

Beyond Harms: Exploring the Individual and Shared Goods of Psychotherapy

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Abstract

[The authors] raise some very important questions about harm in psychotherapy and initiate a valuable dialogue between scholars of potentially harmful therapy and multicultural counseling and psychotherapy. This comment enlarges upon the authors' view that harms cannot be understood independently of goods by providing an argument that goods have an inherent place in psychotherapy and in multicultural viewpoints. The goods of psychotherapy (e.g., justice and respect) are ordinary and widely endorsed rather than esoteric or objectionable. Identifying these goods makes it possible to organize them into a coherent hierarchy that enables an integration of the primarily individual goods of standard psychotherapy and the primarily communal goods of a multicultural perspective. This can facilitate a mutually informative and enriching dialogue between scholars from these two domains. The hope is to encourage a more open discussion of the goods of psychotherapy, thereby fostering a more reflective, progressive discipline.

Beyond Harms: Exploring the Individual and Shared Goods of Psychotherapy

We want to compliment [the authors] on raising some very important questions about harm in psychotherapy and opening a valuable dialogue between scholars of the potentially harmful therapy (PHT) and multicultural counseling and psychotherapy (MCP) literatures. We found much to ponder and significant areas of agreement with what they wrote. In this commentary, we are primarily interested in drawing out what we see as the most important aspect of this potential dialogue rather than disagreeing with or criticizing the authors. From our perspective, the central element of any discussion of potential harms in therapy is a clear understanding of the potential benefits or goods of therapy. The authors did refer to this point in several passages in their article, but they could only scratch the surface of this core topic. We do not fault them for stopping short in this area because their primary project is the promotion of a dialogue between PHT and MCP, and that is a sizable agenda.

We have three aims in this discussion. First, we approach the topic of harms and benefits as complements that must be understood through contrasting these paired terms. We suggest that the degree of clarity we have about potential harms of psychotherapy will be limited by the degree of clarity we have about the benefits and goods of psychotherapy. Second, we outline the natural place of goods in psychotherapy and other professional psychological work. We discuss goods as elements of a good human life, including goods such as pleasure, justice, meaning, and friendship. Psychologists have a great deal of ambivalence and anxiety about discussing the goods and values that we seek in our professional work, but greater reflection, transparency, and clarity can help us to be less conflicted and confused about our aims and efforts. Although the topic of goods and values in psychological work is complex and difficult, it is extremely important because we undertake our professional work for the sake of these goods. Finally, after

clarifying the place of goods in professional psychological endeavors, we discuss the relationship between goods that can be pursued and achieved as an individual and those that can only be pursued and achieved by groups. [The authors] note this important contrast between PHT and MCP scholars, but do not propose a way to bridge this difference.

The Complementarity of Harms and Goods

The departure point for our discussion of harms in psychotherapy is a quotation from Strupp and Hadley (1977) that was cited, in part, by [the authors]: “a judgment of ‘worse’ is always made in relation to an implicit or explicit standard, which also presupposes a definition of the meaning of ‘better,’ it is clear that *the problem of what constitutes a negative effect is inextricably interwoven with a definition of mental health*. This is the case because any form of psychotherapy or behavior modification is designed to move the patient toward a particular ideal, standard, or norm” (p. 187, italics in original). [The authors] also referred to Sharpe and Faden’s (1998) discussion of “scope” and the assumption of “some positive or normative conception of proper functioning, well-being or interests” in contrast to which a client has incurred “some sort of injury or setback” (pp. 119-120). All of these authors suggest that the only way to fully understand harms is through a contrast with a desired state of affairs. A clear discussion of what is better or what is good for human beings is the missing center of the dialogue that the authors are recommending, but do not have the space to address. What does the PHT literature tell us about better and worse outcomes?

