what happens for me with clients goes on the feelings that I'm having about the session. I remember talking to a woman who worked at the cancer clinic and she says, "I try to articulate the models and the theoretical framework of my counselling but what I do is I follow the energy of the session" and that, to me, was a most helpful comment because when you come to therapy and you've done a lot of the theoretical preparation, you could sit and pull it apart according to the theories but in the moment to moment interaction, ... there is something that I follow that is not something that I could articulate at an intellectual or cognitive level. So there's something about trusting the flow of movement that guides my practice ... over the years ... I've learned a lot about that ... and about acceptance of everything that person says as being their experience and having analyzed my reaction to that and my beliefs and my values and how that comes into play in a relationship with a client. I think the biggest gift in terms of making that a caring and wholesome experience is by completely accepting everything that person says and then they guide the interaction. So the more I can let go of my own ego and my own beliefs and values within the interaction, the more that flow will

happen ... when they feel fully accepted, I think that's what creates the process and I have to be willing to let go of any need to control or direct the situation. So to me it has to do with me surrendering my beliefs about what's best for that person and if I can do that fully, that's what I feel will shape their experience ... so I feel very much that the client has all their own answers and if you can sit and be completely accepting, the movement happens ...

I see the above as a rich expression of Jessica's conception of what makes for a moral relationship in counselling. Within her description, there is an intimate interplay among her thoughts, feelings and actions . She brings to the encounter, a particular thinking about what makes for the best experience: total acceptance, nonjudgement, and the belief that if she can provide this and let go of any need to control the session, the client, knowing all her/his own answers, will move the session in the direction it should go. Within the session Jessica depends, not only on these thoughts to structure her therapy, but on her feelings about the session. What happens, she states, "is hard to articulate." There is something about, "following the energy of the session" and "trusting the flow of movement" that guides her interaction with her client. With her thoughts and feelings in place, she 'acts' on those thoughts and feelings as she "surrender[s]" her beliefs about what is best for the client and "accepts" and encourages the client's knowing, thereby allowing the client to direct the session. Later, in another

passage where her thoughts, feelings and actions are closely connected

Jessica states:

... I think our training tells us we should come from some specific point of reference and that's what shapes their (the client's) experience so again we're (the therapists) in control of that, but I feel very much that the client has all their own answers and if I can sit and be completely accepting, the movement happens in its own way and it really has nothing to do with me.

As Jessica describes her thoughts, feelings and actions, it is clear that each informs the other as she works through the session. Her 'thinking' about the training she has received is altered by a 'feeling' that the client is more knowledgeable than the therapist and she 'acts' on this feeling by setting theory aside, staying still, accepting the client without judgement, and allowing the client to move the session forward. Let us look now, beyond Jessica's definition of the moral experience and into her story of the experience itself.

Jessica sees the young girl as "really stuck about her grief and how to live with that" but instead of analyzing the girl's grief, Jessica describes what she 'does'. Note here, how what Jessica does, that is her actions, are again, dependent upon her thoughts and feelings about what should happen in the session:

What I've done with her is allowed her to define her own grieving process, so she's articulating her experience to me but like this is

how I feel, I don't necessarily want to cry all the time. I'm really angry. So she's described her experience very clearly and what I've done is say, that is normal and fine and yes, that is exactly where you should be. And I could have described the stages of grief and said you'll go through this and it's a circular thing, where I could articulate the experiences of grief from a theoretical perspective and she could then slot herself in but here, she has actually described the grief experience for me and I've said it's your experience therefore it's acceptable, it's normal ... [so] she creates the process and she has been very open in terms of saying, this is what I need from you and for fourteen, I think that's quite wonderful and I really encourage that.

Jessica 'thinks' that it is wonderful when the client can create the process of the therapy and Jessica 'acts' on that thinking by encouraging the client and giving her the space to define her own grief. Once the client does this, Jessica normalizes the experience for the client. Again, Jessica's actions here proceed from her thoughts about what constitutes the best experience between herself and her client. In another passage, Jessica outlines not only her thoughts, but how she depends on the feelings she has during the interaction. She describes a session in which the young girl comes in "very angry and really tight":

... this is an example of where I'm following the energy of what should happen and my compulsion, whether it was intuition or not

I don't know, was that she was so tense in her body that it was like a taut string. She was holding very tight and I asked her as a question, would you be interested in doing some relaxation ... so I don't know what that is. It's looking at keys and thinking maybe this would be helpful, maybe it wouldn't but I'll offer it and she said yes and I got her lying down on the couch and I said I'd like to do some therapeutic touch which is an energy thing to help you relax and I explained exactly what that was and is she comfortable with me touching her feet and she said yes and I took her through the relaxation like a trance.

Again, we have an example of a description of an interconnection among the three processes of thinking, feeling and action. At the opening of the session Jessica has a perception based on what she says is a "compulsion" or an "intuition". From within this 'feeling' state she 'thinks', "maybe this would be helpful". Jessica then 'acts' on the thinking and feeling by offering to the client, the relaxation and therapeutic touch. Later, Jessica relates how the client, during the trance-like state of relaxation, has a vision of her sister coming to her and assuring her that all is well and she need not worry about her. The client comes out of the experience and says, "That was awesome" and asks, at the beginning of the next session, if she can repeat the relaxation experience. In another part of the narrative, Jessica reflects upon how, for her, the moral experience between herself and the client, takes shape through

discarding what she has been taught and trusting the connection itself:

I think we can hide behind the words a lot and that's why I use a lot of imagery and the subconscious because I think we get to places more easily in lots of ways and I think that I can hide behind that too. I think that I can easily talk to somebody for an hour but [I ask] what's the most useful thing for that person and offer it and if they feel it out too, if it's offered with a genuine attempt to be of help, then they feel it out and say yes or no. So that's an example of how I think I move the effect to create a wholesome experience. I don't know if this is making much sense but I suppose part of it is being willing to take a risk personally because a lot of this work is unknown and I think we keep ourselves safe by manipulating the situation. So I think part of it is about your willingness to not know the outcome and that's again, about trusting the outcome - that they may know the outcome but I may not know, and as a therapist, I have to be willing to not know, which I think can be frightening cause you think - can I offer this? I don't know where this is going to end up. And then I think - they know, and I trust the process. And if I can create safety, somehow they will feel safe enough to move with it.

Here again, Jessica's thoughts, "I think we can hide behind the words" , "I think we get to places more easily", "I think I can easily talk to somebody for an hour", flow into her feelings: "... part of it is about your

willingness to not know the outcome and that's again about trusting the outcome ... which I think can be frightening ...and then I think, they know and I trust the process". Further, the feelings of fear, trust, and letting go of knowing, precede Jessica's act or intent to create safety so that the client can trust her own knowing and move forward. In this meeting with her client, Jessica's thought, feeling and action processes unite to form her way of 'being' with the client. When I asked Jessica to describe what this experience was like for her, her feeling state about and within the experience was evident:

I absolutely love it. I love who she is as a person. I love and honor the process she's going through and I see her strengths and I see how she's living her life as a teenage person and longing for something deeper than that and in terms of what it's like for me, I'm sort of in awe of the process. I get excited to see her because I want to see where she's at this week. I'm just loving watching her go through it and one of the things I think is very helpful ... is that, when you're working with the subconscious you can put in positive statements about her strengths and her ability to cope with accepting all the feelings that are there ... so there is something about that part of the relationship that is really feeding her and nurturing her in a way that's helping ... so I'm able to say things to her that I really believe in terms of her strengths ... it's like intense nurturing of her which I think is what we all need to get

through difficult things. It's like caring. I don't know what words to use but I think if you feel cared for then you move ... and I'm not really doing anything other than being there and making positive suggestions and telling her that wherever she's at is totally fine. ... I realize how few words there are for this and that it's quite a lonely process and you really have to trust yourself. ... Again, how do you articulate that?

Jessica feels excitement, love, caring and respect for her client along with a love, honor and awe of the process of the therapy itself. Her intensity, as she describes the experience is obvious and she struggles to find words that will illuminate its depth. It is for her at once wonderful and lonely. As she continues, Jessica thinks about what makes this process possible:

Well I think it's when you convey an essence of total acceptance and absence from judgement. I think that people sense that and you can call it caring or love. I don't think there are words for that but I suppose respect comes closest to it. If I can respect everything about the person and not impose my values or beliefs about them and their experience, that's what I think moves the session in the direction it should go and how I actually do that is a good question. I think it comes from my belief in people being in exactly the right place wherever they are - that this is all part of their experience and there's no good or bad or right or wrong

about it. It just is where they are and that's hard to do sometimes. It's hard to accept when you're working with a young person that's dying of cancer - that somehow that's fine. Fine in the sense of the larger picture - that somehow this is exactly where they are and they have to live with that. So that facilitates that wholesome experience. I think the other thing that facilitates it is me as a human being, not me as a professional. I do a lot of thinking about this, how many barriers we put up to a human interaction ... and I think what creates the best relationships with clients is when they see me as an authentic person. Cause I can sit there as a nurse or as a counsellor and I know how to do that very well. You put on a professional voice and a professional way of sitting and all of the things that we were taught in school, which I think puts barriers between people and means that this is, at some level, all kind of abnormal relations with people - that people have to pay to come and have someone listen to them. ...I think that's completely abnormal and that what's most beneficial is two people relating as human beings with compassion. ... so I feel like I'm myself. I don't feel like I'm me as a professional and me as Jessica in my home and in my life - that these two are very similar now ... I think the boundaries are created to protect us because we are afraid of being fully authentic and the more authentic we are the more helpful we're going to be in therapy ...

Jessica makes an interesting observation both here and in her thoughts above. What she appears to be saying is that she believes that if the therapist can discard the knowing that she/he has been taught by others and find and trust her/his own truth, the best connection will happen. For Jessica, this truth comes, not just from what you think to be true, but from what you 'sense' to be true, and it is from this combination of thinking and sensing that she 'acts'. Let us now turn to Jessica's example of a less clear and caring encounter.

Jessica: The Poor Experience

Jessica's story here is one of counselling the husband of a woman who had been diagnosed with breast cancer. Jessica believed that the man was terrified that his wife would die and he would be alone. He was so fearful of this future, that he was already thinking of his wife as dead and he was beginning to search for another partner. Jessica was aware of making some judgements about this. She said:

I know by my own reactions that I was - that my own beliefs and values about him as a person were getting in the way. So it's back to that ... I was having difficulty fully accepting him and his behaviour ... and for it to be most helpful, I need to accept him where he is and I was aware that I couldn't fully accept him because I thought he could be more useful to her if this, this and this. So I think what gets in the way of a caring relationship is my judgement of what is right behaviour for him and I don't know that.

I don't know what's right for her. I was making judgements about what was right for her and I don't think I can do that and I think that my belief creates a reaction in me which then means that I can't fully accept him and right there you've got a tension.

Jessica is aware of having a negative reaction to the client's story: a reaction that she believes is connected to her judgement of him.

Though she knows that this judgement sabotages the success of the relationship, she is unable to shift the feelings that she experiences when with him. It is clear that Jessica 'knows' how she should feel and act and it is equally clear that this knowledge does not equip her to either feel or act in that way. It is as if her emotional reaction to the client overpowers her ability to be with this client in the most helpful way. Later in the interview she describes more of what got in the way:

... one of the things I've been thinking about is people who choose to come to therapy, their level of commitment to the process and how much I'm willing to be there if they're not really committed to the process. So I think in this situation, he wanted certain things out of it. What he wanted out of it was, he wanted his wife not to die because he's very scared of being alone and so what he started to do is he actually thinks of her as dead already even though she's quite well and he's thinking of finding another woman cause she's going to die and he's going to be on his own. So that's where my beliefs came into it. You know, that doesn't

seem right somehow - you know the right and the wrong of that.

Uh - where was I - uh something to do with being committed. It felt like what he wanted was for me to say - uh - so my belief got in the way, that if he is really committed to the process of therapy then he is going to want to look at his own reactions and responses when he's feeling this way and that way. Now he made it very clear that he didn't want to do that. He wanted me to say you're right. That was my perception and so I decided that it wasn't a helpful interaction for him. So that's again my belief and that I found it too difficult to work with him and I actually said no, I couldn't work with him anymore. So that was a situation - it was very interesting, the whole thing. ... So that was a feeling thing and to me it was sensing he wasn't really committed to looking at his issues.

