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# The Good Life in Psychotherapy: Implicit and Influential

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The Good Life in Psychotherapy: Implicit and Influential

Emily Lonas Morris

A thesis submitted to the faculty of  
Brigham Young University  
in partial fulfillment of the requirements for the degree of

Master of Science

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## ABSTRACT

### The Good Life in Psychotherapy: Implicit and Influential

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The good life, or a flourishing life, is a vision of how people ought to best live their lives. Though this vision is vital to the conduct of psychotherapy, it is generally overlooked, and thus unexamined. The therapist's vision of the good life for the client guides his or her implicit and explicit interventions. Despite this, there is relatively little discussion about this vital topic, and relatively little training into the various approaches to the good life. In this thesis, I argue that this relative lack of examination and training is due to the lack of perceived options regarding conceptions of the good life. As I will show, the seeming diversity of psychotherapy theories is actually uniformly underlain with individualism. I will address this lack of diversity by revealing how abstractionism is the ontology that underlies individualism in order to present a competitor. Ontological relationality is presented as an alternative ontological framework for visions of the good life, along with practical applications and therapeutic implications.

Keywords: good life, ontology, abstractionism, relationality, psychotherapy

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## TABLE OF CONTENTS

Importance of the Good Life in Psychotherapy .....	2
Therapy is Guided by a Moral Framework .....	2
Why therapy is often viewed as value-free. ....	2
The problems with “value-free” therapy. ....	4
The values of being value-free. ....	5
The Good Life is a Uniting Framework of Values.....	7
Ethical values.....	8
Therapy values.....	9
Value-free values.....	10
The Good Life Guides the Therapist’s Interventions.....	12
Conscious values. ....	13
Less-conscious values.....	13
Paucity of Explicit Literature on the Good Life in Psychotherapy.....	15
Is Individualism the Root of the Good Life in Psychotherapy?.....	17
Does Individualism Affect Theories of the Good Life in Psychotherapy? .....	18
Features of Individualism.....	19
Abstracted person. ....	19
Individual autonomy.....	20
Individual needs.....	20
Ontological Assumptions of Individualism: Abstractionism .....	21
Abstracted person. ....	23
Individual autonomy.....	24
Individual needs.....	24
Critical Analysis: Implicit Conceptions of the Good Life in Psychotherapy .....	25
Introduction to Review of Recent Literature.....	25
Behavioral and Cognitive Behavioral Therapy.....	27
Abstracted person. ....	27
Individual autonomy.....	29
Individual needs.....	31

Psychodynamic Psychotherapy .....	33
Abstracted person. ....	34
Individual autonomy.....	35
Individual needs.....	37
Humanistic Psychotherapy .....	39
Abstracted person. ....	39
Individual autonomy.....	41
Individual needs.....	42
Systems Theory- A Representation of Seemingly Relational Approaches.....	44
Abstracted person. ....	45
Individual autonomy.....	46
Individual needs.....	48
Object Relations: Another Representation of Seemingly Relational Approaches.....	50
Abstracted person .....	50
Individual autonomy.....	52
Individual needs.....	54
Conclusion of Critical Analysis: Demonstrating Unity .....	55
Implications of the Hidden Unity in Psychotherapy.....	57
Potential Problems with this Unity: Individualism and its Attendant Assumptions.....	57
Individualism and abstractionism as uniting themes.....	57
Merits and dangers of individualism. ....	58
Proposing an Alternative Conception of the Good Life .....	61
Ontological Relationality .....	63
Contrasting assumptions and implications for the good life. ....	64
Therapeutic implications of relationality.....	68
Virtue ethics .....	72
Contrasting assumptions and implications for good life. ....	72
Therapeutic implications of virtue ethics. ....	75
Theism.....	78
Contrasting assumptions and implications for the good life. ....	79
Therapeutic implications of theism .....	82

General Conclusion..... 85  
References..... 87

One of the most important aspects of psychotherapy is relatively overlooked and unexamined – the therapist’s vision of the good life for his or her clients. The “good life”, or a “flourishing life”, is basically a vision of how people ought to best live their lives. As several observers of psychotherapy have noted (Fowers, 2005; Slife & Richardson, 2008; Taylor, 1995; Tjeltveit, 2006), this vision is vital to the therapist’s implicit and explicit interventions. Indeed, some believe that what is considered therapeutic progress and regress, and normality and abnormality, are often framed, however consciously, in terms of the client’s proximity to the therapist’s notions of the good life (Fowers, 2005). Yet, there is relatively little formal or informal discussion about this vital topic (Taylor, 1995) and relatively little training into the various approaches to the good life (Slife, Reber, & Richardson, 2005). Why?

My thesis is that this relative lack of examination and training is due to the lack of perceived options regarding conceptions of the good life. Although, as I will argue, many different theories of psychotherapy have implicit notions of what a good life is for therapists and clients, this seeming diversity of theories is underlain with one particular set of philosophical and ethical assumptions. If this lack of fundamental diversity is true, then there is no need to discuss, examine, and/or train students in various approaches to the good life because there is already an implicit consensus about it. The problem, as I will attempt to show, is the implicitness of this felt consensus. As with most implicit assumptions, when they are exposed, alternative assumptions suggest themselves and problems are revealed.

To expose these implicit problems and suggested alternatives, I begin by describing the significance of the good life, especially in psychotherapy. Yet, the literature on a flourishing life in psychology is extremely limited and mostly peripheral to the mainstream of psychotherapy training. Rarely, if ever, do trainers of psychotherapy discuss this central concern of counseling,



let alone reveal its assumptions or compare it to alternatives. As I will next show, its assumptions are predominantly individualistic. This predominance, as I have indicated, is the primary problem I wish to address in my thesis: there is no intellectual or ethical rival in mainstream psychology for the good life. Hence, there is no discussion and informed selection of this pivotal therapeutic construct. I will address this lack of diversity by revealing the ontology that underlies individualism, along with its dangers, and then suggesting an ontological competitor that has alternative implications for conceptions of the good life, and thus the conduct of psychotherapy.

### **Importance of the Good Life in Psychotherapy**

The importance of the psychotherapist's vision of the good life for his or her client will be discussed through three major points. First, I will attempt to show how therapy is guided by an implicit moral framework. To do this, I will explain why therapy is often viewed as value-free, why value-free therapy is problematic, and why being value-free actually implies a certain set of values. However, even if morality does ultimately guide therapy, this type of discussion tends to suggest the question: what kind of framework unites these values in psychotherapy? This will be answered by the second point—how the good life is a uniting framework of values. I will discuss how the good life unites ethical values, therapy values, and even value-free values. The significance of this system of values will then be discussed through the third point, which is how the good life guides the therapist's interventions, with or without their awareness.