The PHT literature mirrors the larger literature on psychotherapeutic outcomes in defining outcomes almost entirely as the reduction of symptoms. Complementarily, harm is most commonly defined as the continuation or worsening of symptoms or the introduction of new symptoms. Lilienfeld (2007), the primary instigator of the renewed discussion of PHT, noted that

“the harmful effects of psychotherapy are almost certainly multidimensional”, including “symptom worsening, the appearance of new symptoms, heightened concern regarding extant symptoms, excessive dependency on therapists, reluctance to seek future treatment...and even physical harm.” In addition, “some treatments may produce harm in the relatives or friends of clients in addition to, or instead of, clients themselves” (p. 56). Clearly, his emphasis was on avoiding negative states of affairs with a primary focus on symptoms. Scholars have cited many constellations of symptoms that are targeted for reduction, such as depression, anxiety, PTSD symptoms, unhelpful thoughts and beliefs, self-destructive behavior, grief, suicidality, conduct problems, increased substance abuse, and the iatrogenic introduction of alter personalities or memories of abuse. The avoidance of adverse events such as legal offenses, arrests, and hospitalizations have also been included as aims of psychotherapy. The most commonly noted sources for these harms are ruptures in the therapeutic alliance due to the therapist’s rejection, disinterest, or low levels of empathy or warmth. Just to be clear, we agree that the reduction or elimination of negative states of affairs is very worthwhile, but we suggest that focusing entirely on reducing negatives is a very incomplete portrayal of the goals of psychotherapy.

The harms discussed in the MCP literature differ in emphasizing how particular groups of clients can be harmed by unreflective approaches to psychotherapy. This literature focuses on the ways that members of minority groups can be harmed through stereotyping, discrimination, assimilation, segregation, oppression, and racism. These interpersonal and social harms to minority group members are enacted and exacerbated by problematic professional responses, such as overdiagnosis of severe psychopathology, assignment to more junior professionals, and assignment to lower cost, lower contact services (Ridley, 2005). These harms are associated with measureable and significant “disparities in access to and quality of care for ethnic and racial

minority populations”, which “remain a critical issue in mental health care” (Alegría et al., 2008, p. 1268) and worsen the mental health difficulties of minority group clients. The MCP literature is actually quite clear about the goods that are the complements to these harms, with frank and extended discussions of goods such as equality, inclusiveness, more accurate cultural knowledge, mutual respect, and respect for differences (e.g., APA. 2003). The discussion of these goods clarifies positive goals toward which psychologists can work beyond reducing negatives. In a meta-analytic study, Griner and Smith (2006) found “a moderately strong benefit for culturally adapted interventions” (p. 531). In addition to the centrality of minority group membership for recognizing the harms cited, the remedies for those harms and the consequent goods (e.g., inclusion) occur at the collective level. This contrasts with the PHT literature, wherein harms and benefits occur typically within the therapeutic dyad. We return to this topic below.

To be sure, some PHT researchers do point to goods that psychotherapy is designed to promote. For example, Newman (2011) states that the “major aims of CBT are to teach depressed clients the skills of systematically identifying, evaluating, and modifying their thinking styles (toward the goal of gaining a more objective and manageable view of their problems and their potential solutions), and increasing their involvement in activities that are enjoyable, prosocial, and that lead to a sense of accomplishment” (p. 350). He also recommends that “therapists must explicitly state that the goals of therapy include improving self-confidence via gradual exposures to challenging situations that stimulate personal growth” (p. 357). Similarly, Eisendrath, Chartier, and McLane (2011) suggest that “the core component of MBCT [mindfulness based cognitive therapy], has been associated with enhanced emotional regulation” (p. 364), and that MBCT is designed to “help individuals to engage more fully with their lives and experience increased positive reinforcement of new behaviors” (p. 365). Other benefits

include a sense of mastery, improved concentration, coping skills, consistent engagement in long-term goals, evidence-based appraisal of situations, and so forth. But even in these positive statements, these scholars focus only on formal goods that have no actual content, such as “thinking styles,” “self-confidence,” or “emotional regulation.” The real content of these goods, such as the actual goods that might be pursued with better thinking or emotion regulation or stronger self-confidence, are left entirely up to the subjective choice of clients. Of course, neither researchers nor therapists should dictate this goal content to their participants or clients, but contentless goals are not the only alternative to goal imposition. One way to highlight the importance of attention to goal content is to recognize that whereas it would be easy to work in support of improvements in thinking, emotion regulation and self-confidence in the service of educating children, it would not be easy to do so if the client’s goal is to engage in human trafficking with children. Similarly, although inclusion and respect for human traffickers may have some value, inclusiveness and respect would have to be more guarded and conditional with people who engage in such activities.