As in the example of the good experience, Jessica enters the encounter with certain beliefs about what should occur in the session; if the client is not ready to look at his own issues, then he is not committed to therapy. Further, Jessica is aware of making a judgement about his behaviour, "the right and the wrong of it" and about what is good for him, "I decided that it wasn't a helpful interaction for him". Jessica is informed by more than her thoughts. Her 'feelings' in the session are evident. Such statements as "It felt like what he wanted was ...", "That was my perception...", and, "So that again is a feeling thing and to me it was sensing he wasn't really committed ..." define the encounter in terms of

more than thoughts. It is difficult, however, both here and in other parts of the narrative, to distinguish her feelings from her thoughts: that is to see these processes as separate. Though Jessica uses 'feeling' words to describe her state, ie. she "felt", "sensed" or "perceived" certain things, I do not believe that we can interpret these as purely feeling states. Nor do I believe that when she uses words like "judgement" and "belief", that these are purely thinking states. It seems more true that when one 'senses' something, or believes something, one both thinks and feels at the same moment. Though there may be times when either thought or feeling appear to dominate a particular moment of her state of being, the two never seem completely separate. There is further evidence of this in the following quotation. Though I see Jessica's feelings as predominant here, her thoughts are not far behind. I asked Jessica what this experience with the client was like for her. She describes herself as confused, irritated and uncomfortable:

I got irritated. I uh - I knew that - I mean I think he felt supported but I didn't - it wasn't a good experience for me because I wasn't clear about what I should do in this situation because I realized how much my beliefs were getting in the way and that I thought he should be a certain way with his wife and that is a judgement and I know that, so it doesn't feel good to me to be in a situation where I'm judging when I'm in therapy because I know that that's not helpful. But for me to fully accept him was difficult so what I

realized was my limits and ah - it made me look at, why did I react to him so much? What was it about that particular - was it about him behaving like that? You know I thought a lot about it - um - and the bottom line is I didn't like him! So there's a complete judgement! I just - I just - it's not somebody I wanted to work with.

This is an interesting passage in that it provides a complete contrast to Jessica's thought, feeling and action processes in the former example. In the moral experience Jessica is 'clear' in her thinking. She is non-judgemental, accepting everything about the client. She respects the client's journey and trusts that the client knows where she is going and has all her own answers. She says, "I think it comes from my belief in people being in exactly the right place wherever they are. That this is all part of their experience and there's no good or bad or right or wrong about it. It just is where they are ..." This clear belief topples and is replaced by another belief in the poor experience. When describing the client's search for another partner she says, "You know that doesn't seem right somehow - you know, the right and wrong of that." Something has shifted so that Jessica cannot see this man as "being in exactly the right place". She both thinks and feels differently about this man's journey; it doesn't "seem" right. She becomes judgemental, and knowing that this is wrong, ie. it doesn't fit with her strong beliefs about the importance of nonjudgement, she becomes uneasy and confused.

What has shifted, and therefore altered Jessica's capacity to be

with this man in a clear, caring and thoughtful way, is her feelings. It is as though her thinking becomes infected by her feelings. For Jessica, the "bottom line" is that she "didn't like him". This is a complete contrast to her feelings about the young girl; "I love who she is as a person. I love and honor the process she's going through ...". Here, Jessica's strong positive feelings for the client, facilitate the flow of a positive process. There is further evidence to suggest that Jessica's feelings got in the way. When asked why she reacted negatively to this particular client rather than to other clients, Jessica's emotions are obvious. "That's a really good question. Why is it him and not other people? It's - it's to do with me. It's to do with my beliefs about middle aged balding men who fuck around on their wives." So, though Jessica has a strong belief in the power of non-judgemental therapy, she has a strong belief too in the immorality of certain behaviours and when faced with these behaviours she becomes judgemental. Each of Jessica's beliefs inform, and are informed by, a particular set of emotions and though it is impossible to make a complete distinction between thought and feeling, it does seem clear, at least in her experience with the male client, that her feelings overpower her thinking. That is, she so disliked the man and his behaviour that she is unable to act on her beliefs about how to be the best therapist, beliefs that she so strongly and clearly articulated in her opening remarks in the interview. This raises the question of whether the therapist's feelings about the client act, in all cases, as the final dictate in

how therapy progresses. That is, does the therapist's feeling process, (a process that Jessica describes as intuitive), determine outcome or is there a way to manage those feelings so that they do not undermine the therapy? I asked Jessica what would have had to shift for her to be helpful to this client. She said:

For me it would have been to have someone to work it through with - to have another therapist that I could talk to and really look at my own reactions and see what that's about cause obviously it's triggering something in me and I really believe that when we react, it's our own stuff ... so what I would need to be able to continue, is to have some help. ... Yeah, I think it's me. I think it's my own judgement and if he could feel fully accepted by me, I have trust in that being helpful and ... who knows where that could lead. Like I have great faith in that - in that acceptance, because I do believe that at the core there's a person that's worth something and it's all his wounding and I understand

Jessica believes that her own issues triggered the emotions that got in the way of her being helpful, and that her relationship with the client could have changed had she had the opportunity to work through her reactions with another therapist. That is, she believes that though she was unable to do so in this case, there is a way to manage the emotions that undermine her effectiveness in the relationship.

Summary of Jessica

In summarizing Jessica's experience, there are several themes that I would like to pick out as useful in connecting this initial interview to those that follow. I will make a more detailed summary of all of the interviews at the end of the chapter. The first and central theme is the difficulty of making clear distinctions among the thought, feeling and acting processes as Jessica describes them. This problem is particularly well demonstrated in Jessica's comment, "The bottom line is, I didn't like him! So it's like, there's a complete judgement!". The statement is remarkable in that, Jessica describes an intense feeling process, "I didn't like him!", as a decisive thought process, "... there's a complete judgement!". That is, she describes the feeling as the thought. Despite this difficulty of distinction, I believe that within this and the following narratives, it is possible to find places where one process is dominant over the others. For example, I believe that the feeling process, when that feeling process is intense, is frequently, if not always dominant in determining the relationship outcome. I see this as most evident in the participants' descriptions of the emotions that accompany the less moral experience. First, this is the area of the narrative where each participant is most able to move back into the moment of the experience itself, and secondly, it is the intensity of the feeling response that comes across most vividly in the description of the experience. As in Jessica's experience, the participant's are aware of how they 'should' be thinking,

feeling and acting, to gain the best results for their client, but the strength of the negative feelings that arise as they hear their client's story, inhibit the thinking and the actions that would lead to a clearer and more caring outcome.

Other thematic material in the narratives that I think worthy of comment evolves around the the participants' use of particular words or phrases to describe their relationship experiences. In describing the good experience, Jessica uses the words "trust", "acceptance", "permission", "flow", "love", "honour" "authentic", "respect", "compassion" "nurturing" and "caring" and the phrases "creating safety", "absence from judgement", "following the energy of the session", "letting go of ego", "surrendering my beliefs", "being fully present" and "the ability to risk". Jessica describes the poor experience saying "I couldn't fully accept him", "I wasn't clear", "my beliefs got in the way", and she uses the words "tension", "irritation", "triggering", "judgement", and "reaction". These same words and phrases are used repeatedly in all of the interviews. The third and final theme that I will focus on is the discussion of the question of skill and learning, particularly as it arises in the participant's thinking about the poor experience. Without exception, the participants stated that either they, had they had further training, or another, less reactive therapist, could have done good work with the client in the poor experience. More interestingly, each therapist identified her own unresolved issues or biases and the irritation, confusion and tension that

resulted from these, as the main problem in her failure to be with the client in a more clear and caring way. These unresolved issues set up 'dissonance' or inner conflict among the processes so that the therapists 'knew' one thing yet 'felt' and 'acted out' another.

Mary: The Moral Experience

Let us turn now to the interview with Mary, a 49 year old therapist who has been practicing family systems theory for eight years.

Mary describes the best experience with a client in terms of defining boundaries. Like Jessica, she is very conscious about what she brings to the process with the client. She states, "I can talk about ...where I've done a pretty good job of respecting the client's boundaries and not pushing or pulling on them - not trying to manage how they function or define them but sticking with trying to manage how I function and define me." Mary talks too about the significance of the 'fit' between the therapist and the client. She describes her work with a married woman who wants to have children but whose husband does not want children. The woman is facing the difficult dilemma of whether or not to leave the marriage. Mary states:

... each session is filled with a lot of emotion and a lot of tears.

Now there is something about how she presents herself and how I fit with that, that I can do a pretty good job of hearing her dilemma, asking questions that help her think through the dimensions of it, so that she comes to a decision that is as informed and as solid as

she can and I have given her space for her tears without undermining her by over emphasizing her feeling state in a way that she ends up being done in by that and I have felt relatively free from any anxiety about somehow managing the struggle she's in - that I've got to somehow help her or feel responsible for her outcome - which is where I can get if I'm in a less effective place.

As with Jessica, Mary brings to the encounter with her client, a particular way of thinking about what provides the best therapy. She believes that if she can let go of any need to 'manage' the client and focus instead, on managing herself and hearing, clearly, the client's story, good things will happen. Mary also identifies the emotional process that takes place in the session. She believes that it is the "fit" between herself and the woman that facilitates the flow of the session. Because the fit, or the emotional piece in the connection, works, Mary is able to manage her own anxiety while in connection with the client's anxiety and this allows her to be with, yet not take responsibility for, the client's pain. She speaks further about the feeling process within a good encounter:

There is some feeling feedback, some feeling response when I know I have done a pretty good job of being in contact with another organism and have been useful to them in a way that really honours their space - their right to struggle with their

feelings and their own responsibility and not to take that away. ...

There is something about the experience of emotional connection when one is separate, and by separate I mean clearly boundaried, managing self well in the connection, that has a very satisfying quality to it.

Not only is there an emotional 'fit' between Mary and the client, but Mary is aware of the experience of a private satisfaction when she feels she has done a good job. That is, when her thinking about what is good therapy, her feelings while in connection with the client, and her actions, or her ability to stay connected and allow the client the room to define herself, line up. This 'satisfaction' is the reward for piloting a smooth course through rough waters. There are however, some cases, where, despite her clear knowledge of what needs to be done, the course does run not smooth.

Mary: The Poor Experience

Mary describes, in her example of a less satisfying therapist/client connection, how she believes this happens. The client she speaks of is a woman with marital issues and Mary saw her individually and then with her husband. As the therapy continued the woman stopped coming in while her husband continued:

He has continued to work for many years while she dropped away angry with me ... and I find it hard to see what I did but I know from the outcome that I got into a subtle way of functioning with her that

was attempting to please her. If she didn't like you, you knew ... and because of the level from which she was run by anxiety ... when I began to be a disappointment to her, which I think happens when one gets caught in the projection process and one participates in the transference, I would have subtle reactivity. I would become stiff and would indicate by silence or stiffness or pushing on her and being indirectly critical. ... I think I lost it early on.

When asked what happened in the connection to produce this outcome Mary replied:

Well I think it's somewhat just the level of fusion I carry and the level of fusion the other carries. It's more than that. I think it's more than just the fusion. It's how the other individual acts out their fusion and how that fits with my history. In other words, I think I can work with some people who are as fused or more fused than I am and be of use to them. ... I'm not sure how clear I can be on this but ... is it back to the primary triangle and my negative reactivity to my mother and over positive connection with my father? ... I think the projection process happens much more frequently with women clients who come in and present themselves as victims and I see that as my mother's position in the marriage and I somehow do a better job with the men in staying connected and I get caught being done in by, as with this former client when she

wants me to do something for her and I can't and I can feel some pull or lack of clarity about what I can or can't do. That doesn't happen when others present in a non-victim's way. So I do think that it has something to do with my own position in the triangle and so when I come to this situation with a client who plays out my mother's position in the triangle, I get caught.

It seems true that Mary's feelings about this client, feelings that she connects to her own fusion in family, get in the way of her being as clear and caring as she is capable of in other relationships with clients. When her emotions interfere, the interconnections among her feelings, thoughts and actions become evident. Feeling anxious, she becomes confused and she acts out her discomfort by becoming stiff or critical or silent. As with Jessica it would appear that here, the feeling process is the dominant process and, to a great degree, determines outcome. I asked Mary what this experience was like for her:

Well, it's listening to myself either talking too much and what I'm doing is trying to convince the other person or teach the other person or in a kind of indirect way of triangling around the theory - sort of bringing the theory alongside as some kind of authority with me or verbally I can hear myself being overly direct in a kind of challenge to the client with a clinical edge. I can tell that I'm at a kind of serious working-at-it mode and I'm rigid and don't have any room to get playful. I don't have an option. I'm on automatic

and I don't have the automatic button switch to manual. It's just out of reach.

When caught in the projection process, Mary gets anxious and begins to talk or direct or argue with the client. I asked Mary what she thought the experience was like for the client. She said:

Well I think in some ways they're feeling pinched. They're on the defensive or on the attack, or in other ways in different modes of defensiveness: more passive or more active ways of being defensive. I think that they're seeing me as the problem and I am part of it.

It is interesting that Mary can actually 'hear' herself reacting, during the session. That is, she 'knows' what she is doing and she 'knows' that she shouldn't be doing it, but despite this knowledge, the emotional process is just too alive to control and as a result it both dominates her thinking and dictates her actions. Let's look again at the clarity with which Mary understands what constitutes good therapy. She talks about what she thinks constitutes a good experience for her client. Her choice of descriptors echoes Jessica's choice:

I would like to think that they [clients] feel honoured and respected as a person. That in some way I have something to contribute to them but I'm not an expert - that they are treated as an intelligent responsible individual and that I am more of a consultant to their process. I think that in the short term the client may go through

different feeling states about me but I think if they stick with the process - I think if I'm doing a good job, even if they come in once, there is some way that they experience themselves as respected and their strengths emphasized and will have at least some moments of thoughtfulness.

Mary believes that if she is doing her part well, the client will feel honoured, respected and responsible. She talks further about good therapy, by describing the process of a particular client who, after many years of counselling, reaches a new level of being:

She [the client] has come to some kind of clearer perspective about life and her own ability to manage herself and has taken risks and developed not just more confidence at a feeling state, but she has more solid knowledge and can live out a life that's going to allow her to grow and not have to try to live in some way, a protected way.