### **Therapy is Guided by a Moral Framework**

**Why therapy is often viewed as value-free.** Historically, therapy has been considered a value-free enterprise and as such does not require a conception of the good life. According to Richards and Slife (1999), this is due in large part to two main assumptions (see also Wilde,

2008; Bernstein, 1983). The first is the idea of *objectivism*, and its derivation from the natural sciences, which has shaped therapy's reliance on technique manuals and its proclaimed adherence to evidence-based practices (which tout themselves as being empirically based, and therefore objective; Wilde, 2008). The American Psychological Association (APA) Presidential Task Force on Evidence-Based Practice issued guidelines in 2006 that prescribe the commitment of the field of psychology to evidence-based practice. The APA's guidelines discourage psychotherapists from involving personal biases that would undervalue tried and true methods of intervention.

The second assumption explaining why therapy has been considered a value-free enterprise is *ethical relativism*, which is the idea that what is right or wrong is entirely dependent on what one decides for oneself. According to Wilde (2008), "Relativism holds that there is no grounding for preferring one value above another so we must settle for acceptance and tolerance of all values and *allow the clients' values to dominate*" (p. 15, italics added). With this assumption, the client sets the goals of therapy based on his or her personal view of what is moral and right. In this case, there would be no need or place for psychotherapists to inject their own morals, and therapy would be guided by the client's own values. Because the therapist does not explicitly influence the process and goals of psychotherapy, the practice is seen as bias-free. Although client values are recognized, psychotherapy as an enterprise is still considered bias-free so long as the therapist does not influence or sway the client with her or her own morals and values. Psychotherapy itself, and even the psychotherapist are thus seen as a moral blank slate; any values that are implicated will be those of the client. In both of these scenarios (objectivism and ethical relativism), therapy is considered to be without personal biases—it is "value-free".

**The problems with “value-free” therapy.** Although therapy is often viewed as value-free, this assumption is not without problems. Despite the APA’s admonition to practice therapy in an ethically neutral manner, in recent history, scholars have questioned the possibility for therapists to truly remove their personal values during therapy. Watson (1958) challenged a value-free strategy with his statement that, “One of the falsehoods with which some therapists console themselves is that their form of treatment is purely technical, so they need take no stand on moral issues.” (p. 575). More recently, Tjeltveit (2006) has explored the implications of values for psychotherapists. Noting that the APA claims that psychologists are responsible for upholding ethical principles, such as beneficence, justice, and respect for people’s rights, he contends that therapists’ values of the good life will impact not only their goals of therapy, but also the manner in which they practice beneficence. Recognizing that values are involved in psychotherapy, Tjeltveit aimed to answer the question of what beneficence means for psychotherapists. He asks the questions, “Toward what ends does therapy best aim... And in what ways do ideas about the good life underlie any working notion of beneficence?” (p. 186).

Tjeltveit recognizes that the psychotherapist’s own vision of a flourishing life will inform their interventions. For example, a therapist’s vision of a flourishing life may center on the idea that people should be autonomous. For that therapist, good is achieved to the extent that he or she cultivates independent and self-sustaining characteristics in the client. In addition, Engelhardt (1996) demonstrates that the very idea of beneficence, or good, must depend on an idea about the good life. For psychotherapists to effectively treat their clients, they should have a clear sense of their aims and goals (i.e. values) that guide their interventions and are, in turn, guided by their sense of a flourishing life.

Bergin's research also supports the idea that value-free therapy presents problems which are often unforeseen and overlooked. Bergin (1980) has argued that very few values are openly used and acknowledged in psychotherapy. These values include the espousal of what he terms "clinical pragmatism", which is the "straightforward implementation of the values of the dominant social system" (p. 5). This includes the beliefs that therapy should alleviate pathological symptoms and function to perpetuate the status quo of health norms. The other recognized value is "humanistic idealism", or the championing of such qualities as "flexibility and self-exploration; independence; self-actualization...happiness" (ibid.) are (ironically) the values of being ethically neutral, or value-free. Bergin specifically notes how these values are the values of the community at large, not the personal morals of the therapist.

Now that we see how the field of psychotherapy only openly acknowledges *communal* values, it is interesting that Bergin (1980) advocates that psychotherapists also hold firm *personal* values, and operate their practice within a moral framework despite their inability or unwillingness to reveal to the client their vision for a flourishing life. Bergin's research suggests that the values of the client, of the therapist, and of the community, will inevitably come into play during therapy (1980).

**The values of being value-free.** According to many scholars (e.g. Bergin, 1980; Slife & Williams, 1995) one of the major unrecognized values is the value of being empirically-minded and objective; or in other words, the value of being bias-free. Consider, for example, the notion of avoiding one's own values in order to only reflect the client's values. In this sense, the denial of values is itself a value: the value of being bias-free. Even the technique of allowing clients to discover their own path demonstrates the value of self-discovery. This particular value could lead the therapist to persuade clients that they should raise their children through self-discovery.

A therapist may also argue that they successfully remove their own biases from therapy by strictly following a technique manual. However, Smith (2009) contends that no modality of psychotherapy, however empirically supported, manual based, or technique driven, is immune from the effects of the therapist's vision of the good life and its influence in treatment. This vision is simply built into the techniques of the manual (see also Bergin, 1980). Slife & Whoolery (2006) have argued that a value-free intervention does not exist, and that each intervention (including those that are evidence based) mirrors the spiritual and moral framework in which it was developed. These scholars' notion that empirically supported treatments reflect an underlying value system demonstrates how even the supposedly value-free and objective are not completely value-free and objective.

Research itself, which is often considered objective, is generally laden with the values of the researcher (choice of topic), and often with the values of the scientific method (empiricism). Even the authors of therapeutic treatment manuals must place values on certain goals. Does the author of the manual advocate a long process of self-discovery in order for a person to become independent and autonomous? Does the author of the manual encourage the therapist to develop an intimate, caring relationship with the client to demonstrate the importance of quality relationships? What does the therapist who formulated the manual want the client to be or become? What does the therapist consider progress toward that being or becoming? Whether the values are implicitly involved in the therapist's technique manual, or the therapist consciously chooses one philosophy of science over another, values are involved in psychotherapy. While evidence-based practice may have many merits, we cannot consider it to be an objective practice without values.

In Myers' 2004 textbook, he supports the point that research itself is value-laden with his assertion that, "Values affect what we study, how we study it, and how we interpret results" (p. 34). In regards to the good life, he goes on to say that even deferring to "'professional' guidance about how to live...[is] accepting value laden advice" (p. 34). That is, psychotherapists cannot simply endow their clients with objective techniques and practices that produce a more fulfilling life; psychotherapy is unavoidably value laden. Slife, Smith, & Burchfield (2003) explore this issue in depth in their article "Psychotherapists as crypto-missionaries: An exemplar on the crossroads of history, theory, and philosophy". They note that the APA (1992) warns against therapists "imposing" personal values on a client and then point out: "Asking therapists to value being value-free is contradictory, so why not recognize the impossibility of this value-free status?" (p. 7). In terms of the good life, if therapists cannot escape their own implicit assumptions in regards to a flourishing life, then why not explicate these values and recognize the ways in which they influence therapeutic interventions? The value of being value-free is just one type of implicit value that is captured in the therapist's vision of the good life for the client. Next, I will discuss other values that are also contained in this vision of the good life.