We agree with the call for increased attention to potentially harmful treatments. And we can see how the one-sided focus on the reduction or elimination of symptoms in the PHT literature seems straightforward in that clients come to psychotherapy because they are distressed or find themselves acting in self-injurious ways. What could be a simpler goal than reducing distress? Similarly, virtually no one would disagree with the goal of eliminating stereotyping and discrimination. Yet few would endorse the viewpoint that the absence of symptoms and distress or the absence of prejudice is a sufficient condition for mental health or well-being. If symptom reduction does not provide a sufficient account of psychotherapy outcomes, then psychologists must clarify the benefits or goods of psychotherapy. This is a difficult dilemma, because it seems

to require us to make value judgments about the best kind of life for our clients. How can we resolve this?

The Place of the Good in Psychotherapy

Strupp and Hadley (1977) recognized this problem many years ago and pointed out that, “in the final analysis, the evaluation of *any* psychotherapy outcome will be essentially a value judgment” (p. 191, italics added). When faced with questions of value, therapists and researchers have historically preferred to frame them as subjective choices beyond the purview of professionals. This stance was adopted to serve the very important ethical imperative against value imposition on clients and research participants. This disengaged stance toward values has become attenuated among psychotherapists, but remains dominant among researchers. There are at least three strong reasons that a disengaged stance toward values and goods is untenable. First, when they appropriately cite potential harms in psychotherapy, scholars unavoidably identify what they dis-value, which is clearly a value-imbued posture. At the very least, a focus on symptom reduction is based on the idea that fewer symptoms is better, certainly a reasonable value.

Second, everything one does or does not do expresses some value or ideal. Individuals act to attain some valued state of affairs, whether that is food, pleasure, a promotion, or a good conversation with a friend. The value-imbued nature of human action is no less characteristic of psychotherapy than it is of any other form of activity. The centrality of values and ideals in action is obvious in the irony of having the therapeutic value that we should not impose our values on clients because we value their autonomy and right to decide their own values. It is simply not possible to act in a value-free way because all of our actions, including therapeutic and research activity, are aimed at some desired (valued) state of affairs.

Third, values and ideals are never entirely a matter of individual, subjective choice. Human beings live in a world that is imbued with values and ideals that predate us, shape us, and guide our behavior long before we are able to reflect and choose any values. As Heidegger (1962) put it, we are “thrown” into a world that is fully formed when we arrive, and each individual must work out how to become a part of that world. From infancy on, humans seek to understand and meet the standards and norms of our social groups (e.g., Casler & Kelemen, 2007). We can recognize the intersubjective nature of values, once again, ironically, in the shared value that everyone should choose their own values. This is a widely held ideal in contemporary North Atlantic societies, which means that none of us formulated that ideal on our own. Rather, we were socialized to hold this view. Moreover, the only way one can successfully hold such an ideal is if it is widely shared and mutually enforced. Norms work because they are shared and sanctioned, which means that humans are always and inevitably “imposing our values” on one another. Norms are central to living in human social groups because all groups have normative ideals. Clearly, this does not license psychotherapists to influence clients in any way they want to. Nor does it mean that individuals cannot or should not make careful choices about what we see as worthwhile or push back against problematic norms. Yet recognizing the inevitability and ubiquity of mutual influence in the realm of values clarifies the fact that human beings continually live in a virtual sea of values and that our views about what is worthwhile are generally very widely shared and are enacted in highly coordinated ways. The ideals and ethics of psychotherapists require that our interactions with clients should be respectful rather than coercive and reflective rather than unthinking, and these guidelines can help us to address questions about values and goods in an appropriate way, just as they do with other important and sensitive topics.

To clarify, we are not advocating a more thoroughgoing elimination of values from psychotherapy and associated research. We see this as neither desirable nor possible. Rather, we believe that it is time for psychotherapists and psychotherapy researchers to fully recognize their actual, if tacit, value commitments and bring them into the open, where they can be properly discussed, compared, scrutinized, and improved upon. That is, we are calling for the collective bullet-biting of owning up to the goods we promote as psychologists. In this way, a discussion of harms leads us inexorably (and helpfully) into a necessary discussion of how we think psychotherapy can help clients to lead better lives. This necessitates a discussion of the goods for the sake of which therapists and clients are willing to undertake the hard work of psychotherapy. In addition to bullet-biting, we advocate for modesty in our claims about goods and the ongoing recognition that any claims we make can be reasonably challenged and usefully reformulated.