Mary's narrative is a nice analysis of her perception of what the client can experience when the therapist/client relationship works. When the therapist is able to define herself clearly and avoid the projection process, she can relate to the client in a way that both encourages and assists the client to extend her way of seeing and being in the world. As with Jessica, Mary's focus is on self in the interaction. As with Jessica too, Mary gets confused and caught when the client's personality triggers something unresolved within the therapist's experience. This trigger

activates the therapist's anxiety which in turn interferes with a clear encounter.

Sandra: The Moral Experience

I turn now to the interview with Sandra whose less moral experience is almost identical to that of Mary. We will look first however, at Sandra's moral experience.

Sandra is a 47 year old therapist who, in her nine years of practice, has primarily worked from an experiential framework. Sandra begins by relating her understanding of what made her good relationship a moral experience:

I would describe it as moral in that I felt really congruent with myself in that I was being myself and interacting with her in a way that was very respectful, in a way that really honors her and in that her wellbeing was uppermost.

The concepts of congruence, respectfulness and honoring the client, are key to Sandra's thinking about therapy. She speaks further of her relationship with this client, a woman who was very depressed:

She was a client that I felt a real connection with from the beginning - you know how with some clients that takes a while to build up. ... She would go into these cycles of almost overwhelming powerlessness and what I was aware of was her strength and I think what pulled her through was that I experienced a lot of love for this woman. I could feel it early on

and I just stayed present with that and ultimately it got through to her and in that loving relationship I was able to be candid with her about myself and with the dynamic of the relationship and I feel good about that. ... Like therapy is an interesting tightrope that you run in terms of your own self disclosure as a human being versus keeping that separate and I showed her aspects of myself that - and each time I wondered if it was appropriate and each time it was clear that it was and they turned out to be turning points but they were struggles too and my sense was that it was very authentic and she responded and we took some risks.

All three processes of thinking, feeling and action are present in Sandra's story. Her early feelings of love and connection with the client allowed her to be with the client in a clear and candid way. She "stayed present" with these feelings and it is this that she believes pulled the client through. Sandra's experience of authenticity and congruence echo those of Jessica and, like Jessica too, Sandra found that the honesty within the connection allowed both her and the client to take some risks. The manner in which Sandra reports the narrative suggests that the connection, the feeling part of the relationship, came first. She states that she could "feel it early on." She talks of her love for the client and her determination that the client recover. When asked what facilitated the relationship experience, the depth of Sandra's feelings about the client become more evident:

... her story was somewhat similar to my story in being misunderstood by family and being judged and being the creative talented one and having to hold that back and her story was one of being a strong woman that had to be quelled. ...it had something to do with my respect for her talent and creativity and plus we just connected ... I think perhaps it was that mutual understanding of art and poetry and language and writing and so there was a real mutuality. I really liked her. How do you explain connection like that? It's almost kind of spiritual.

Sandra identifies here a personal sharing of life experience, a "mutuality" that pulls her emotionally closer to the client. Something, she states, that is almost spiritual and it is this feeling that facilitates the flow of the experience. I asked Sandra what the experience was like for her:

Well at times it was exciting, especially when she was making real shifts and at times it was heady stuff. I don't want to romanticize it because there were times when I thought I hadn't done a good session. I guess as I'm thinking about it now, what I feel was there was a sense of excitement and there was an authenticity about it - for me that testing out of - like what we learned in Grad school was be empathic but don't share anything of yourself and what I was really doing with her was really pushing those boundaries and testing my engagement as an authentic person and how that would affect her and it wasn't really conscious but when I thought

about it after I saw it but what has been growing for me in my practice is the growing conviction that that is what is important, genuine caring and love, and if that is there, you can move mountains and so she was a very clear example.

This statement is a nice example of the connections among Sandra's thoughts, feelings and actions. Sandra identifies not only the emotional process but the flexibility of action that that process allowed. It was through the love and caring for the client that she was able to be authentic and to test the boundaries of the relationship. She speaks elsewhere of feeling free to "take risks" and to "move into new territory" with this client. Sandra identifies her thinking process also. Though she wasn't conscious of her thoughts during her engagement with the client, she realizes in hindsight that it is her "growing conviction" that authenticity, caring and love are key to good therapy and this thinking informs, (at times, at only an unconscious level), her way of meeting with the client. When we look at Sandra's less moral meeting with a client, her feelings again take precedence in determining outcome.

Sandra: The Poor Experience

Sandra's client was a woman who presented with what Sandra identified as "borderline issues". She described her as having poor boundaries, and presenting as a real victim with a need for total engulfment with the therapist. Sandra realized, as the relationship progressed, that she was becoming irritated with the woman's

victimization and she realized too that she needed to refer the client.

Sandra explains her understanding about what was happening:

The relationship was fine in the beginning. There was a connection. I certainly liked her. It was just like a regular client connection. There were no problems. But what began to emerge over my learning was that I have some difficulties with borderline issues and I realize that the reason I have this problem is because my mum has a lot of borderline issues and sometimes they will manifest like this with victim kind of behaviour that really triggers me. I've had to really work with this. ... I became aware in working with this woman that these were issues and she thought I was wonderful but there wasn't that kind of mutuality and she would begin whining and I would get irritated and I was aware of this response.

Though Sandra, through her thinking about her reactions, comes to a clear understanding of what inhibits her relationship with this client, she is unable to move out of this and be with the client in the clear and caring way that she knows will "move mountains." Her thoughts cannot rescue the relationship because her feelings, despite her knowledge, persist. Later in the interview she identifies her "irritation" as her first cue that things were not going well. She states, "[I knew] by my irritation, an irritation with her tears. Instead of feeling compassion I felt irritated when she started being a victim. That's what troubled me." The problem of

Sandra's feelings becomes more evident as she describes how she referred her client:

... so how I put it to her was in a way that was not as moral as I would have liked it to be because I would have liked to have been able to be fully honest with her - that her stuff triggered some stuff in me, my mother stuff ... she was sad to leave me because she felt that I was the first person who had ever cared for her which kind of troubled me because of my feelings. ... I told her that I didn't think I had the skills to take her where she needed to go and she went away feeling really good but I feel troubled by that. ... I think part of it was the mother transference thing ... and also it was - well I'm not sure how you deal with that. You don't want to tell them you don't like them. What feels inauthentic I think is that she really thought I liked her. She really thought I cared. That's the part that troubled me. I think at some point it was healing for her but at some level of unconsciousness she must have known. So I wonder what she did think unconsciously. I mean if I did do it over again, I think that I would like to have talked about the counter-transference. That would have been the way to go . That would have been more honouring.

One of Sandra's concerns here is the question of skill: the skill, in this case, of handling more morally, the referral of a client she felt uncomfortable with. Her uneasiness plays a part in the problem so that

she cannot be as honest as she would like. Her emotions derail a clear referral.

Sandra's analysis of the problem with her client is not unlike Mary's discussion of the importance of the emotional fit between therapist and client. What appears to be true, here, in the previous two interviews and, as we will find, in the interviews that follow, is that no matter how clear the therapist's thinking may be, there are particular relationships where her emotions interfere with that thinking and, subsequently, with the therapist/client relationship. In the next interview the participant presents a strong example of a negative emotional reaction to a client.

Monica: The Moral Experience

Monica is a fifty-three year old therapist who has been practicing for seven years. Though she describes her approach as eclectic, she uses a lot of family systems theory and when she is working with children, play therapy. She works extensively with children and the families of children who have been sexually abused. Monica believes that her focus on sexual abuse, explains at least part of her negative reaction to the client she presents as her less moral connection. Let us look first at Monica's story of her good therapist/client experience. Monica's client, a man who is involved in an affair, is facing the dilemma of whether or not to leave his marriage. Monica describes how she thinks of this relationship as a moral experience:

I guess I'd think of it as a moral experience because I think it is so

hard to be a counsellor who is impartial and not let my own biases come in. ... of course he would like my input and I've told him that isn't my role - that I'm here to help him make whatever choices are correct for him. So on the one hand, I believe so much in marriage and family and I could easily, easily sway him to make that decision. But that wouldn't be his decision, it would be my decision, so to maintain the impartiality while maintaining a very caring attitude. ... So it's forcing me to keep my biases out - to be really honest person - to - person in the counselling relationship and we have grown very very close and have a lot of respect for each other. ... maybe it's the non-judgemental attitude we are all trained with when we look at Rogers and unconditional positive regard.

Here, we hear the familiar words of respect, honesty, impartiality, non-judgement and unconditional positive regard that form Monica's way of thinking about moral encounter. Later, she describes the relationship as both exhilarating and challenging and she speaks of how much she enjoys working with this client. Though she is aware that her values conflict with those of her client, she is able, through clear thinking, to keep her views from skewing the relationship. Her thinking, her feelings for the client, and her actions, coincide to build a strong and trusting relationship. Monica's next example is a clear contrast to the above.

Monica: The Poor Experience

Monica describes the beginning of her only session with this client:

This was a really difficult one and it was only a one shot. A man phoned me and came to see me last winter and I said before that we're trained to have unconditional positive regard and this was probably the only time that I wasn't able to give that to a client. He walked in the door and sat down in the chair and he didn't say over the phone why he was coming and within the first few minutes of sitting down he told me that he was a sexual offender... and just physically I wanted to throw up because I counsel children who have been abused and I also counsel adult survivors and probably if I had known that he was a sexual offender there is no way that I would even have tried to counsel him. So I just did not feel anything. I tried to be respectful and tried to be empathic but I didn't have this unconditional love. I just wanted to get out of here - feeling really uncomfortable, really uncomfortable - and he didn't seem to be at all truthful and he cried at one point ... but then later on in his story it got very muddy and I never heard from him again of course and he didn't have any money to pay me. He knew what the fee would be and he reached in his pocket and he said, "I don't have any money but I'll send you some." ... It was just really uncomfortable for me I felt just really used and abused. ...

The money was nothing. I would have paid to get him out of my office.

Unlike in her first example Monica is unable to keep her values from interfering with the relationship. Her emotions here are so strong that they control her thinking. She appears to have two conflicting sets of thoughts at work at the same time. She 'knows' that in order to form a good relationship she needs to be empathic and non-judgemental, however, she also 'knows of' the distress of abused children. The former thinking pushes her toward empathy for the client while the latter pushes her toward disgust. Her emotions kick in on the side of the abused and, dominated by this emotional process throughout the session, she is unable to respond empathically to her client. The session becomes "muddy", "uncomfortable" and "unclear" and she speaks of what she interpreted as the client's "duplicity" and of her difficulty returning to her office after the client leaves. When I asked Monica what the experience was like for her she said, "I don't think if I said revolting that would be too strong a term. I couldn't feel good about it. So in terms of morality, I guess my own values had a lot to do with it." It is difficult to separate thoughts and feelings here. This statement is interesting in that Monica identifies her values, (and here she is speaking of her bias against sexual offenders), as central to her emotions. The reason Monica "couldn't feel good" about the experience is that her biased thinking, arouses emotions that are so strong and yet so contrary to her thinking

about good therapy that she cannot be happy with her performance as a therapist. That is, it is the confusion between two conflicting, yet strongly held, sets of beliefs that precipitates the emotional flood that undermines a moral encounter. While Monica talks of her ability to "stay on track" with her thinking in the first experience, she describes the above experience as a slow "bumpy" ride. She states, "It was as if the street car had gone off its tracks."

Monica, like the other participants, raises the question of skill and the knowledge she gains, through her poor experience, of her own limitations:

If I was going to counsel offenders I would certainly go out and get the training to do that and it would be really hard for me to do that because I'm working so much with the children. I don't know how therapists do both but they do and they do a good job but I guess I couldn't. ... I never thought I would feel that depth of feeling so dirty because there was an offender sitting across from me. ... I hope he got some help. I think if you went through the training you'd deal with all those vibes. ... It's funny how that one came back to me. Maybe it's the looking at the first one as so clear and this one as so muddy.

Though Monica regrets the encounter with this client she learns from the experience and uses that knowledge to make clear plans for the future. The experience provides her with certain information about

herself that she was unaware of and that knowledge helps her to avoid a poor experience in the future. For example she talks later in the interview about how she would, in the future, be much more careful about screening clients. Her emotions, actions and reactions in the less moral experience, inform her toward more moral experience. I turn now to the next interview, another example of where the therapist learns a great deal from her less moral encounter.

Diane: The Moral Experience

Diane is a 45 year old therapist who has been working for nine years in the school system. She bases her therapy on Jungian and psychodynamic theory and, dealing with children, she uses a lot of art and play therapy. I asked Diane to explain how she would consider her good experience to be a moral experience:

I guess I would say that it was an example of a relationship that was mutually respectful. I would say that it would be one that had clear boundaries. I think it would be one that I could define my role as a therapist - I had a pretty good understanding of what my goals would be - I knew what I was aiming for - I had a plan in mind. ... If I could just expand on the whole idea of boundaries - and I think again that sense of knowing and of timing - how far to go and when to go that spot and how to wrap it up and to know how to let it go. It's kind of entering into a world with people and not over identifying - not getting hooked into what their issues are -

being a helper and being empathic but not becoming enmeshed.