### **The Good Life is a Uniting Framework of Values**

Understanding that therapy is guided by a moral framework (even if it is a value-free moral framework), makes it possible to discuss how the values included in the moral framework are united by the therapist's vision of the good life for the client. The good life, in this sense, is the type of existence considered to be meaningful and fulfilling. That is, the good life connotes what is good, and thus valuable, for one's life. It addresses how one should live, what is healthy and noble, and encompasses the means to attain these lofty goals. As I will show, virtually all personal and interpersonal values can be captured under the good or flourishing life. Recognition

of the good life acknowledges and unites these value-laden pieces. These values, in turn, guide intervention.

The psychotherapist's vision of the good life is one way of talking about his or her system of values. The good life can be considered a uniting structure of values in that it essentially combines and unifies a broad system of values regarding how we ought to live, and thus what the aims of therapy should be. To illustrate how values in therapy are united, I will discuss three major types of values (ethical values, therapy values, and "value-free" values) and demonstrate how each is related to therapists' visions of the good life.

**Ethical values.** The first types of values I will discuss that are included in the therapist's vision of the good life are ethical values. In Tjeltveit's (1999) book *Ethics and Values in Psychotherapy*, he notes how psychotherapists, while presumed to uphold professional ethics and set forth by the APA, do generally not consider themselves to be "ethicists". By being a psychotherapist, one agrees to adhere to such standards as beneficence, fidelity, integrity, justice, and respect for people's rights and dignity (APA, 2010). These values, though a reflection of society's values at large, are statements about what is good, right, and virtuous. By promoting these principles, psychotherapists essentially adopt the role of ethicists (Tjeltveit, 1999). What do these principles tell us about the good life? Tjeltveit quotes Slote (1995) as saying "Over the millennia, thoughtful people and philosophers have asked what kind of life is best for the individual and how one ought to behave in regard to other individuals and society as a whole" (p. 721).

The ethical principles that the APA requires of psychotherapists tell us very specifically how individuals ought to behave: we must treat one another with respect and dignity, and we must be honest and responsible for our actions. Thus, the "kind of life that is best for the

individual” is one that includes the aforementioned principles. These ethical values thus constitute an important piece of the therapist’s vision for the good life.

**Therapy values.** Another value component of the good life is therapy values. According to Bergin (1980), the values of therapy are the beliefs that dictate what changes in therapy are desirable. He says, “Psychotherapy is directed toward practical goals that are selected in value terms” (p. 4). Tjeltveit (1999) adds that therapy values will determine how the therapist should interact with the client, how the presenting problem is treated, whether or not the therapist follows the client’s goals, how/if the therapist addresses a conflict in goals, etc... Callahan (1995) contends that therapy values address the practical question of “what is to be done here and now with a patient” (p. 250). That is, therapy values are a practical application of ethical values; if the ethical values are assumed, then how does one best apply them to therapy?

The therapy values that a psychotherapist practices (whether intentionally or unintentionally) are an important component of his or her vision of the good life for the client. The therapist’s recognition of the client’s problem, the method the therapist chooses for treatment, and the way the therapist treats the client, are all demonstrations of values regarding what the therapist sees as psychological health and how the therapist thinks that should be achieved. There is no way for a therapist to avoid making these value-laden decisions in the context of therapy, no matter how little these values are recognized.

To illustrate— it is widely known that in our Western culture, we value personal independence, while non-Western cultures tend to be more collectivist and instead value community responsibility (Cushman, 1995). Because the good life is comprised of many related values, the Western individualist good life would breed a cultural valuing of independence and individual satisfaction, which would lead to a therapy that focused on treating individuals



through non-directive measures in order to foster autonomy and self-reliance. The non-Western collectivist good life would differ greatly in its system of values, as the “goods” of individualism would be much less relevant. For example, Cushman (1995) provides an example in which the people of a non-Western culture believe that “one would lose status of being human when separated from kin” (p. 27). This non-Western good life would require inextricable ties to family and community. Regarding therapy, a good life of this kind would guide the client towards strengthening family and community relationships. It is important to recognize how therapy values (often greatly influenced by culture) influence what the therapist sees as a flourishing life for the client.

**Value-free values.** Value-free values also are comprised in the therapist’s vision of the good life. Tjeltveit (1999) notes that many believe therapy itself is simply not an ethical endeavor; it is a practice based on scientific findings and empirically supported interventions. In other words, many hold that there is no place for therapists to implicate values so long as they stick to psychotherapy’s scientific roots. As discussed in the previous section, this rejection of values is itself a value. Tjeltveit (1999) also draws attention to another value-free position which contends that therapists should not determine goals and values in therapy, but instead adopt the goals and values that are freely chosen by the client. He notes that this position (while attempting to be value-free) is actually an argument that therapy should involve a specific set of values: those of the client. This implies further values as well: that it is unethical for therapists to force their personal values on clients, that all client goals are satisfactory values for a therapeutic setting, and that it is best for clients to dictate their own goals for therapy (Tjeltveit, 1999). Psychotherapists who endorse these strategies for avoiding the implication of one’s personal values, while admirable in their commitment to maintaining psychology’s scientific status, are in

fact demonstrating how this “value of being value-free” plays a role in their vision of the good life.

Not only does valuing being value-free affect the psychotherapist’s process of therapy, but it also affects the content. Slife, Smith, and Burchfield (2003) argue that a therapist who values being open-minded (concerning morals and values) essentially teaches this value to the client, and even measures therapeutic progress in terms of how clearly the client personally evidences open-mindedness. Likewise, consider how a therapist’s value of being value-free can be literally taught to clients as the right way of living. It is taught that one should be objective and fair, and parents should thus raise children in a way that reflects how the therapist is “raising” the client—by being unbiased. This vision of the good life (objective, fair, bias-free) is directly passed from therapist to client, with or without the therapist’s intent to do so (Beutler, 1979; Slife, Smith, & Burchfield, 2003; Tjltveit, 1986). Furthermore, by supporting this value-free assumption, the therapist practices therapy in a way that may explicitly exclude methods or techniques based on anything other than empirically supported findings, or perhaps rely solely on the goals and values of the client. The good life then, should be achieved in a “value-free” manner—one that does not involve the psychotherapist’s own personal feelings and biases.

In essence, the psychotherapist’s values concerning what comprises a meaningful existence, what good psychological health means, how that should be achieved, and what the goals of therapy should be, are summed up in his or her vision of the good life. As demonstrated above, these different values (ethical values, therapy values, value-free values) are each included in the therapist’s vision of the good life. Ethical values inform the practice of professional values set forth by the APA, therapy values shape the way the therapist interacts with and treats the client, and value-free values also influence the process and content of therapy. Though these

inherent values of a flourishing life are rarely discussed, several researchers (e.g., Beutler and Bergin, 1991; Slife, Smith, and Burchfield, 2003) have noted that psychotherapists cannot practice therapy without implicating their values, which ultimately culminate in their vision of how humans, including their clients, are supposed to live. The influences of each of these types of values are thus united by what the therapist sees as the good life, and how that vision should be obtained. The next section will address how the therapist's vision of the good life guides his or her interventions.