One of the strengths we see in the MCP literature is these scholars' clarity about the goods that they are promoting (e.g., inclusion, equality, and mutual affirmation). MCP scholars are also quite clear about the intersubjectivity of the goods they are pursuing. Although one could frame inclusion and equality in terms of subjective perceptions, no one believes that conceptualizing or measuring these concepts as subjective perceptions would adequately capture them. If we can develop a similar clarity about the goods that inform the PHT and psychotherapy literatures, this would be a very powerful domain of overlapping interests for the dialogue that [the authors] are attempting to initiate between PHT and MCP scholars.

Even the relatively generic and impersonal positive outcomes cited by some PHT scholars represent commitments to goods such as mastery, objectivity, positive reinforcement, coping, and emotional regulation. We believe that making these value commitments explicit is a very valuable first step toward a more self-reflective, possibly self-correcting discipline. Once

these value commitments are made explicit, it is easier to scrutinize and question them in public discourse and to consider how we might best formulate or reformulate them. As an indication of the importance of stating and questioning our professional values, many of the value commitments noted in this paragraph have been questioned as promoting a “bounded, masterful self” that experiences a lack of meaning in life (Cushman, 1990). Some have also suggested that characteristics such as mastery, objective calculation, and emotion management may actually perpetuate rather than relieve modern maladies such as isolation, excessive control, and alienation (e.g., Richardson, Fowers, & Guignon, 1999). We cannot resolve such large questions here. We are simply encouraging the explicit recognition of the positive goals of our profession so that we can reasonably discuss them together in the light of day. When the goods promoted by psychotherapy remain tacit, the imposition of these values is virtually certain and largely unreflective—exactly the opposite of the hope that inclined researchers and therapists toward value-neutrality. In the interest of opening our thinking about the positive aims of psychotherapy, we might suggest a few other positive aims, such as increases in joy, meaningful connection to others, appropriate trust, and participation in self-transcending activity.

The Individual Good and the Shared Good

The third question we want to address is how the primarily individual goods and harms highlighted in the PHT literature can be integrated with the primarily social goods and harms identified in the MCP literature. We can begin with Strupp and Hadley’s (1977) point that there are multiple stakeholders in any discussion of the desirable outcomes in psychotherapy. The list has expanded in subsequent decades to include the client, his or her family and friends, the therapist, the therapeutic community, society, government, and third-party payers. Discussions of the goods of psychotherapy should include all of these perspectives. It is important to recognize

that there are multiple viewpoints on what is worthwhile, and that benefits to one stakeholder may impose costs on others.

We want to take this line of thinking beyond the goods that can be pursued by separable stakeholders to include the concept of a shared good, which is the kind of good that is held in common (e.g., clean air or public safety). In the modern West, when we think of goals, goods, and values, it is virtually automatic to think of states of affairs that are valuable to individuals, such that one can essentially pursue and attain them as an individual. (One often has help in achieving this kind of goal, but the actual achievement belongs to the individual.) Individual goods include achievements, such as college degrees or wealth, psychological states such as happiness or self-efficacy, and relational goods such as status or trustworthiness. When PHT scholars cite goods, they focus primarily on individual goods, such as emotional regulation, coping skills, and a sense of mastery. Such goods are clearly valuable and important.

It is unusual, however, for us in the modern West, to recognize that there is a very large and important set of goods that can never be pursued or attained individually because these goods are only attainable through concerted, collective action. This is the category of shared goods, which can only be held in common with other people. Shared goods are ubiquitous and deeply valued, including friendship, social harmony, democracy, and justice.

There are three interesting features of shared goods. First, although an individual can participate in shared goods, he or she can only do so when others participate as well. One individual cannot have a friendship, democracy, or justice because these goods emerge in groups of people or not at all. Justice is, by definition, interpersonal and social. Friendship is, by definition, interpersonal. Second, in most shared goods, one person cannot have more of the good than another. When injustice is inflicted on an individual or subgroup, the extent of justice

in the entire population is diminished.¹ Similarly, one friend cannot have more friendship than the other friend.

A third important feature of shared goods is that they are among the most important goods for humans. For example, friendship and group belonging are as important to psychological well-being, physical health, and longevity as diet, exercise, or obesity (Cacioppo & Patrick, 2008; House, Landis, & Umberson, 1988). Democracy and justice are two of the most prized human goods. This means that, to the extent that we fail to recognize or simply neglect the category of shared goods, we will severely constrain and distort our understanding of human life (Fowers, 2005).