Diane defines the experience as moral in terms of respecting boundaries: knowing when and how to enter and leave the other's world. She identifies her own clarity about her purpose and her role in the relationship, as central to her part in creating the moral experience. As Diane tells her story, her thinking about the importance of boundaries becomes clearer. Diane's good experience is the story of a twelve year old girl who was performing below expectations in school. The girl seemed depressed and very tired during classes. Her family and her medical status had been checked out and there was no apparent cause for her affect. Diane was able to join with the girl and, through art therapy, the girl created a series of characters which allowed her to explore a wide range of emotions and thoughts which Diane believed had been repressed. Diane describes her thinking during the experience:

What came to me was that she was a girl who was trying very hard to be the nice sensitive caring kind of daughter but she had all these other feelings inside that she didn't know how to cope with and that got repressed and she was able to - I think able to see, to allow expression of her voice, in ways that were effective and the summary of that was that she personally learned from her drawings. The characters transformed themselves through the drawings. It was one of the clearest definitions of therapeutic

exchange and interaction and interesting to look at from a moral sense.

Diane was clear in her thinking about what was going on for the girl and about what might help the girl. She acted upon this thinking by presenting the girl with the opportunity to do some art work. What she 'did' with the girl was directly connected to her thinking that it would be useful to the girl to explore, through art, her feelings and thoughts. Diane was, at the time, involved in a course where she was examining the therapist/client connection. In Diane's explanation of her work, we get a clearer sense of the relationship:

... part of my work and my presentation was to look at her drawings and then draw myself in relationship to her which was an interesting exercise. I kept all the pictures because they were just so fascinating. Initially what I saw in my relationship to her was someone who was very much a guide, a leader. Someone to say come with me. Let's explore this avenue and the girl looking downcast saying, 'No I can't, no I can't.' - so fairly direct and then as the relationship transpired and she seemed to gain the internal strength that she needed, it was more just someone to celebrate with and say, 'Wow look at what you've done. Isn't that great' - and she became more independent. So that I think my relationship with her, while it delved into such personal ... symbolism, I think that part of that was always to appreciate, to ask

questions, to make hunches about, but never to come and say, "Ah this means this", but always to just raise the awareness and allow her to come to her understanding and interpretations of what that meant.

Diane's 'thinking' about boundaries guides her 'actions' with the client. She is careful to "celebrate" rather than interpret the girl's work. She guides and praises the girl's work and encourages her to extend her thinking and talk about her experience. I asked Diane what the experience was like for her:

It was fascinating - just fascinating to see the drawings and the thoughts and the interpretations and all of the things that were going on. You know, my own vision about that as a counsellor - putting out my hand and then taking this fragile but also wondrous glowing crystal ball from inside her - you know I had a vision of this translucent kind of Christmas tree ornament and kind of putting it in my hand for a while - I get to hold it - and then giving it back to her, so privileged I think, but also with the realization of the responsibility that that imparts - to have someone share that kind of experience. It is a real privilege, but also I think in this case and many others, we really need to be careful with this. It's not just a job. It is a personal investment when I enter that relationship. ... When you work with someone so personally they kind of become part of your life forever I think. Someone becomes a friend

because you've shared that experience together. There's a deeper level there.

Diane 'feels' fascinated, privileged, and deeply connected to her client. More than her thinking is required. It's more than "just a job". It's a "personal investment" into which she enters completely, her thoughts, feelings and actions all playing a part. Later, in a statement describing the ending of the experience, the intimacy of all three processes is evident:

It just rolled along so distinctly ... so then end wrapped up very nicely and I felt very confident that she was able to carry on ... so it kind of had a very finished feeling.

For Diane, there is a unity of flow in her thinking, feeling and actions in the experience. Things "rolled along" and "wrapped up nicely"; there was a "finished feeling". She felt "confident" about the process and the client's ability to move forward. In Diane's story of her poor experience, these qualities are missing; in fact their opposites are very apparent; Diane is confused, the process is "muddy", and the finish is abrupt.

Diane: The Poor Experience

Diane's poor experience is the story of counselling a young boy who is referred to her after his teachers become aware that there are problems in the family; his mother had been diagnosed as suffering from multiple personality and there were allegations of physical abuse by the

father. The issue of boundaries in this experience, contrasts dramatically with Diane's identification, in her opening statement, of the importance of boundaries in the formation of a clear and caring relationship. As the relationship with the child developed Diane realized that she was getting "hooked" in the child's story and was unable to stay clear about what was and was not real. Diane worked with both the boy's parents and the boy's sister and part of her confusion was that each had a different story and each story seemed believable. Diane explains her thoughts and feelings during the experience:

... I thought, "Who are my clients here", you know, I'm meeting with the boy; I'm willing to support him. He's telling me all this awful stuff about how bad it is with his dad. I'm thinking, "Should I report this to social services?. 'Is this kid safe in this home?", and then the dad is saying, "Gosh, I don't know what to do with him", and mum is ... doing some art and drawing for me about her own abuse issues; she almost presented like an abused wife - so my role in trying to help her, empower her and tell her about transition houses - without acknowledging that this is abuse. So I think that was the dilemma for me because I didn't know who my clients were and I was working with all three and they each had individual issues but I couldn't, in spite of every effort, bring them together as a family. So I felt very torn about how to approach it. ... I couldn't get a sense of what was real.

Diane's confusion about who her clients were, and her difficulty in finding, in their differing stories, some solid truth from which to move, kept her uneasy in the relationship. Though she 'thought' a lot about the contradictory information she was receiving from her clients, she could not find a way to 'think' about their situation so that she could 'act' in the most useful way with them. This confusion led to a heightening of her emotional level that further undermined her clarity of purpose. Diane speaks about her emotional process, her confusion, and her actions:

I felt very uncomfortable with it. I was trying to work with the family doctor to get some help for this woman. You know, really, she was suicidal and she had a very good friend who had committed suicide and she had attempted suicide; she would show me her wrists, you know - so this kind of life and death thing. It was really serious. So I connected with the family doctor and said this woman needs help and I would try to advocate on her part and the doctor would say, "Well she's not telling me this", so I started to wonder about my own senses - "Uh, am I getting this right" or "What's my role in all this?" - and I really could sense with the boy, especially with the triangulation that was very definitely happening with the mum and the son, and then the dad as the persecutor - so there was all that kind of the kids together and dad's out there; so I knew that when I was meeting with him that he was wanting to engage me in that same role with his mum. ... I sometimes got the

sense when I was working with him that I was somehow being drawn into that role as protector or over identification. ... It was weird to have a kid saying, "This is so awful", - you know, he didn't want to come to school because he was worried about his mum being alone with his dad - you know - I can just see those eyes looking up at me - just kind of - you know - those eyes that know too much - kids eyes and you look at them and you know he has seen a lot of stuff - just looking at me telling me this but saying, 'What are you going to do?' - and knowing that I couldn't just rush out there and say I'm going to help you and get you safe - it was more complicated than that - so those eyes haunted me. I spent a lot of time thinking, "Am I right on here; am I calling it right?" - really questioning my judgement.

Diane felt uncomfortable, anxious about both the child's and the mother's safety, and haunted by the child's eyes and the child's expectations. She both felt and thought herself to be triangled by the child, yet was not clear about her thinking or her purpose in the relationship. She speaks later of 'knowing' that she was "getting too hooked", and of 'knowing' that she "needed to move away" however, 'emotionally' she was hooked and emotionally she was too afraid to move away. As a result, Diane found the connection difficult. She summarizes the relationship:

It was back and forth sort of questioning. It took a lot of reflection

which made it difficult and I know that sometimes going to the school with the boy I'd be thinking, "How am I going to handle this, - where are we going to go with this?" There was no clear direction ... it was kind of moving around in different directions experimenting. ... There were those kind of awkward pauses where you feel close but you don't know what to say. ... It was a little bit muddy. ... That was about five years ago and it's funny because if I meet him around town and say "Hi, how are you?", making small talk, it's those same eyes sort of looking at me as a saviour or a hero. ... When you think about his reality, my reality and his relationship with me was probably somewhat unreal.

Things did not 'flow' in this relationship as they did in Diane's first example. Here there was an awkwardness, an uneasiness and an unreal conception, on both Diane's and the child's part, of what was possible in the relationship. Diane thought the boundaries were unclear, felt the boundaries to be unclear and acted in a way that contributed to the boundaries being unclear. She became enmeshed in the relationship, a process that she identifies as problematic in her opening statement on building the moral relationship. Later in the interview Diane says of the relationship with the parents, "It was always kind of careful" and "[each time we met] we had to make the connection all over again" and, "I get the feeling in retrospect that, whereas they sort of appreciated the interest, they were always somewhat suspicious and found me

interfering ...".

The complexity of this case, the number of clients, and the varying stories of the family members, made this a very difficult case for Diane to stay objective in; she did not know how to 'think' about it. She was confused about what the truth was, about how safe the child was, and about what she, as a therapist, could or should do. In addition, she developed an emotional connection with the child that further confused her thinking and, as a result, the clarity of her relationships with both the child and the parents suffered. In the previous interviews, the emotional process seemed dominant in the formulation of the poor experiences, however, in Diane's story, it is her confusion about the truth that seems most disruptive to the moral experience. Granted, she does develop an over-emotional connection to the child, but my thought is that this connection is largely determined by her questioning of the evidence. That is, if her knowledge of the child's safety were more solid, she may have felt and acted more clearly. I believe that here, the confused facts preceded her confused emotions, and her emotions, in turn, affected her ability to act as effectively as she wished in the relationship. When we recall Diane's initial statement on the importance of boundaries: "... that sense of knowing and of timing - how far to go and when to go to that spot and how to wrap it up and to know how to let it go", we are made more aware of the centrality of the boundary issue in her poor experience. In the next interview, the importance of respecting

boundaries is again raised as central to the development of a moral relationship.

Rachel: The Moral Experience

Rachel is a 40 year old therapist who has been practicing Bowen family systems theory for six years. Rachel's example of a moral relationship is that of working with a young woman who had been referred to her and whom she had known superficially in another setting. The woman presented with issues around fear and trust and an anxiety about the mutual circles that she and Rachel travelled in. The effect that referral plays in the therapist's process, and the heightened issue, in this case, of confidentiality, were major considerations for Rachel. One is struck by her the clarity of her thinking in her opening remarks on how she thought of the relationship as moral:

I think what was upright and caring about that was that I guess that I was really respectful of, first her fear, and I tried to be as clear as I could that about how I honoured her confidentiality and I would honour her pacing and I would let her take the lead in terms of how much she wanted to disclose, when she wanted to disclose it, and I would also very much let her make the decision about whether or not she wished to continue to work with me and I needed to be as free and as clear about this as I could in terms of not needing this client, or wanting this client, or hoping this client would stick with me, particularly in that kind of a referral situation

where you really want to do a good job - really needing to let go of that from my point of view and letting her get clear herself about whether this was a good working relationship. It took this woman probably six weeks to decide this and it took a lot for me to just sit with it and let her keep questioning this and I needed to let her go in order for her to be completely free about whether she needed to stay or not.

The theme of respect arises in all of the interviews but is perhaps most central in Rachel's understanding of the therapist/client relationship. She is acutely aware of her place and the space she needs to afford her client. Within the relationship she 'thinks' about what the client needs: the freedom to choose or leave the relationship, to confide or hold back her secrets. At the same time Rachel is aware of the importance of watching her 'feelings' of wanting or needing the client to stay with her and she 'acts' on her thoughts and feelings by staying still and surrendering the pacing and direction of the process to the client. Rachel talks of the development of the relationship and the important learning that she took out of it:

Many times my work with her - it was honouring her pain.

Honouring her loss and also doing the best job I could to help her come to greater clarity about what her options were in the situation. ... But I think that what she taught me more than anything was the whole issue of timing: the whole thing about honouring

the person's rhythm that I could have pushed or been disrespectful of or not giving her the time she needed to be in this place and I think I could have intensified the problem for her.

Rachel uses the word 'honouring' frequently throughout her narrative. The word is interesting in that here, we can think of it as a cognitive, an affective, and a conative descriptor, for all three processes are inherent in the reality. This certainly appears to be the way in which Rachel conceives the reality. The emotional piece of this honouring did not 'flow' as smoothly as did the emotional piece in many of the previously analyzed good experiences. Rachel explains this:

The beginning was kind of a dance. She would be kind of checking me out. In many ways I would kind of think about it like that. I would have to stand still and let her come around and poke and prod and just try to be as open and clear and forthright and honest as I could about how I thought I could function in the relationship. So that initial six months I remember feeling very very tested. ... It seemed like the beginnings were forever. I mean, she was still telling me when she was finishing therapy that she hated coming and every time it felt like a little jab but I could get a little freer around it as we moved on.

In contrast to the other participants, it was hard work for Rachel to stay emotionally centered. However, her thoughts and beliefs about the best way to 'be' with this client, were strong enough to pull her back on

track when she felt pressured, questioned or doubted. I asked Rachel what she thought facilitated the relationship and what the experience was like for her:

Well I think part of it was calmness, and when I think of calmness I think of letting people be and not trying to - I think where I get into trouble with clients is that I get impatient, wanting them to be different than they are - pushing and pulling on them to get on with it and to get unstuck and what worked well in this relationship was, when I could just manage my anxiety about where she was, she would move along. ... It was very hard. ... You know when a client comes in and says I really don't want to be here - how do you hang onto self in the face of that? So Yeah, it was hard and when I say hard, I mean it was personally taxing and ah - I would start second guessing myself.