### **The Good Life Guides the Therapist's Interventions**

At this point, I have explicated how the therapist is guided by moral values and how these values are united in the therapist's conception of the good life. One question remaining is: what influence does the therapist's conception of the good life have on his or her interventions? It may seem obvious at this point, given that therapy is guided by a moral framework and that this moral framework is unified in terms of the therapist's vision of the good life, but the purpose here is to elucidate the issue and clarify precisely what impact the vision of the good life has on therapy. In other words, why does the therapist's vision of the good life matter? I will answer this by building upon scholars' (e.g., Beutler and Bergin, 1991; Slife, Smith, and Burchfield, 2003) contention that both conscious and less-conscious values influence and guide the therapist's interventions.

Before discussing how conscious and less-conscious (i.e. unrecognized) values are implicated in the therapist's interventions, we must first understand that the therapist's vision for the good life breeds both therapeutic content and process. Content refers to the type of intervention utilized and *what* its aims are (e.g., happiness, fulfillment, satisfaction, autonomy), whereas process refers to *how* that is implemented (e.g., directive, non-directive, self-discovery, experiential). For instance, a therapist's goal could be to bring the client to a state of personal

happiness (content) through self-discovery (process). I will discuss both conscious and less-conscious values in an attempt to demonstrate how they are united by the framework of the good life, and ultimately shape the therapist's interventions.

**Conscious values.** The most consciously recognized values are likely the agreed upon professional values that psychotherapists are expected to maintain (Tjeltveit, 1999). As discussed above, these values (beneficence, fidelity, integrity, justice, and respect for people's rights and dignity) are a component of the therapist's vision for the good life. This vision will direct therapeutic intervention, and perhaps with these conscious values, that process is more obvious.

A therapist who readily recognizes the ethical standards outlined by the APA will likely monitor his or her behavior in the therapeutic setting in order to demonstrate those values. In the case of beneficence, the therapist would intentionally behave in a good, kind manner that has the client's best interest at heart. Though perhaps this concept is so commonly understood that there is no need to explicate, the purpose here is to demonstrate that these agreed upon ethical values are a component of the good life, which guides the therapist's interventions.

**Less-conscious values.** Bergin (1980) claims that for psychotherapists to effectively treat their clients, they should have a clear sense of the aims and goals that guide their interventions. While this may be simply done for the above conscious values, there are also a host of less-conscious values that inform the therapist's vision of the good life. Less-conscious values include any and all values that are not consciously acknowledged by the therapist. In fact, some conscious values noted previously (e.g. beneficence) are not always explicitly identified (Tjeltveit, 1999). Apart from these, perhaps the most prominent and overlooked value is the "value-free" value. Though it is widely recognized that psychotherapists should not impose their own beliefs on clients, it is generally not consciously accepted that the psychotherapist's values

are, however purposefully, demonstrated and taught to clients. This raises the issue of “value conversion”, or the process of the therapist teaching the client to conform to their own value system and vision of the good life (Beutler, 1979; Smith, 2009; Tjeltveit, 1999; Weisskopf-Joelson, 1980). The importance of discussing value conversion is to illuminate the therapist’s responsibility to be conscious of their vision of the good life as it will almost inevitably manifest itself in his or her interventions. Value conversion occurs more often when values are not identified (Beutler, 1979), hence the significance of recognizing one’s own values. These less-conscious values are an important (though hidden) aspect of the good life. Both conscious and less conscious values are united by the therapist’s vision of the good life, which in turn guides intervention.

Keeping in mind that the good life (consisting of both recognized and unrecognized values) drives and guides therapeutic interventions with or without awareness, consider the hypothetical example of Charles, who seeks psychotherapy to overcome depression. His psychotherapist’s vision for the good life centers on creating and maintaining meaningful relationships. During therapy, the psychotherapist’s interventions are focused less on Charles’ inner feelings, and more on the therapeutic alliance that is formed during their time together. The psychotherapist encourages Charles to bring in close friends and family members and they discuss how to improve their relationships, not for the sake of themselves, but for the sake of the relationship. Charles learns how to recognize the importance of relationships through his actual experiences in therapy.

Whether Charles’ depression is alleviated is important, but it is important to the extent that it fosters his meaningful relationships with others. The psychotherapist’s vision for the good life thus guided the content of therapy (relationship-focused) as well as the process

(experiential). Recognizing this vision for the good life would allow the therapist to remain consistent in his or her interventions while monitoring the degree to which this vision influences the client. Although conscious values may be more simple to monitor, it is both conscious and less conscious values that are united by the good life, which ultimately shapes the therapist's interventions. The previous example demonstrates how therapy is guided by a moral framework of values, which is captured by the therapist's vision of the good life for the client, and this vision guides the therapist's intervention with or without awareness.

### **Paucity of Explicit Literature on the Good Life in Psychotherapy**

Above, I have explained the vital significance of the good life for psychotherapy.

Considering this significance, it would seem beneficial, if not necessary, for therapists and students to be able to draw from a large body of literature on the topic in order to make educated and informed decisions about their own views. That is, if the good life is as vital to therapy as these researchers (i.e. Fowers, 2005; Slife & Richardson, 2008; Taylor, 1995; Tjeltveit, 2006) contend, how much is it explicitly discussed and deliberated among therapists and trainees?

A review of prominent therapy texts reveals the exclusion of explicit discussion of the good life in psychotherapy (e.g. Bender & Messner, 2003; Corey, 2008; Dinkmeyer & Sperry, 2000; Gurman, 2008; Halbur & Halbur, 2011; Hoshmand, 2006; Lebow, 2006; Pope & Vasquez, 2010; Weissman, Markowitz, & Klerman, 2000). Although some sources (e.g. Hoshmand, 2006) do discuss values in psychotherapy, it is not made clear that these values are part of a larger framework—the good life, and that this vision guides therapeutic intervention. The following two books are exemplars of the literature; one is widely used in training courses of clinical psychology as a comprehensive guidebook for beginning therapists, and the other purposes to summarize significant research for the psychotherapist.

The first, Bender and Messner's (2003) textbook, *Becoming a Therapist*, provides a manual for students of psychotherapy to learn the basics of becoming a good therapist. They aim to educate readers on how therapy should be conducted. Although the book goes through everything from ethical dilemmas to the therapeutic alliance, the import and significance of therapeutic values, along with their unifying framework of the good life, is not even mentioned. When the authors discuss formulating a treatment plan, they fail to mention that the therapist holds a specific, though perhaps unrecognized, vision for the good life for his or her clients. Though this vision will impact the therapist's interventions, the authors do not prepare future therapists in how to approach the good life.

The second exemplar is Lebow's (2006) *Research for the Psychotherapist: From Science to Practice*. Meant to be a summary of a decade's worth of relevant research on psychotherapy, Lebow also aims to inform readers how to best apply that research to practice. He covers many important and helpful topics through over 20 chapters on current research in psychotherapy. Again, the psychotherapist's vision of a flourishing life for clients is not discussed, along with a host of related and relevant therapeutic values. Though Lebow clearly has a thorough understanding of recent literature, the therapist's vision of the good life was not included. It is unfortunate, though understandable that what a psychotherapist sees as a flourishing life for his or her client was not on the radar of relevant literature from the past decade.