One of the important contributions of the MCP literature is to highlight an important set of shared goods that only become available when communities and societies welcome diversity. MCP scholars illuminate shared goods such as inclusion, a deepened understanding of justice and mutual respect as well as greater mutual understanding and mutual affirmation (Fowers & Davidov, 2006). The mutuality and the collective nature of these goods mean that they can only be pursued through collective efforts and attained as a group, not as individuals. To clarify, we are not simply reiterating the common distinction between individualism and collectivism because even in cultures where the individual is celebrated, shared goals are ubiquitous and essential. Shared goals are just far easier to overlook and distort where individualism reigns.

There are, of course, individual goods that are built into the shared goods that MCP scholars promote. It is good for individuals to experience inclusion, affirmation, respect, and understanding as members of particular groups. But it is important to recognize that the individual goods in these instances are secondary to the shared goods. The individual benefits of inclusion and respect flow from the degree of inclusiveness and respect instantiated in the group.

Moreover, the shared goods of MCP also involve the participation of individuals in the actualization of those goods, making the individuals part of something larger than themselves.

We suggest that the hierarchical relationship between shared goods and individual goods that we just highlighted in MCP has more general validity. This is because shared goods provide the context for a great many individual goods. Recognizing this ordering of goods is part of fully grasping the intensely social nature of human beings because our mental and physical health are so deeply entwined with living well in our social groups (Fowers, 2015). For example, one of the cornerstones of Western societies is the concept of individual rights, and these rights are commonly seen as “inalienable.” It is obvious, however, that individual rights can be easily alienated by governments, gangs, or human traffickers. The individual has rights only to the extent that the community or society recognizes and defends those rights. That is, individual rights are entirely dependent on a certain form of civil society that includes laws and a justice system that recognizes and protects those rights. This relationship between individual rights and civil society clarifies that rights are secondary to the shared good of justice in modern societies.

Understanding this hierarchical relationship between individual and shared goods can substantially strengthen our recognition and support for the shared goods that are essential for a good human life. It helps us to more clearly appreciate the extreme limitations of individualistic viewpoints that claim that all common goods can be boiled down to the aggregation of individual goods. Seeing shared goods as hierarchically superior to individual goods does not diminish the value of individual goods, it only provides a proper context for them. We believe that this framework for understanding individual and shared goods provides a way for us to integrate the goods of psychotherapy, as they are articulated in the PHT and MCP literatures.

Conclusions

We have discussed how [the author's] article on integrating the PHT and MCP literatures can be extended and deepened by discussing the goods of psychotherapy. Psychologists tend to shrink from this discussion because the received view is that facts and values must be kept strictly separate, and that any understanding of what is good for humans is typically seen as a subjective choice. Nevertheless, people, including psychologists, are continually pursuing what we think is good (even though we are sometimes misguided in our aims and means). So human goods are built into human action, including the activities of research and therapy. The missing element, we have argued, is explicitly recognizing the goods we seek and making them accessible for scrutiny and discussion.

In this, we concur with [the authors'] rejection of the fact/value dichotomy, and provide more argument for that rejection than the authors had space for. (See Richardson et al., 1999 for an extended argument.) We suggest that harms cannot be understood independently of goods, that goods have an integral place in psychotherapy and multicultural viewpoints, and that individual and shared goods can be harmonized in a hierarchy of goods. The goods we discuss, such as justice, friendship, and mutual respect, are not esoteric or objectionable. Individuals and groups espouse these goods regularly and strongly. Once these goods are identified, it becomes possible to organize them into a coherent hierarchy that makes it possible to integrate the primarily individual goods of standard psychotherapy and the primarily communal goods of a multicultural perspective. This can facilitate a mutually informative and enriching dialogue between scholars from these two domains. [The authors] gesture toward this, but they do not have sufficient space to indicate how it could be done. We hope to encourage a more open discussion of the goods of psychotherapy, one that will be enlightening and will help us to become a more reflective, progressive discipline.

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¹ Of course, a system of justice can provide disproportionate benefits to one group compared to others (e.g., feudalistic or patriarchal societies), but if it is a mutually acknowledged system of justice, the good of justice is something that the society achieves together, rather than

independently by individuals in the society. This is the case even if equality before the law is not a guiding principle. All systems of justice are imperfect and can be challenged and revised.