Although Rachel experienced, in this relationship, many of the feelings that others and she herself report in their poor experience, she was able to manage her feelings well enough so that her thinking, despite her emotions, remained clear. The principal 'action' that Rachel takes in the sessions is to 'manage', as well as possible, her own emotional process, and to 'let the client be'. Like Mary, she explains her ability to do this in terms of the degree of 'fusion' that exists in the relationship and the fit of her fusion with that of her client. In this case, Rachel's fusion with the client, though present, was not strong enough to

undermine the relationship: that is, to undermine her ability to manage herself. She talks about the role of fusion as she describes her poor experience.

Rachel: The Poor Experience

Rachel was working with a woman and her partner; the partner had been charged with sexually abusing the woman's daughter:

What has been really difficult in the case has been the level of fusion in both families and the inability of this couple - just the high, high, high anxiety on both parts and the immaturity on both parts and I say that as much for the wife as for the abuser. I mean she is - I mean this one has just been so challenging because in many ways she is not like so many of us who see the problem in him, the pathology in him and I think what is so difficult in this case is I'm up to my eyeballs in it. I can't think. I'm caught up in the anxiety. I'm caught in the emotionality of it. Somehow I've been a resource to this family and I'm not sure why. I have no idea what has been useful. If anything I go back to the basic tenant that I'm calmer than they are and that somehow is a resource to them, but I'm not much calmer than they are: not much at all. And I find it so hard to slog through this one because there are so many players and they need to keep the anxiety up and I don't understand that one. Every week that they come in they've got more drama that they've needed to add to this to exacerbate the problems. I cannot

sort of sit back and just watch this one, partly because I don't work well with highly fused emotional clients. I need some sort of level of thoughtfulness. When I get into those highly fused families, I just jump in there with them.

Rachel finds that as she listens to this very anxious client, her own anxiety rises to a level which interferes with her performance as a therapist. She is unable to manage herself well enough to stay out of the emotional process of the family. Rachel thinks of this in terms of her own lack of differentiation. As in the case Diane reports, there is here, a large number of players, each of whom acts out a piece in increasing the intensity of the story. Both Diane and Rachel report this as a significant factor in their inability to think clearly. Another similarity between the two cases is the involvement of a child and the issue of the safety of that child. So, at least in these two cases, the number of players, and the safety of a child, appear to be significant factors in raising the therapist's anxiety and therefore decreasing the likelihood of a moral experience.

A number of 'feelings' surface for Rachel during the experience.. She feels like she's "up to her eyeballs"; it's "so hard to slog through", she can't "sit back and just watch" and her 'actions' demonstrate her confusion as she "jump[s] in there with them." What she needs in her client, she reports, is "some level of thoughtfulness". When she cannot get this, her own level of thoughtfulness suffers: that is, her emotional process is so heightened that her thinking process becomes more

governed by it. She describes herself as acting "impatient", getting "lost in the content", being "engulfed" and getting into "a tug of war" with the client and she finds herself "putting out [her] thinking in a way that gets them (her clients) reactive so that they take the opposite." Also she reports getting into a "superior stance" with the client where she fails to respect and honour who the client is and what she knows: where she somehow sees the client as "less than" she herself is. This is a dramatic contrast to her functioning in her good experience. I asked Rachel what she learned from this experience:

I learn of my humanness or frailness and I learn that all the time. It just constantly confronts me. I'm not complete and that's not bad, that just is, but the immature part of me wants to be seen as better: more mature than I am.

This statement is a nice summary of Rachel's sense of what goes wrong in the connection. The failure of a clearer relationship is a function of her own immaturity in this case: her own inability to manage her anxiety and act out the patience and respect she was so capable of in her good experience. Again, as pointed out in the previous interviews, Rachel 'knows' what is required to create a moral experience, but in certain situations, her emotions subordinate that knowledge and, instead of acting from a clear and caring focus, she acts out her own immaturity.

The next case is another example of the difficulty of dealing with sexual abuse issues. This, however, is the therapist's story of her good

experience.

Rosemary: The Moral Experience

Rosemary is a 65 year old therapist who has been practicing for twenty-five years. The theory she uses is Bowen family systems theory. Rosemary describes this as a moral experience in that it was a difficult case involving sexual abuse where her caring for the client was tested yet, despite the intensity of the issue, she was able to continue to care for the client and keep the relationship healthy and constructive. Rosemary had been working for a year and a half with a young couple of very different cultural backgrounds. The issues they had been examining were, for the most part, marital issues, however, one day the husband came to a session alone and reported to Rosemary that he had been sexual with an eight year old girl whose mother was a friend of his wife. The parents of the child had discovered the abuse and the client was very anxious about what would happen. Though Rosemary was taken by surprise and had had little experience with such cases, she was able to 'stay calm' and 'think' and 'act' her way through the session in a clear and caring manner. She talks of her process:

Right away I explained that having confessed to me I would have to report to the authorities and he didn't know our law and I was so relieved that I had had a good caring connection with him ahead of time. ... I said the first person he needed to tell was his wife and he calmed down enough to hear me and was relieved because he

wanted to confess. So I said I would come to their home to be with them while he told her but I didn't offer to drive him home because I felt he needed his space and I was leaving him in his power and that's what I, in reflection afterwards, was glad that I did. I did go to their home in an hour - I told him I would come in an hour - and was present while he told her and the next day I reported it to the ministry and then, the part I feel best about was that, I didn't disapprove of him as a person. I just was confused entirely about the act because I hadn't had any experience with what was called pedophillia. So then it became quite heated during the next few months but it was quite a long time before it came to trial and what I was encouraged to do in supervision was to try to get the other parties in, and the case continued to be very interesting because I went and sat in court as a support to them, and the strength of the wife was incredible, and I knew that she appreciated me being there because she knew that I understood at a different level. Then he went to jail and I got to see him and I got in because he told them he had been having counselling with his wife, so we had a two hour session and I went once with the kids and they gave me a Christmas present which was an example of reciprocity.

The part of the process that Rosemary was most pleased about was her ability to remain non-judgemental toward her client. She attributes this, at least partially, to the fact that she already had a strong,

caring relationship with the client before the sexual abuse issue arose. What she is suggesting is that, if, as was the case with Monica, her first information about the client had been the abuse information, her ability to be clear and caring may have been jeopardized. The strength of the relationship was also, no doubt, important in the client's ability to trust Rosemary's actions and counsel as the dramatic repercussions of the incident unfolded. Rosemary's actions in the relationship were clear and solid. She was able to work through her initial confusion so that she could be supportive to all members of the family, sitting with them in the court room, and later, accompanying them to the prison to visit the client. Rosemary continued to work with the man's wife and when the man's sentence was finished, the couple separated and she worked with them individually. Despite the intensity of their difficulties, the couple has maintained a strong connection. I asked Rosemary what she believed facilitated her relationship with the clients:

I think they trusted me and I trusted them. They trusted my maturity as an older counsellor. From the beginning I could see that he wanted to be healthy. He just didn't know the rules in our culture. I think a lot of it had to do with the strength of his wife who trusted me also and had new understanding of family systems and was open to that. But the caring part went both ways. They cared about me and I cared about them.

Rosemary believes that there was a reciprocal trust and caring in

the relationship that carried her and her clients through the crisis.

Through this trust, there developed an openness in the relationship, from within which, she was able to present, and her clients were able to grasp, a new way of understanding the family emotional process. I asked Rosemary what the experience was like for her:

It was enriching for me. I grew and I learned but it also showed me that I can care for someone who behaves in a way that I couldn't imagine myself behaving and seeing him clearly as a person not just parts of him.

As in all of the interviews examined, the therapist comes out of the experience with some new learning. For Rosemary the experience was "enriching". One can presume that this 'enriched being' evolved through the happy unity of all three unencumbered processes of thought, feeling and action. Rosemary was able to manage her confusion and think clearly about the information presented to her by the client. She was able to maintain her feelings of trust and caring for the client and learned, to her delight, that she could respect him as a whole, rather than judge him for his sexual misconduct. Finally, she was able to act clearly upon her thoughts about and feelings for the client, managing the difficult process of reporting him to the ministry while standing solidly as his support throughout his ordeal with both family and the social system. Rosemary's poor experience, which follows, presents a nice contrast to the composure with which was able to manage her anxiety throughout

her moral experience.

Rosemary: The Poor Experience

Rosemary's poor experience is the story of another couple experiencing marital problems. The woman, a devoted wife and mother, had found a new partner and wanted to separate. The man, a rather distant husband and father, was very anxious to save the marriage. Rosemary found herself losing neutrality and triangling with the woman. Rosemary tells the story:

What's happening is, I hear her story and she's been leaving for some time and now she's found a man that understands her, so this is the trigger to realize what she wanted to do and she has been too good for her own good so if I'm thinking on her lines, I'm thinking of the book 'Uncoupling' and 'Too Good for her own Good', and here she is supposedly waking up to this, and he wants to get back together and reform himself and he is seeking many many helpers, one of whom is a person who works in the place where I counsel - who is on his side. So she meets the person who comes out of my office, finds out what she says and reports this, slightly transformed through two tellings, and tells him. So I'm finding it very hard to care for this guy because he's always talking to everyone and I found that, after my last session with him, when I'd gone fifteen minutes overtime - which is something I just don't do! - I thought, something is wrong here. This guy has got

me; he's in charge here, and I thought, if I were her I'd leave him! He's just too darned - So there you are. I'm not in this moment feeling caring for this guy. I also feel at risk because the office person that I go out to see says, "Well that's certainly a marriage from hell!" - so she's in on it, and I thought, after the first session when I saw them separately, that there was too much out on the floor that wasn't shifted back and forth. So he wanted another session on his own and I said, I've got to be careful of triangles, and that's the session that went overtime.

Rosemary finds herself caught in her clients' stories. Though she 'knows' that the wife, by being "too good for her own good", contributes to the marital difficulties, her 'feelings' of irritation with husband's power, leave her sympathetic towards the wife. Though Rosemary 'knows' well, the process and problems of triangling, her 'feelings' place her in two strong triangles: one with the husband and wife and one with the husband and the office worker. Though Rosemary was very capable of handling herself well in her much more complex and highly sensitive good experience, something happens in the connection here that she finds herself irritated, confused, and therefore, operating much less effectively. I asked Rosemary what she thought happened:

Well I think it gets me in the place where I think I'm in favor of people staying together so I would like them to stay together long enough and be calm enough to work through some of this stuff

and I think it's also the power of this guy that's bugging me because I'm for equality in a relationship. He's been this big daddy for twelve years, not home much and not helping much with the kids, and all of a sudden, these kids are his kids and he wants her to move out!

Rosemary is caught in between two of her beliefs: one, that people should stay together, and two, that inequality in a relationship is wrong. As a result, she both wants the marriage to survive and sees the husband as an unacceptable partner. It is interesting that she does not see the wife as the unacceptable partner, or that she does not see the partners as equally unacceptable. Rosemary's feelings about the couple get in the way here. She 'likes' the wife better than she likes the husband who has certain traits that 'bug' her. Further, Rosemary's beliefs about marriage get in the way. She becomes over-invested in the survival of their relationship. Rosemary talks about what the experience is like for her:

Well I don't like it and I'm going to do more thinking about it. My goal is to be equally caring of each person that comes in and if I can't do that, I'm not going to be of any help to them. ... With the first case, I had no trouble staying clear and caring - not one bit - but with this fellow, after two or three sessions, I didn't feel as caring - so I reprimand myself for that. .. I think I got too anxious. Even as I talk about it, I know that I'm no help to them if I care

whether their marriage stays together or not - and I've been caring too much about that. ... I can hear this little catch phrase that I have that says, "It's too bad there isn't a good therapist in this room who could handle this." I don't get rattled but I feel pressured to say the right thing. I don't feel calm. He says, "So what do you think I should do? What should I do?", and instead of remaining calm and saying 'What do you think you should do?', I say, "Well what if you - " I feel inadequate and as I say I think, "I wish I had a good therapist in the room". I judge myself: fall into blaming.

Rosemary's emotions become heightened in the experience. She feels anxious, inadequate, and pressured by the clients expectations. Her thoughts follow quickly on these emotions as she begins to criticize and judge herself. She then 'acts' out of her confusion as she allows the client to direct the session, giving him advice rather than helping him to examine his own process. I asked Rosemary how she would explain this happening in this particular case rather than the other:

Well I don't know how to describe it but I just know when I'm in flow with a client system. I'm not judging myself. What comes to my mind is fine with me and that's how I test myself. When I start feeling uncomfortable and start judging myself, then I know that something is not right in this session; something is not right in the connection and I'd prefer not to be there actually!

Like several of the participants interviewed, Rosemary uses the

word 'flow' to describe the good experience and recognizes, as do all the participants, the absence of flow, as a note of discord in the connection. Further, as with all of the participants, Rosemary uses her own emotional process as an indicator of the health of the relationship. When she begins to 'feel' uncomfortable in the relationship, she 'knows' something is wrong. While many of the participants identified their feelings of irritation with, or dislike of, the client as a signal that the relationship was faltering, Rosemary identifies her movement toward self-criticism and self-judgement as proof of a problem. In the final interview the participant, again, acknowledges her feelings as a key indicator in accessing the soundness of the client/therapist relationship.