If these examples are any indication, it seems apparent that the good life has been overlooked and unexamined. Because the good life is generally an implicit moral framework, it is not surprising that recent literature on the topic is sparse, as little research has been devoted to explicitly discussing the good life and what it means for psychotherapy. As has been discussed here, and will be further revealed in my discussion of implicit conceptions of the good life, the

many textbooks that I examined are unfortunately representative of most resources regarding training in psychotherapy. These two textbook exemplars are not unique in their training information or review of relevant literature in psychotherapy. Though conceptions of the good life are not discussed explicitly in the literature, I do not rule out the possibility that these messages may be implicit. The aforementioned sources either entirely exclude values in psychotherapy, or they discuss values at large but not their relation to the therapist's vision of the good life for the client, and how this guides his or her intervention. Why is this the case?

### **Is Individualism the Root of the Good Life in Psychotherapy?**

Now, I have explicated how the good life is the overlooked, guiding moral framework of therapy, yet the root of this is rarely discussed explicitly. What then is this implicit root? Several observers of psychology have described the “disguised ideology” of psychology to be individualism (e.g. Bellah, Madsen, Sullivan, Swidler, & Tipton, 1985; Christopher, Richardson, & Slife, 2008; Cushman, 1995, Hogan, 1975; Lasch, 1978; Sampson, 1985, 1988). If the influence of individualism is as pervasive as these researchers contend, perhaps the implicit consensus obscures the need to discuss the therapist's vision of the good life and what that means for clients. Could individualism be the hidden morality of the good life in psychotherapy? To understand this consensus, I will next explore individualism as an underlying theme in psychology and the implications that this holds, in order to explicate how it is a possible common theme in therapists' conceptions of the good life.

In essence, the philosophy of individualism emphasizes the moral worth of individuals above all else. Cushman (1995) critically identifies “the discipline's unquestioned embrace of self-contained individualism” (p. 290). He argues that this support of individualism causes a



certain set of values to be unknowingly passed to consumers of psychology. In support of this, Bellah et al. (1985) claim that, “individualism lies at the very core of American culture” (p. 142).

Furthermore, Sampson (1988) notes that the APA has at times even been explicitly supportive of individualism as an American characteristic and philosophy. For instance, in the APA Presidential Addresses, individualism has been celebrated for its contribution towards freedom, responsibility and achievement (Perloff, 1987; Spence, 1985). Following after the aforementioned scholars who have suggested that individualism is the pervasive ideology of psychology, I will explore how individualism has shaped research, theory, and practice in psychotherapy.

### **Does Individualism Affect Theories of the Good Life in Psychotherapy?**

Given that individualism seems to be such a pervasive ideology in psychology generally, could it also be guiding and unifying the interventions of today’s therapists? As a number of scholars have demonstrated, individualism pervades the thinking and theories of psychologists (e.g. Bellah, Madsen, Sullivan, Swidler, & Tipton, 1985; Christopher, Richardson, & Slife, 2008; Cushman, 1995, Hogan, 1975; Lasch, 1978; Sampson, 1985, 1988). Does the individualist view of the good life also pervade the views and interventions of psychotherapists? And, if individualism affects the training and methods of psychotherapy, could it also affect therapists’ conceptions of the good life for their clients? As stated previously, the good life is the type of existence that therapists see as most meaningful for their clients. It is inevitably informed by therapists’ own values and morals (Fowers, 2005; Slife & Richardson, 2008; Taylor, 1995; Tjeltveit, 2006). Considering the widespread impact of individualism, it is possible that therapists’ core values are shaped by this philosophy, which in turn builds their vision of the good life. Because individualism is cited as a core aspect of not only psychology, but of Western culture as a whole (Bellah, et al. 1985; Cushman, 1995), then mainstream theories of

psychotherapy may evidence this philosophy in theory and practice. Examining this will indicate if the good life is in fact predominantly characterized by adherence to individualism. To truly understand all aspects of individualism's implications for the good life, it is necessary to understand not only what it is, but also what assumptions it makes.

### **Features of Individualism**

If it is correct that psychology is heavily influenced by individualism, it is possible that therapists' ideas about a flourishing life are also rooted in individualism. To understand individualism and its implications for the good life in psychotherapy, I reviewed relevant literature on the topic in order to organize the relevant characteristics of individualism into the following categories: "the abstracted person", "individual autonomy", and "individual needs" (Bellah et al., 1985; Cushman, 1995; Shulruf, Hattie, & Dixon, 2011; Slife, 2005,).

These features of individualism are overlapping emphases of the same philosophy; they are different aspects of the good life from an individualist perspective. These features are not necessary conditions of individualism, nor are they mutually exclusive. Because of this, the reader will likely recognize strong similarities among the three features. Though this is not a comprehensive overview of the philosophy of individualism, it highlights the aspects that will be relevant in the discussion of what these features mean for the good life in psychotherapy.

**Abstracted person.** The first feature of individualism I will discuss is the concept of the abstracted person. The belief that the individual is ultimately abstracted from others and from the surrounding context is embraced by individualism. Bellah et al. (1985) quote Toqueville's 19<sup>th</sup> century description of individualism, which he describes as, "a calm and considered feeling which disposes each citizen to isolate himself from the mass of his fellows" (p. 37). The idea that the individual is *isolated* is a hallmark feature of individualism. Cushman (1995) elaborates on this idea of the isolated, self-contained individual, which he says justifies people living

increasingly secluded lives. The individual who is isolated and self-contained is what Gergen (2009) terms a “bounded being”—a being that is fundamentally separate from all else. This is the abstracted person; the individual is ultimately isolated and self-contained, so the best way to understand and treat the individual is apart from context.

**Individual autonomy.** The individualist’s view of the individual as abstracted gives rise to the feature of individual autonomy, or the belief that the individual is free to act independent of outside forces. In a 2011 study, Shulruf, Hattie, & Dixon cite that one of the major characteristics of individualism is the “valuing of personal independence” (p. 52). They use the following questionnaire items to assess the degree to which the participant exhibits traits of individualism: “It is important for me to act as an independent person; I consider myself as a unique person separate from others; My personal identity independent of others is very important to me” (ibid.). These items demonstrate that the desire to be seen as a unique, independent person who is *separate* from others is characteristic of individualism. Cushman (1995) also asserts that the individualist concept of the self is one that is “contained, autonomous, expressive, assertive, and powerful...” (p. 298). Thus, according to individualism, the person is self-directed and utterly independent.

**Individual needs.** The concept of individual needs is another significant feature of individualism. It helps to understand that individualism is often directly contrasted with collectivism, or communitarianism (Bellah et al., 1985), which is the principle of giving the group or community needs precedence above those of the individual. The notion that *individual* needs are primal, and should therefore be attended to first and foremost is an important feature of individualism. Bellah et al. (1985) note that individualism is in part defined by a “conscious, calculating effort to move up the ladder of success...[and] in this conception, individuals,

unfettered by family or other group affiliation are given the chance to make the best of themselves, and ... inequality of result is natural” (p. 148-149). Notice how that description emphasizes the betterment of oneself, even if that requires separation from, and ultimately detriment to, the group. It is this idea that individual needs are most important, regardless of, and even in spite of, the needs or concerns of others.

Often, the assumption of individual needs manifests itself through a “need” to obtain individual happiness and satisfaction. The idea that individual happiness is an end in itself is characterized by Bellah et al. (1985) in their observance that many feel “there is no longer any purpose to involvement with others except individual satisfaction” (p. 150). The relationships are recognized, but they are not recognized as truly meaningful unless they bring individual satisfaction. The authors also note the individualist notions that “bending the rules makes sense if it enhances [one’s] satisfaction” (p. 77) and that “happiness, satisfaction, and joy are earned by making free individual decision” (p. 198). Notice also the theme that individual satisfaction is earned through autonomous decision making, and that so long as the individual is satisfied, this is the end to which other practices are merely instrumental. In conclusion, the major assumptions of individualism are marked by a strong emphasis on the self, and especially on fulfilling the innate needs of the autonomous, self-contained person in order to attain satisfaction.

### **Ontological Assumptions of Individualism: Abstractionism**

Now that the assumptions of individualism have been explicated, they can be compared to the assumptions of ontological abstractionism. Philosophers use the term “ontology” to describe our “assumptions of what is ultimately real and fundamental, especially regarding the self” (Slife & Richardson, 2008, p.4). Ontologies determine our philosophical framework for understanding the world. These assumptions are often so embedded in our culture that they are taken for granted and simply seen as reality itself. Ontologies are helpful in identifying and

understanding latent assumptions of theoretical perspectives in the social sciences (Slife, 2005). For this reason, I will explore conceptualizations of the good life in psychotherapy from an ontological standpoint.

The individualist assumption that the self-contained individual is of primary importance holds deep philosophical implications for the good life. Viewing the individual as primary implies many values as it informs our very beliefs about what constitutes reality. Individualism, for example, assumes that the person is most real as a self-contained individual. In other words, individuals can be understood most really and fundamentally when they are abstracted from other individuals, and their context in general—hence the notion of “self-contained.” This implicit assumption about what is real and fundamental, (i.e., the abstracted person) is an ontological claim.

The features of individualism listed above are closely related to what scholars have termed “abstractionism”, which is the ontology that purports all things, including people, are best understood when separated from the context in which they exist (Slife, 2005; Bishop, 2007). Abstractionism is in direct contrast to relationality, which is the ontology that claims people and things can *only* be understood in context and in relation to others (Slife, 2005). It is also important to note that abstractionists may still recognize and care about relationships, but ultimately, relationships are framed in terms of separate individuals with unique needs to be fulfilled. Scholars have sometimes referred to this as “weak relationality” (Slife, 2004). As I will show, the assumptions of individualism are strongly tied to the deeper ontological assumptions of abstractionism. To demonstrate how abstractionism is the ontology underlying individualism, I will discuss the above features of individualism in terms of abstractionism and its impact on

conceptions of the good life. Again, because these are overlapping emphases of the same construct, there are many similarities among the features.

**Abstracted person.** Like individualism, abstractionism is also marked by the assumption that the person is “abstracted”. With this framework, it is not necessary to understand the context in order to understand the individual. Because the individual is abstracted from context, the focus is on the individual’s unchanging nature and universal permanence across varying situations. Individuals are understood as beings with specific traits that can be carried within the individual across contexts. It is easy to see the abstractionist ontology underlying much of psychological thought, especially in personality theory (Slife & Richardson, 2008). People are generally understood as having certain "traits", "dispositions", and "personalities" that are maintained in spite of changing contexts (Myers, 2007). For example, an introvert is seen as an introvert because the traits of shyness and introspection are carried unchangingly across situations. Although the abstractionist does not discount the presence of changing aspects of individuals, the changing aspects are not fundamental. Instead, they are often overlooked. The abstractionist prizes universality and unchanging laws that can predict and govern behavior.

The view of the self-contained individual who is ultimately separate from the surrounding context illuminates how the ontology of abstractionism influences the therapist’s conceptions of the good life for the client. Bishop (2007) explains that a true abstractionist isolates the object of study in order to analyze it without the distraction of context. With regard to the good life, the abstracted individual explains the need to adhere to the scientific method; using testable hypothesis and repeatable experiments demonstrates the belief that the best way to understand an individual is through controlled laboratory research which removes extraneous variables to understand the core of the person. For therapy, the individual should be treated alone in a way

that highlights personal concerns and goals. From this perspective, the context cannot meaningfully alter or affect the individual because they are fundamentally separate from each other.

**Individual autonomy.** Like individualism, abstractionism also stresses the autonomous individual, or the individual who is free to act alone. Closely related to the abstracted person who is best understood apart from context, the autonomous individual is free to act when detached from others and surroundings (Slife & Richardson, 2008). Others are basically seen as irrelevant, because individuals are separated and fundamentally at odds with one another (Slife, 2005). Therefore, achieving a flourishing life will occur to the extent that the client successfully frees him or herself from obligations and constraints in order to better satisfy his or her desires. An individual can best obtain the good life when he or she is free to pursue wants and needs and exercise freedom of choice. The good life must allow the individual to have personal control over his or hers actions. Again, relationships are seen as secondary to the importance of personal independence.

**Individual needs.** According to abstractionism, the individual's needs are of primary importance (hence the abstractionist undergirding of individualism). While relationship-oriented needs are not entirely disregarded, it is assumed that relationships consist of *self-contained* components (Slife, 2005). Therefore, it is the individual, and thus the individual's needs, that take precedence above that of the family or society. This view not only firmly separates the individual from the surrounding community, but it then justifies the belief that my relationships with others are only good to the extent that they fulfill my personal needs. Therefore, the therapist's notion of what is right and what constitutes the good life would be whatever the client

wants for him or herself. Abstractionism implicitly promotes a good life in which individual needs are of utmost importance.

It often goes without saying that the purpose of therapy, and the very purpose of our lives, is to obtain happiness and to be personally satisfied—these goals are often considered needs. From the abstractionist view, negative feelings are intrinsically bad (context is not considered), and feelings of fulfillment and joy are innately good and valuable. From this perspective, a therapist’s vision of the good life for his or her client would entail pursuing pleasure and personal gain as an end in itself. Though relationships may bring satisfaction, it is not the relationship that is meaningful in and of itself; it is the individual satisfaction that the relationship brings which is valued.

### **Critical Analysis: Implicit Conceptions of the Good Life in Psychotherapy**

#### **Introduction to Review of Recent Literature**

In the previous section, I have attempted to demonstrate the features of the philosophy of individualism and its underlying ontology of abstractionism. Many scholars (e.g. Bellah, Madsen, Sullivan, Swidler, & Tipton, 1985; Christopher, Richardson, & Slife, 2008; Cushman, 1995, Hogan, 1975; Lasch, 1978; Sampson, 1985, 1988) argue that individualism is the pervasive underlying ideology in psychology, and thus also ground for the good life. Furthermore, scholars (e.g. Richardson, 2002; Slife & Wendt, 2007) contend that ontological abstractionism appears to be the primary method for defining reality in the social sciences. To determine if the individualist ramifications of abstractionism and the good life are present, and to see if these scholars’ hypotheses are true, I will critically analyze conceptions of the good life in psychotherapy.