Dorothy: The Moral Experience

Dorothy is a 49 year old therapist who has been practicing for 20 years. Though trained initially as an Adlerian, she has been very influenced by the thinking of Albert Ellis and most recently, the thinking of Carl Jung. Dorothy's moral experience is that of working with a young woman in the armed forces who was being sexually harassed by a superior officer. Dorothy sees the experience as moral in that she was able to manage her own needs for the client to act on the dilemma, and instead, support and encourage the client to examine the issue fully and come to her own decisions about what options she wanted to pursue. Her dilemma was complex. As a child, she had been sexually abused by her father and the repeated incidents of harassment by her superior

officer triggered tremendous anger and anxiety, much of which was related to the past. Dorothy explains the case:

... the anger that it triggered in her was phenomenal and [she was] recognizing that what was happening to her was wrong and yet in a way, trying to come to terms with the thinking, maybe I deserve this in some way - because the army is very much like the family - and she felt very strongly that what she was doing was telling on dad - and how to go about that. Like, you do not snitch. You do not do this. It's very much ingrained as a good person in the armed forces. You do not criticize your fellow officers or your superiors even though you know what they're doing is wrong. You do not do this and you do not go outside of the family - of the circle. She did it out of desperation because she was having horrendous dreams and murderous thoughts, literally, and was really struggling with what she should be doing here. ... She had some real real concerns. What was she to do with all this anger? Do I bring charges against this man? I want to stop it but what will happen if I say this? Will I be opening a whole can of worms that I cannot handle? Is this really the issue or is it because of the other stuff that I haven't dealt with? So that was basically what we were working through - her coming to control - from being the victim to being the survivor - to transcending that. ... Also, the fact of coming to me presented a real dilemma for her because she had gone

beyond and she knew she could be court martialled for that because you do not go outside your own if you're enlisted unless you go through a regular process of referral and she did it on her own. And so she had to trust that I would be able to manage or handle the information in a very discrete manner - that I would not go running off to the RCMP or whatever. She was operating on fear and there were some real problems with this.

One of the real problems for the client and for Dorothy was the issue of trust. The client was taking a real risk in even presenting her dilemma to Dorothy and this risk became more heightened when Dorothy informed the client, as she felt she must, of her own close connection with the commander of the client's base. Dorothy and the commander served on the same school board and, coincidentally, one of their tasks was to work out a sexual harassment policy for the school district. As in Rachel's case, the issue of confidentiality was intensified through the circumstance of mutual associations. Dorothy explains the complexity of the case for herself:

... The commander would talk about how things are done in the army. He talked about a case of sexual harassment in the east and it was like, I had a member of the board who talked about it in one way and I happened to know differently and I found that I was in a dilemma myself having knowledge about things ... hearing things from the client about how she was not being heard from

within - and she wanted to be heard - and then hearing from him that they have a wonderful way of handling things - you know - if only things were like in the armed forces we would have it all. I found that I was - I had to have her trust and I told her that I knew the commander and that I would have his ear as well and could easily have taken him aside and said, "Hey do you realize what is happening here?", and she had to trust that I would not do that. ... It was kind of like, I knew things could get better if you made it worse but I had to just let the process unfold as it would through whatever she was going to do and encourage her to take certain roles or avenues if she had the strength and the ability to do that with me behind her ...

The complex issue of trust in this case required that Dorothy stay very clear in her thinking about her relationship with her client. Her role with the board and her association with the commander complicated her position, however she was able to manage her anxiety, and therefore her thoughts and feelings, so that her actions - supporting the client while she found her own way - did not betray the client's trust. I asked Dorothy how she managed to keep the relationship with her client honest and clear:

Basically by just letting her know where I was at with all of this and what I would and would not do - what I could live with myself and what I was having trouble living with as her therapist and as

somebody in the community that happened to touch on her realm.

Dorothy's candid presentation of her own dilemma in the relationship reduced the complexity of the connection. She explains her understanding of the relationship:

I guess [it was] just very respectful of her limitations and vice versa. She was a very empathic person and drew people to her naturally. People told her their stories but she also absorbed it and felt their pain. She couldn't divorce herself from it and we talked a lot about that, so in many ways it was a teaching mode and she was a good learner. She respected me as a teacher - and also just being a catalyst for her to rediscover her own strengths, and in the end she did go to courtmartial or have this fellow go to courtmartial and trial and did end up in an interesting situation, but she was able to do that on her own terms with her own abilities and skills and I guess my role was to recognize what she had there and to give counsel. It wasn't the Rogerian way of waiting for things to unfold. I definitely would mention processes that could be followed - what were her opinions - that kind of thing - because time was of the essence. But yes I guess [I'd say] respectful. She trusted me implicitly.

Dorothy describes a mutual respect between herself and her client. Dorothy saw her as an empathic woman whose warmth drew people to her. There was an implicit trust at the centre of the relationship

that facilitated both Dorothy's teaching and the client's learning. I asked Dorothy how she thought that happened:

I guess just with me being fairly candid about what I was feeling or where I was at with different things, or I guess a bit of self revelation of my world and what I was coping with and how her story was going to implicate me, and how I needed to know what my boundaries were and what her boundaries were as well - what realistically I could do in this situation with her and what realistically she could get from me. Basically it was encouragement and support and rediscovery of who she was ...

Dorothy speaks of her 'actions' in the relationship as being significant in the development of a 'feeling' of trust. Her 'act' of presenting her position to her client in a candid and immediate manner, along with her clear delineation of boundaries, established the lines of trust. Further, Dorothy 'acted' toward the client's empowerment by encouraging her to ask for what she needed from Dorothy and, finally, Dorothy 'acted' as a support and a sounding board for her client, playing the role of catalyst to her client's process.

As with all of the participants interviewed, Dorothy learned from her experience with her client. Dorothy's learning was of particular and immediate use to her for, while counselling her client, she was herself involved in a situation where she had private knowledge of the misconduct of one of her own superiors and, like her client, she was

faced with the dilemma of how to handle the situation. Dorothy describes the usefulness of her coincidental learning:

Well I felt for me it clarified a lot ... by going through her questioning of thinking about what was hers - the lines of command and the authority and that. With me it was very similar. You know what was it really that I could do and could not do in a situation if I had the knowledge of something that was disturbing ... It was a parallel situation and I had to be trusted - my word - that it was not rumor; it was not whatever. I played a key role in that dethroning. But again, it was going against the the status quo - and what you did do - what you didn't do - who do you talk to - that kind of thing ... So it was a kind of parallel thing and I guess it gave me resolve. Watching what she was going through and recognizing that I could transcend. We didn't have to be victimized by these men. ... There were things we could do. So it gave me resolve and I shared a few of the details of what I was going through and she often thought of that. She'd think, "Look what my counsellor is going through". So it gave her strength, knowing that her dilemma was not unusual and that people, no matter where you are, face this - where you will have to challenge authority and say, "What's going on here is wrong" - and we have to risk our own personal safety ... and security to bring [forward] what we think is right. ... So yeah, I guess through it all it helped

me to clarify what I needed to do in my world and it kind of offered a foil for the situation.

Dorothy and her client travelled a similar road. Each rejected the victim role, learned, and drew courage from the other's journey. They shared their thoughts, feelings and actions as they moralized their dilemma. Dorothy's 'thoughts' were "clarified"; her client's strength gave Dorothy "resolve". Her actions followed on this resolve as she was able to "play a key role" in the resolution of the dilemma.

The complexity and context of the issues and number of players in this case, does not, unlike with Rachel and Diane, undermine Dorothy's ability to stay clear in her thinking. Dorothy identifies the trust that developed between herself and her client as "implicit", and this trust, and the ability to set clear boundaries, she believes, acted as a buffer to the anxiety in the relationship system. Let us look now at Dorothy's poor experience and watch, in particular, for her processing around trust and boundaries in this relationship.

Dorothy: The Poor Experience

Dorothy's poor experience is the story of working with a bright and well educated young man who presented, initially, with gender identity issues. His counselling was being paid for by his Employee Assistance Program (EAP) and as the sessions developed, Dorothy began to think that he was taking advantage of services that were not intended for his issues. She saw him as unfocused and more interested in philosophical

banter than in addressing his difficulties and her understanding of her mandate with EAP was to identify and work through a specific issue within a limited number of sessions. As Dorothy attempted to end the relationship, her client suddenly presented as deeply depressed. Dorothy talks about her thoughts, feelings and actions as the relationship intensified:

I was feeling very much that this wasn't something that should be paid for by EAP. It should be paid for by him. ... I was feeling, this isn't really counselling ... ; this is philosophical banter about life or whatever and from there he plummeted very quickly into a very severe depression and I don't know what triggered that but he wound up admitting himself to the psych. ward. He hated his job. He hated - you know it was like no self responsibility and he admitted himself to the psych ward because he said he was suicidal and this kind of came right out of left wing because he had never expressed any of this. I don't believe that he was truly suicidal. I think he was just drawing attention because at that point of time I was saying that really we didn't have that much more to discuss. It was time to end our relationship - and also recognizing that I could only do eight sessions - and that really upset him. He said, "Look I'll pay for myself", and I said "You know I don't believe - you're working through a lot of life things but it doesn't really need a counsellor to help you with this. I think a lot

of it you can probably get on your own through your readings and discussions with others and once in a while you could come in and we could have this talk", but I thought, it was more like talk than counselling and I couldn't get it into identifying the issues and I guess this is what the previous counsellor - I've since learned that he had moved about from counsellor to counsellor doing this but then he does this suicide thing and I thought no, I don't think he's truly [suicidal] and it wound up he took time off work and he spiralled himself right down into what looked like a great depression and I'm sure he was and he just talked himself into it and he recognized that he had done this and - I was getting phone calls at home. He found out my number which is difficult to do but he did; he got it through the school district and he ah would phone me at all hours and I have a screener and a scanner and after the first call I said, " We can meet in my office" , but I would get calls all the time and it was getting to be a real concern for me. There was this relationship from his side, like a dependency on me and it was not healthy and then his stepping up his behaviours in order to keep me in the relationship with him. It was a parallel to what he was doing with other women in his life and I began - the manipulation, it just wasn't healthy and I just didn't feel that I was effective in working with him. I thought we were doing a lot of jousting and I didn't want to be in this cerebral realm with him and

in trying to identify it and talk to him about it, that was when he would become very angry and sort of like - "You are here to serve me and I need you for this" and then he'd go from that to, "I can't survive without you", and then I began to think, "Is there something more here? Is there more of a sexual -" and whatever else and it became very - to me it was muddy. I was worried about what he might do when he was in these states so eventually I referred him to a psychiatrist and he realized very quickly - I took a firm line and I said, 'I do not want you to contact me ever again at home and if we have any discussions, it will be through the office.

Dorothy talks about "feeling" that the client was not an EAP candidate, and "feeling" that she was engaging in banter rather than acting as the client's counsellor. Her 'thinking' here is no doubt part of the feeling that she speaks of. Her begins to 'feel' uncomfortable with her 'thoughts' that she is 'participating', with her client, in a dishonest use of EAP. All three processes are at work at once. However, Dorothy is unable to clarify her thinking enough to manage the difficulty. There is something about the way her client presents, and Dorothy's reactions to that, that keeps the process "muddy". As the relationship develops, and Dorothy became more uncomfortable, she acts on her discomfort by attempting to move away from the client. She does this in something of a surreptitious manner, by suggesting that he may not need counselling: that perhaps he can work out his problems on his own. Very soon after

Dorothy takes this action, her client plummets into, what he describes as, a depression and enters the psych ward. Dorothy interprets this as a manipulative move on his part; she doesn't trust his presentation. As the client increases his pursuit, calling Dorothy at home and begging her to continue seeing him, Dorothy begins to think there is a sexual element to his pursuit; she becomes frightened and acts on this fear by taking a firm stand with the client. It is her at this point that Dorothy is clearest in her feeling, thinking and actions; there is a unity of process and purpose. She feels frightened. She knows the relationship is manipulative, and she acts to reduce this intensity by setting firm boundaries. Once Dorothy is able to set these boundaries, the relationship shifts.

Dorothy did not see the client for six months following this firm interchange, but when he returned to her, there was significant change.

Dorothy describes their meeting:

It was like this was a person that I didn't even recognize. ... He was moving away and he came and he said, "I just want to thank you. You will never know how much you did for me by cutting me loose : by letting me go, by taking that firm line." He said, "I realized I could not manipulate you. I could not use you, and no matter what I did you could not be drawn in, and I realized then that all the other stuff you were talking about, like taking responsibility for your own life, like how long are you going to go on blaming your parents, your counsellor, your work etc., ... it just all of a sudden

came to me out of the blue, what am I doing to myself to continue this role." And he sat there and he basically said that and he got up and gave me a hug and said, "I just want you to know that you are the person that turned my life around and I am now connected to who I am and I'm taking responsibility", and off he went. ...

Obviously what I had done was what you would do as a parent, just give the bottom line and say hey, these are the boundaries. This is what you will do. This is what you won't do and that's it: the end.