If it is true that abstractionism and its attendant assumptions do in fact infiltrate theories of psychotherapy, then all mainstream theories will manifest all three features of individualist and abstractionist implications for the good life, as I delineated. It is important to note that the good life is not discussed explicitly in the mainstream of psychotherapy research, practice, and training. However, as I will show, it is unavoidably *implied* in theories of psychotherapy. As I demonstrated earlier, assumptions about the good life that therapists hold for clients are absolutely central to any theory of psychotherapy, though they are generally not explicated or examined. With this in mind, I intend to see whether these implicit conceptions of the good life are primarily individualist in the actual approaches to therapy, as investigated in Corsini and Wedding's *Current Psychotherapies 8th ed.* I chose this textbook because not only is it widely used in counseling, psychology and social work programs, but it also features contributors that are either leaders or originators in various schools of psychotherapy. Much of the information thus comes from a primary source, rather than being filtered through a secondary author.

In addition, I draw information from the supporting organizations' and APA division publications that are associated with each respective technique. Throughout the critical analysis, I will select quotes that describe each discipline's vision of the good life. Whereas some quotes may clearly manifest a single specific feature of individualism, others may demonstrate multiple aspects of individualism. I will first examine mainstream psychotherapeutic approaches. Specifically, I will look at the three forces of psychology (behaviorism/cognitive behaviorism, humanism, and psychodynamism) and note the common features. Then, I will explore two alternatives as a representation of psychotherapies that consider themselves relational theories: systems theory and object relations theory. I will then discuss the extent to which these align with or differ from the mainstream approaches. Through an investigation of notions of the good

life in these theories of psychotherapy, I will determine if individualism is in fact as pervasive as scholars suggest.

### **Behavioral and Cognitive Behavioral Therapy**

Behavioral therapy (BT) is often thought to be the most scientifically rigorous of therapies (Wilson, 2008). Its well-known practices are generally considered to utilize “laws of behavior”, rather than techniques with many assumptions about the nature of humanity.

Cognitive behavioral therapy (CBT) functions very similarly to traditional behavioral therapy, with the main distinction being that CBT includes the “cognitive” variable. In other words, rather than attending expressly to behavioral modifications, CBT acknowledges the client’s mental participation. In order to see if behaviorism exhibits the features of individualism and abstractionism, I will examine if these characteristics are present in this theory of psychotherapy.

**Abstracted person.** As discussed above, the abstracted person refers to a person who is essentially abstracted from context. It is a person who is self-contained in an objective manner. Though interactions between the self and the environment may still take place, they begin as separate entities. The self is thus best understood when separated from its surrounding context. Does the good life of behavioral therapy assume these aspects of the abstracted person?

First, if behaviorism espouses the view of the abstracted person, then there would be evidence that the person and the stimuli have their own properties that are isolated and separate from each other. Behaviorists write often of the importance of environmental factors and stimuli on human behavior (see Watson, 1924; Wilson, 2008), so I will begin by looking closer to see how the self and the external stimuli are conceptualized. Watson (1924), considered by many to be the founder of behaviorism, explains that, “the stimulus necessary to call out the reaction exists somewhere as a kind of entity only waiting to be found and presented to your subject” (p.

21). In this quote the stimulus is described as one that “exists somewhere”, fundamentally isolated and separate, “waiting to be...presented” to the person. He goes on to say that all humans “start at birth with the same group of responses and are...aroused by the same set of stimuli” (p. 79). From this description, it seems that humans are described as containing their own independent and inherent properties—the “same group of responses.” The person does not “cause” the stimulus to become a stimulus—they exist separately from the person before they ever interact. Likewise, the person, born with inherent responses, is a person before coming into contact with the stimuli. The person is isolated from the stimuli just as the stimuli are isolated from the person. In this sense, all persons are clearly abstracted from what behaviorists see as their context, the stimuli that supposedly surrounds them.

Even though the person and the stimuli have their own separate properties that isolate them from each other, many behaviorists would point to their constant interaction (see Beck & Weishaar, 2008; Watson, 1924; Wilson, 2008). If behaviorism truly supports the view of the abstracted person, then even interactions between the self and the environment would be framed in a way that both entities still begin and end as separate, self-contained entities. Cognitive behaviorists might even argue that they do not see objective stimuli as existing separately, apart from the person, because the person must ingest and process input and information (Beck & Weishaar, 2008). When explaining the CBT view of depression, Beck (1995) presents a case study which covers the “sequence leading to Sally’s depression” (p. 18). This sequence consisted of her negative core beliefs which led her to “often screen out or discount positive information” (p. 17). For this “sequence” to happen across time signifies that the person and the information are ultimately interacting separately (see Slife, 1995). Consider also Beck’s (1995) claim that Sally “screens” information from her “external environment” (p. 310) —a context that is

“external” is separate and isolated from the person. Ingesting information from the external context in a sequential manner implies separate properties, even if they do interact. For this to take place, one factor (i.e. the person or the external information) must exist before (and thus without) the other. Slife (2004) clarifies that though individuals do eventually interact with the environment, they do not depend on the environment for their identity.

In further support of the person and environment “interacting separately” in behaviorism, Thomas (2006) refers to the behaviorists’ combination of person and environmental variables as an “interactionist perspective”. However, Slife (1993; 2004) contends that “members of the interaction ‘act on’ each other from the outside” (2004, p.3), with their qualities essentially still contained within the self. This signifies that the individual is self-contained because it is fundamentally isolated from the surrounding environmental context; they are not mutually constituted. Like the stimuli that exist separately before acting on the person (Watson, 1924), the information from the “outside world also exists separately before being perceived by the person. Consequently, whether it is stimuli or information, both are abstracted from the person. Even when they do interact, the input must be inserted into the person’s self-contained being, in which case the person remains abstracted from his or her environment. There is no shared being of the person and the environment. It appears that behavioral therapy does assume the characteristics of the abstracted person. How then do these characteristics affect the good life? The next sections should help to illuminate the answer to this question.

**Individual autonomy.** A good life that emphasizes individual autonomy includes a focus on personal independence and exercising one’s will without external constraint. The individualist and abstractionist assumption of individual autonomy often includes the notion of personal control of one’s environment as well.