Once Dorothy could get clear about what was happening in the relationship, she was able to shift her part in the connection and this allowed the client a new perspective on both the relationship and himself. Dorothy identifies her ability to set boundaries as crucial to the shift that occurred. In her moral experience, Dorothy was aware of, and able to set boundaries immediately. In her poor experience, her ability to think of and act on this necessity was retarded. As Dorothy talks about what the initial relationship was like for her, we get a clearer sense of how her feelings may have interfered with clear thought and action:

I dreaded seeing him. And I dreaded seeing him because I felt guilty. I guess I felt guilty about not doing what I was supposed to be doing through [EAP]. I knew I had to write this off some way and I wasn't sure how I was going to do it. I felt like I was earning money under false pretences. ... Also, a part of me enjoyed the

talking but the other part of me was saying, 'No, this is not what it's about', and I tried to bring it back into the realms [of counselling], I got such manipulation or whatever and I thought I really don't know what this is all about and I began to dread it. Then when it sped up into dependency, when he was doing something in order to keep me in his world, I began to feel fearful because I wasn't sure if I had something by the tail here that I couldn't manage. Was there something deep and murky that was just waiting and had I been so caught up in the surface stuff that I missed something pretty significant here?, and then I began to doubt my own ability to do an assessment of it and I guess it was a blurry thing.

Dorothy felt she was involved in dishonesty. She felt dread, fear, confusion, and doubt within the relationship. I asked Dorothy how she thought this unclear relationship developed:

I guess I found for me, I found his intelligence seductive. I found his ability to - he was extremely well - he was a verbal person. I found that part of it - I could get caught up in it very quickly and ah - he was clever enough that I could be manipulated in that way. Yeah - I was drawn to that. ... I didn't respect him. I didn't trust how he was operating and I didn't trust - like I did with the other client. Yeah, there wasn't that basic level of trust and I didn't trust what he was saying and it was just a whole different feeling about him. So

that was what was missing.

A little later in the interview Dorothy talks more about the relationship:

[It was] irritating. I wanted him to grow up. ... Yeah, it was definitely not the caring - well I cared but I wasn't going to let him continue this and I felt I was enabling him the more I stayed in the relationship to manipulate me and I felt, 'We're not going to get anywhere this way.' ... [I]t was very seductive. I could see - you know, they talk about dependency and how that could happen and how the therapist can enable and I didn't want to be part of that but I wasn't able to set the boundaries somehow. I didn't do it as soon as I should have. It wasn't until I got the phone calls at home that I realized there's something more here and then, what have I done? But it was very much not unlike that kind of relationship that I'm sure happens in families, but on a different scale. So yeah - that's what probably it helped teach me is that how difficult it is to recognize that you're in that kind of relationship until you're in it pretty deep.

The above three passages are clear indications of the intensity of Dorothy's emotional process throughout the relationship. She felt herself being seduced by his philosophical expression and pulled into a codependent connection. She loses her focus and her sense of boundaries and wants to get out of the relationship. Like many of the

participants in their poor experience, she becomes irritated with the client, wanting him to be different, and then, she becomes judgemental of and confused about her own ability to be with the client in a useful way:

Dorothy learns from her experience. She learns that she "should have called it sooner" and she learns too of her own contribution to the difficulties: becoming seduced by his intellect, and acting out a codependent role. As with all the participants, she 'knows', through the experience, how she could do it better the next time. Now aware of this 'feeling' process, she is better equipped to 'think' her way through it, and to 'act' more morally, should such cases occur in the future.

Summary

All eight therapists were able to articulate, in a clear and certain manner, their understanding of what constitutes a moral experience with a client. The need to respect and honour the client's experience and person, no matter what stage of evolution the client might be at, was identified by all participants as key to forming a moral connection. Within this, the participants identified the importance of boundaries, of establishing and maintaining trust, of respecting the client's pacing, and of relating to the client in a genuine, authentic and honest manner. All participants recognized the necessity to remain non-judgemental and to stay aware, throughout the experience, of how their own personal values and needs for the client to be different, might interfere with the process of the relationship.

During the participants' descriptions of their understanding of the moral relationship, and their experience of the moral relationship itself, they would, at times, move into a softened, reflective, reverent space. It was from within this space that the most personalized descriptions of the experience came. For instance, it is from within this space that Jessica talks about surrendering her power to know and direct the process. She states, "... part of it is about your willingness to not know the outcome and that's again about trusting the outcome - that they may know the outcome but I may not know and as a therapist I have to be willing to not know ...". Mary speaks of "... being in contact with another organism and have[ing] been useful to them in a way that really honours their space - their right to struggle with their feelings and their own responsibility and not to take that away." She talks too about assisting the client to move toward "living in a less protected way." Sandra describes the experience as, "testing my engagement as an authentic person" and realizing that "what is important is genuine caring and love and if that is there you can move mountains". Diane talks of the importance of boundaries, "that sense of knowing and of timing - how far to go and when to go to that spot and how to wrap it up and how to let it go." She speaks too of the "privilege" of working with her clients, "It's not just a job. It's a personal investment when I enter that relationship. When you work with someone so personally they kind of become part of your life forever. ... There's a deeper level there." In describing her process with her client Rachel talks

about honouring what her client knows. "Many times my work with her - it was honouring her pain, honouring her loss ... but I think that what she taught me more than anything was the whole issue of timing, the whole thing about honouring the person's rhythm ...". All of the participants come to their experience with a certain awe of the process. They describe their connections with the client in the moral experience as "exhilarating", "heady", "privileged", "exciting": a place where they can take risks and test their authenticity and their skills: a place where they grow and reaffirm their faith in the power of a moral meeting. Many use the word 'flow' to describe the fluidity of the energy in the relationship and to identify too the communion, within the experience, of the three processes of thought feeling and action. These three act in accord, each informing and extending the others. There is no confusion of purpose.

One of the central contrasts between the moral and less moral experiences is the clarity of purpose that exists among the processes in the moral experience and the confusion or conflict of purpose among these processes in the poor experience. In every poor experience the participant reports 'thinking' the relationship should go one way yet 'feeling' and 'acting' out the opposite. This conflict and confusion among the three processes was central to their discomfort within the experience. Every participant 'knew' that she 'should' be doing things differently. The conflict between her 'knowing' and her 'acting' produced intense and disturbing feelings. The participants described feelings of dread, hate,

fear, anger, confusion, irritation, incompetence and disappointment. In every case the participant 'knew' by the way she 'felt' or 'acted' that things were not going well. Her feelings and actions were key in informing her thinking. Sandra states, 'I knew by my irritation ...'. Jessica states, "Right away there was a tension ...". Mary states, "I would become stiff and would indicate by silence or stiffness or pushing on her or being indirectly critical. ...I think I lost it early on." Most participants believed that some degree of judgement on their part entered into their inability to stay clear and caring in the relationship. This judgement often came out of their own unresolved issues or their own strong prejudices about how others should or should not be. In all of the poor experiences the therapist was unable to 'let the client be' who she/he was. The therapist was aware of wanting the client to be different or pushing the client to change: needing the client to see the world in the way the therapist saw it. Also, the therapists were unable to honour the client's knowing and pacing, and acted towards moving the client to a place that they, (the therapists) would feel more comfortable with. In effect, they didn't like where the client was and therefore couldn't 'be with' the client in that place. They needed to change that place to be with the client but the client could not or would not change and immediately a tension set in. The relationships became "awkward", "muddy", "dishonest" and "confused". There was no 'flow' in the process. As Monica puts it, "It was as if the streetcar went off the tracks." The therapists began judging

themselves and feeling disappointed and discouraged, often within the sessions themselves, but always in reflecting on the sessions later.

Whatever the outcome of these sessions, the therapists always gained considerable learning from their failures. Just as the moral experiences renewed the therapists' faith in the power of the moral relationship, the poor relationships informed the therapists about what to avoid in the future and therefore, how to manage better, the roadblocks to moral meeting.

Chapter Five

Discussion

The widely held premise (Eberlein, 1988; Fine & Ulrich, 1988; Handelsman, 1987; Tymchuk et al., 1979) that the therapist's moral presence can best be addressed through the provision of education in ethics is questioned. This premise is grounded in the belief, formulated in developmental psychology research on moral reasoning, that one's moral presence is a function of one's knowledge about morals. I argue, as do others, (Gilligan, 1982; Kitwood, 1990; Murdock, 1992; Tappan, 1990) that cognition is only one of the three processes that enter into our ability to be moral. I argue further, based on the results of this study, that the feeling process is the most influential of the three processes in determining moral outcome. As such, its importance has been underestimated.

I will begin my discussion by readdressing the literature. I will then look at the usefulness of Tappan's method of three process analysis in moral experience and will examine my own process in listening to the narratives. I will then look briefly at possibilities for future research.

The Literature Readdressed

The proponents for a more formal approach to education in ethics move from the premise that cognition informs action. Tymchuk (1985), Eberlein (1988), and Handelsman (1986) believe that if ethics courses were required in the training of therapists, more ethical practice would

result. Much of their energy has gone into tracking the differences in cognition between therapists who receive training in ethics and those who do not. I agree that ethics courses are useful and should be offered, however, what I would add is that in singling them out as central to moral behaviour, researchers misconceive moral process.

Courses in ethics that offer only the opportunity to address moral dilemma are less useful than courses that offer a discussion format on the nature of morality. For example, Fine and Ulrich (1988) propose the advantage of presenting ethics courses with both a philosophical and a psychological component. They recognize the need for students to be able to think in ethical concepts versus memorize an ethical code. This is at least an extension of the cognitive process. Kitchener (1986) goes even further in recognizing the importance within ethics courses of integrating psychological process with philosophical analysis of moral dilemma. She proposed moving beyond the cognitive, and addressing the student's moral responsibility and 'ego strength'. In identifying the student's sense of self as an important component in the relationship between moral judgement and moral behaviour she moves closer to considering the influence of emotions on moral process.

The results of my study suggest that Piaget's (1932) focus on practical morality, (that is, how we treat others), and his belief that we develop our morality within relationship, are well founded. Our moral development is never static; it is constantly changing. I was reminded of

Piaget's concept of 'prise de conscience' throughout the study. Piaget believed that our morality is acquired through our interaction with others and that, as new situations dealing with the treatment of others arise for which we have no ready made moral solution, or, as past moral decisions are called into question, the individual is forced to reflect and formulate anew. Each participant in this study confirmed that through her experience with her clients, she gathered learning about how to better form and maintain a moral relationship. This learning was used to improve her skill in being with clients in the future. Though the learning was more pronounced in the poor experiences, it was also very much present in the moral experiences. The importance of setting boundaries, establishing trust, maintaining honesty, respecting and honouring the client's story and matching the client's pacing, were confirmed as important to the moral experience, and recognized as absent from the poor experience. Interestingly, the words, phrases, and concepts that the participant used in her initial statement to describe the quality of the moral experience, were exactly the qualities missing in her poor experience. For instance, Rachel believed that respecting and honouring the client's knowing and choice of timing were paramount in maintaining her moral relationship and she realized that in her poor experience, her inability to respect her client's thinking and pacing and her need to pull and push on the client, undermined the relationship. Diane and Dorothy both identified the importance of boundaries and

were able to set and maintain these in their good relationships but mismanaged boundaries in their poor experience. Jessica, Sandra and Monica emphasized the importance of keeping personal values and judgement out of their relationships and recognized that their values and judgement interfered with a moral connection in their poor relationships. In general, the learning that each therapist took from her poor experience was more intense. This is no doubt connected to the fact that the feelings that accompanied her poor experience were more intense and each therapist was determined to avoid such an experience in the future. Kohlberg's (1958) emphasis on cognitive development as central to morality is too narrow to encompass the complexity of morality. Kohlberg gives little consideration to the person as an emotional being rooted in a particular social circumstance. Every participant in this study was capable of advanced cognition. Each could articulate a clear 'understanding' of how to be moral. I have no doubt that each would score high on a paper and pencil test on moral dilemma were it given to them. However, while each was both sound and eloquent in her conception of 'the moral meeting', each was too, in particular relationships, incapable of that moral meeting. Each 'understood' what was needed but could not 'feel' or 'act' in accordance with that understanding.

The results indicate that all three processes of thinking, feeling and acting are present in every moral and less moral experience and that

simply knowing what is moral does not necessarily move us toward moral action. Kohlberg's singular focus on cognition suggests not only that he values cognition as principal in his conception of morality, but that he believes that one can separate cognition from the other processes and study it in isolation. I believe that Kohlberg's understanding here results from his failure to study the individual in her/his relationship with others. While it may be possible to isolate cognition 'on paper', it is, at times almost impossible to do so when looking at the individual within her own experience. As Tappan (1990) points out, the difficulty of distinguishing among the processes of thinking, feeling and action cannot be overstated. This is true, not only because participants use the words 'think', 'feel' and, less frequently, 'act' synonymously, but because the processes themselves are so interdependent that to take one in isolation from the other, results in a loss of the meaning of both the parts and the whole. I am in full agreement with Tappan on this point. Were I to have looked at how my participants thought about morality, that is, at what they thought was right and wrong in a particular situation, I would have gathered only their thoughts and would have missed the rich complexity of how those thoughts were influenced by the emotions that accompanied them in particular relationships and further, how the combination of thoughts and feelings directed action within the relationship.

Tappan is not alone in stressing the importance of examining

more that thought in the analysis of morality. Gilligan (1982) and Kitwood (1990) criticize both Kohlberg's singular focus and his failure to examine the individual within her/his own moral experience. I agree with them. Looking at one's own experience rather than a hypothetical experience brings the participant face to face with self as a moral creature rather than simply a moral thinker. Gilligan's 1982 study of women facing the very personal issue of abortion is a much more useful approach to the understanding of morality than is Kohlberg's study of moral dilemma. Gilligan argued not only with Kohlberg's cognitive approach but with what she called a 'justice' orientation coming out of a theory based on the thinking of male participants versus what she identified as a 'care' perspective in her own work with women. The notion of 'justice' does have a quality of distance about it. One conjures up thoughts of the student of morality as pouring over books of rules before pronouncing judgement rather than Piaget's, Gilligan's or Kitwood's student of morality: one who, engaged in the intensity of relationships, learns by practice and error how to be clear and caring. There is a degree of intimacy within Gilligan's work that is missing from Kohlberg's work. Because I, in my study with women therapists, introduced the moral experience as a relationship experience that was clear and caring, I may have set something of an a priori definition in place for the participants. Nonetheless, it is of interest that neither the word 'justice' nor the word 'impartial' were used by any of the women in the sixteen interviews

recorded. This may be at least partial support for both Gilligan's (1982) and Friedman's (1987) contention that women and men 'talk' about morality differently. It would be useful to do the same study with all male therapists, defining morality in terms of 'care' and then examining the language that male participants use to describe their experience.

The findings in this study are highly supportive of Kitwood's (1990) appraisal of the moral experience. Kitwood argues that one's morality is acquired, not as a moral philosopher, but as a 'sentient being': that is, our ability to 'be' moral issues out of our sentience or our 'feeling' in the immediacy of the moment rather than out of our cognition. Kitwood conceives the sentient being as an individual who relates from a psychological space that is shaped by her/his own particular and individual experience in life. Further Kitwood identifies the feeling process as the most important process in relationship outcome. This observation is supported by my study. Though all three processes of thinking, feeling and acting enter fully into the creation of both the moral and the less moral experience, the narratives confirm that in the sixteen experiences reported in this study, the feeling process is dominant in determining outcome. That is, how the therapist 'feels' about the client, is the major determinant, among the therapist's three processes, of how moral or poor the meeting will be. Feelings envelop the thinking process to such a degree, that the orderliness and breadth of the therapist's thinking and action is modified under emotional pressure. I am not

disputing the argument that the participant must think before she emotes; this may or may not be. What I am arguing is that the feeling process delimitates moral meeting. The results show that the participants' initial solid thinking about what constitutes the moral experience is, in every experience reported, shaken by emotion in the poor experience to the point that the participants lose their ability to be clear and caring with their clients. The power of the emotional process is particularly evident in the poor experiences reported by the participants, but is evident too, in all of the moral experiences. It is only more evident in the poor experiences because the participants were much more aware of their feelings in the moment of the poor experience. This point is demonstrated by Rosemary when she says, "I just know when I am in flow with a client system." When flow occurs, her relationship is going well and she does not have to stop and question her feelings. But when the relationship is not going well, each of the participants becomes highly aware of her feelings about the client and about themselves and recognizes them as problematic. Further, many of the participants speak of using their feelings to track the health of the relationship. When they become 'irritated' or 'uncomfortable' or 'self judging', they 'know' something is wrong. Almost without exception, the participants speak of feelings informing both thought and action.

The definition of morality as present in the nature of our moment to moment interactions with others comes out of an understanding of

morality as a living process that is continuously evident in the way we live. As Buber (1958), Kitwood (1990), Murdoch (1992) and Wilson (1993) all argue, morality is tested, not by what we know, but by who we are. Within this understanding each examines what is required to provide what Kitwood calls the "free attention" necessary to "moral space". Kitwood observes that our ability to 'be with' another is determined by our ability to raise and set aside the "preconscious construals" that encumber moral meeting. He emphasizes the necessity of moving beyond the unacknowledged anxieties, fears and conflicts around which we have constructed defences. He believes that once these are pulled from the preconscious and acknowledged on a conscious level, they can be laid aside and the pathway to free attention and moral space opens. I am in full agreement, as are the therapists I interviewed, that the need to be conscious of our defences within our relationships with clients is paramount. The therapists, particularly in their poor experiences, were quick to identify the problems encountered when their values, judgements, fears and irritations got in the way of a clear and caring encounter. As Jessica stated, "Right away there was a tension". I am not, however, in complete agreement with Kitwood's belief that once our defences are made conscious, they can be laid aside. In the interviews I conducted, each therapist appeared to be at least partially, if not totally aware of what defences she brought to the poor encounter. This is perhaps most clear in Mary's and Sandra's

identification of their difficulty with women who present as victims. Both recognized that their issue with such women came out of their own history with their mother: women whom they saw as acting out a victim role in their marriage. Though both Mary and Sandra were aware of this, thought about it, talked about it and recognized the difficulty it presented in their relationship with their client, neither was able to 'lay it aside'. Mary found herself getting stiff and silent with the client and Sandra found herself getting irritated with the client's tears. These responses prevented a moral meeting. Given the interview data, my belief is that it takes more than a conscious awareness of our issues to prevent them from interfering with our relationships. To be aware of them suggests only a cognitive processing of them and this awareness does not divorce them from their affective punch. I believe, like Kerr and Bowen (1988) that such issues, founded in family, are not easily laid aside and to become conscious of them is just the beginning of the battle to disempower them. I agree with Mary and Sandra that there is a difficulty in their 'emotional fit' with such clients and that until the therapist can manage the emotions that accompany her conscious awareness of the difficulty in such relationships, the client will either leave the relationship, as occurred with Mary, or, there will develop a need to refer the client, as occurred with Sandra.

The description of the "I-Thou" relationship that Buber (1958) brings to his understanding of the clearest relationship is well supported

in the results. Buber speaks of a world of relation where one is able to affirm the other as unique and 'whole' no matter how 'partially formed'. The paradox is intentional for Buber could see the 'wholeness' of the other in the immediacy of the moment despite the individual's level of maturity. Within this affirmation, Buber talks of "the between" that exists in the lived moments that the "I and Thou" share as they meet without what Buber describes as the "seemings and pretensions" that destroy moral meeting. (Kitwood's "moral space" and "free attention" are not unlike Buber's language.) All of the participants affirmed and reaffirmed the importance of accepting the client in her/his stage of development whatever that might be. In her moral experience Rachel talked of "honouring" the client's knowing and 'honouring" her pacing. She talked of getting into trouble with the client in her poor experience when she began to see the client as "less than" herself. Jessica spoke in her moral experience of "loving who [the client] is". In her poor experience she speaks of disliking who her client is: "The bottom line is I didn't like him. Now there's a complete judgement." Rosemary speaks in her moral experience of "respecting the client as a person". In contrast she speaks, in her poor experience, of disrespecting parts of the client and feeling "irritated" by his need to be in control. Without exception, every participant spoke of her relationship in her moral experience in descriptors reminiscent of Buber's "I and Thou" relationship.

I agree with Murdoch (1992) that ethics are at the border of

experience and that philosophical and psychological discussion of ethics as a guide to morality omit the patterns of human relationship which are the first testing ground of morality. Murdoch believes that there is an important difference between learning about virtue and practicing virtue and that the former can at times be a distraction from the latter. We test our morality through our 'being with others' rather than through our ability to logically discuss and apply principles of justice.

Tappan's Method

Tappan's method of using separate readings of the text to identify the three separate processes was useful both when the processes could be separated and when they could not be separated. When they could be separated the method was useful in making distinctions and when the processes could not be separated, as was often the case, it was useful in emphasizing the difficulty underlined by Tappan of seeing the processes as separate. For instance, most of the therapists used the word "sensing". They would talk of "sensing that something was wrong", of "sensing a tension". The frustration of attempting to identify 'sensing' as either a 'thought' or a 'feeling' can be appreciated for it seems much more a state of 'being'. There is too a difficulty in distinguishing sensing from 'action' for surely when one is sensing one is 'in the act of' sensing. I could make a similar argument upon the word 'know'. This was a word that was used by each therapist as she described her experience. For instance Monica stated, "I just know when I am in flow". 'Knowing' is

more than a cognitive process. There is both affect and action in the process of knowing and within this, the complexity of the interrelationships and influences among the processes becomes apparent.

In his analysis of many narratives Tappan finds the cognitive and conative processes to be most easily accessible of the three processes. I found the opposite. I found the affective process to be the most accessible as I analyzed the text and I believe that this is largely due to the fact that I conducted the interviews myself and was in the presence of the therapists' affect as they presented their experiences. The affect with which they presented their emotions in their experiences, particularly in their poor experiences, highlighted the emotional process and I was aware of this as I was examining the text. Had I interpreted the text from a written representation only, I have no doubt that accessing the therapists' affect would have been more difficult. This I believe is an important point for it emphasizes the significance of entering the hermeneutic circle.

I agree with Tappan that using the existing processes of thinking, feeling and acting to interpret the text is a more general and open-ended approach than are methods of 'imposing' an a priori construct such as 'Gilligan's justice/care construct upon the text. Tappan argues that his method, focusing on a more global and contextual analysis of the narrative, is less susceptible to interpretive bias.

Entering the Hermeneutic Circle

I initially approached the subject of the therapist's moral presence from a concern that adequate teaching in ethics was missing from the required curriculum in many institutions that prepare therapists for practice. However, once I began to examine the research on moral presence I realized that the issue was greater than I had imagined: that is that moral presence is a question of more than what we know. I entered the research with my own participants believing that Kitwood (1990) and those of his thinking were closer to the real issue and, realizing this bias, I was careful to avoid 'leading' the participants by my questions during the interviews. As the participants told their stories I felt somewhat drawn into the stories with them and I felt too, something of the 'privilege' of being the receiver of intimacy that several of the therapists had spoken of in describing their relationships with their clients. Tappan talks of the researcher entering the hermeneutic circle as she interprets the text and of the fact that the interpreter's knowledge influences her interpretation of that text. As I stated above, I believe that there is an added influence, a more intimate entering into the hermeneutic circle, when the researcher does the actual interviews herself.

As the interviews progressed I became convinced that the therapists emotional process was even more influential in determining relationship outcome than I had guessed. This led me to examine more closely my own emotional process with clients and the effects of that

process upon my relationships with clients. The information I gathered in my research has been enriching both personally and professionally. It has assisted me in being more clear in all my my relationships and has made me aware of the intense interdependence among the three processes.

I would like to add another observation. Five of the eight participants mentioned the benefit, particularly in their poor experiences, of having someone, whether a supervision group or a colleague, to discuss their cases with. This acted as a learning tool. It provided a sounding board for their concerns and a guidance for future direction. Two participants suggested that if they had had such an outlet, they may have been better equipped to manage their poor experience. The act of telling the story is itself useful. This heralds the importance of utilizing opportunities for consultation within the profession.

Future Research

The therapist's morality is not simply a function of her knowledge of morals or ethics. Rather, it is a function of how the therapist and client interact within the relationship process and as such is embedded in every moment of the relationship experience. This study, through an examination of the therapist's moral experience, addresses the therapist's ability or inability to provide moral space. The results of the study confirm that the mooded or emotional aspect of the therapist's being is enormously important in determining moral presence. The

therapist's emotional process has been underestimated in the controversy surrounding the training of moral therapists and should be readdressed within that format. The emphasis on the necessity to provide courses in ethics for future therapist's, while well meaning, is misplaced. The conception of knowledge of ethics as elemental to moral presence, is not only narrow but, in the field of psychology, a discipline deeply immersed in the study of the emotions, absurd. Future reachers in this field should focus on the complexity of the relationship experience in counselling.

This study was done with female therapists. The same study, done with male therapists, might provide an interesting contrast or comparison on how the sexes differ in their assessment of the moral and poor therapist/client relationship. It would be interesting to know, for instance, whether 'feelings' within the experiences would be delineated with the same intensity or whether these are gender specific findings. Therefore running the same study on male therapists would be useful.

In examining the results I became more curious about the emotional process involved in the therapists' experiences and would have been interested in returning to the same participants and asking them to expand on certain aspects of their emotional process in their relationships with their clients. For instance, one might return to the participants and ask, "Are you aware of how your feelings about your client affected your ability to engage in a moral relationship with

her/him?", or "Do you believe that your thoughts or your feelings were more influential in dictating what action you took with your client?" or "In what way did the actions you took with your client inform you thinking about how to maintain a moral relationship with your client?", or "In what way did your feelings influence you thoughts in the relationship experience?". All of these question would add to a clearer understanding of how a moral relationship develops.

Conclusion

'To believe that it is possible to 'teach' an individual to be moral is a myth. Our ability to be moral is a product of our evolution as a 'human being' rather than our evolution as a 'cognitive thinker'. This does not mean that it is useless to attempt to 'inform' towards morality. On the contrary, I believe that too little attention is given to this subject within the profession of counselling psychology. However, it does mean that the matter of morality is generally misconceived. The profession would benefit if an extended conception of morality were introduced: a conception that defined morality as our ability to 'be with' a given other in clear and caring manner at any given moment in time. This ability is only peripherally associated with our knowledge of moral principles. At its heart lies our ability to transcend our own insecurities and defenses in spite of our knowledge. If the question of morality were framed in this manner within the profession rather than through the haphazard hit and miss discussion of ethical principles that now exists, students would be

given the opportunity to at least 'define' morality more clearly and armed with this definition might be more able to address the personal and particular difficulties that they as individuals bring to the opportunity for moral meeting.

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