If behaviorism promotes individual autonomy, then literature from this theory of psychotherapy will demonstrate that the person should be able to act without constraint and “choose” what one wants for him or herself. Because manual driven BT and CBT are considered empirically-supported treatments (EST), it is important to see how the person is characterized from this approach. According to Smith (2009), it is as if the EST therapist says to the client:

The best way to live is to treat yourself as a free agent whose aims can and have been freely chosen, but the pursuit of these aims is impeded by emotional or behavioral hindrances. Your interests are best served by setting about the task of removing the obstacles that interfere with the pursuit of your aims. Psychotherapy can help you to do this. (p. 42)

The emphasis on individuals as “free agents” highlights the importance of freedom to prefer and choose what one wants, a major tenet of personal autonomy. Though behaviorism does not necessarily allow “free will” in the sense of the possibility to choose to behave another way, it does promote personal preferences and choices in the soft deterministic sense (see Baum, 1994). Notice how this aligns with the individualist notion that a person should select his or her own aims and then be free to achieve those aims. Furthermore, Smith’s claim points to the behaviorist assumption that individual “interests” and “aims” should be met, and thus not obstructed. In other words, achieving a flourishing life will occur to the extent that the client successfully frees him or herself from emotional, behavioral, or contextual constraints in order to better satisfy his or her desires in an autonomous manner.

In addition to behaviorism supporting the notion of individual freedom from constraints, I must also examine if this therapy supports the idea of personal control before determining if it truly reflects the principles of individual autonomy. Beck (1979), considered by some to be the

founder of CBT, reports that depression may be caused by a perceived inability to have “complete control over all life’s events” (p. 258), and also claims that “increasing the patient’s sense of control...in turn increases his sense of security and well-being” (p. 173). Here, Beck not only supports the idea that one should be able to feel they can have “control over all life’s events”, but then also claims that gaining control will lead to greater “well-being”, or a more flourishing life. Furthermore, Beck (1995) specifically states that the therapist should “elicit” a response from the patient rather than providing one in order to encourage “active participation and a degree of autonomy” (p. 39). This shows how one of the therapist’s roles is to help the patient feel in control and autonomous. The BT and CBT assumptions that the good life includes the person acting free from constraints and should be in control of his or her environment do indeed mirror the individualist and abstractionist characteristic of individual autonomy.

**Individual needs.** Following the idea of individual autonomy is the relevance of individual needs, or the emphasis on meeting the individual’s desires, often to bring about satisfaction and happiness. If fulfilling individual needs is viewed as an end in itself, then the process and goals of therapy will reflect this assumption. Thus far, I have demonstrated how BT and CBT manifest the other individualist and abstractionist assumptions—is the notion of individual needs present as well?

In support of the importance of individual needs in behavioral therapy, Beck and Weishaar (2008) claim that a “good cognitive therapist does not use techniques arbitrarily...but applies them...with an understanding of each individual’s needs” (p. 277). In relation to the good life, the idea that therapeutic techniques should be tailored to the *individual’s* needs places importance on the individual’s desires, without concern for the community or family. Echoing this, Smith’s (2009) quote (also above) says, “Your interests are best served by setting about the

task of removing the obstacles that interfere with the pursuit of your aims” (p. 42). Here, he highlights the idea that pursuing one’s aims, free from obstacles, is how to “best serve” oneself. Notice how this aligns with the individualist and abstractionist emphasis on fulfilling the individual. Consider also how this quote demonstrates individual autonomy, as Smith claims that pursuing one’s aims should be done free from obstacles or restraints.

From this perspective, not only should the individual’s needs be met and fulfilled, but it may also hold that the process of therapy is essentially determined by the client’s individual needs and desires. Beck and Weishaar (2008) claim that, “Cognitive therapists actively pursue the patient’s point of view” (p. 291). The patient’s point of view seems to be the *most* valuable, even above that of the therapist, or any other outside perspective. In this case, the very process and outcome of therapy is shaped by the importance of the patient’s perspective. In another text, Beck (1995) explains that to set the agenda in therapy, the therapist should ask the patient questions such as, “What problem...do you want to focus on?” (p. 51), and Beck also adds that the agenda may shift as the “patient’s mood changes” (ibid.). The overarching theme seen here is that the process of therapy revolves around the individual client’s needs and feelings, again without concern expressed for family, relationships, or community.

In discussing the goals of therapy, the National Association of Cognitive Behavioral Therapists emphasizes that therapists “seek to learn what their clients want out of life (their goals) and then help their clients to achieve those goals...CBT focuses on the client’s goals. We do not tell our clients what their goals ‘should be’” (2011). That is, not only does the patient dictate the agenda of therapy, but the patient is also the ultimate decider on the goals of therapy, and therapists will thus suspend their own values and goals and adopt those of the client (see Kelly, 1990). This method of therapy implies that the individual’s needs should be focused on

and fulfilled in order to achieve a flourishing life, and that the flourishing life is whatever the client defines for him or herself. These assumptions clearly align with the individualist and abstractionist notions of fulfilling individual needs as an end in itself.

The BT and CBT psychotherapist's vision of the good life for the client thus involves an abstracted person, who is best understood when removed from context. The good life entails this abstracted person being able to act autonomously; he or she can make un-coerced decisions based on his or her wants. Furthermore, the individual should be able to act in a way that meets his or her needs and satisfies his or her wants in order to obtain greater freedom and happiness. This "should" of the good life not only frames the goal of psychotherapy but also guides what the therapist does in therapeutic interactions with the client. In summary, the major aspects of the good life for the BT and CBT therapist include the individual as an abstracted person, individual autonomy, and individual needs/satisfaction. Likewise, these assumptions were also characteristics of individualism and abstractionism. All three features appear to be involved in this particular therapeutic paradigm.

### **Psychodynamic Psychotherapy**

Principally, psychodynamic (or psychoanalytic) psychotherapy aims to understand human behavior by exploring inner experience and how unconscious factors influence a person's thoughts and actions (American Psychoanalytic Association [APSA], 2011; Luborsky, O'Reilly-Landry, & Arlow, 2008;). Freud is considered the originator of psychoanalysis, and as will be shown, some of his original conceptualizations are still used in contemporary psychodynamic theory. To determine if psychodynamic psychotherapy manifests the ideas of individualism and abstractionism, I will explore each of their characteristics in relation to this theory of psychotherapy.



**Abstracted person.** As noted previously, the abstracted person is one who is self-contained, with traits existing within the person, rather than being mutually constituted by context. Despite interactions with the environment, the individual is ultimately understood as a separate entity with its own unique properties. I will look to recent literature to see if the good life of psychodynamic psychotherapy assumes these characteristics of the abstracted person.

If psychodynamic theory supports the view of the abstracted person, then there will be evidence that the person and the environment are ultimately separate and abstracted from each other rather than being mutually constituted. In support, Erwin (2002) notes that psychoanalysis supports Freud's original conception of a mind-body dualism, which purports that the external world lies outside of conscious and unconscious perception (Erwin, 2002; Freud, 1933). Erwin states that "when an internal change is perceived, a choice must be made as to whether the cause is internal or external" (p. 409). The strong distinction between internal and external realms signifies that the two are not mutually constituted; the cause of a change cannot arise from the shared being of the context and person—it must be an "internal *or* external" cause. This dualist organization aligns with an abstracted understanding of the person in which the self-contained individual is fundamentally separate from context because it does not share its properties with the external environment.

Another vital feature of the abstracted person is that traits and essential personality structures exist *within* the person regardless of context. Luborsky, O'Reilly-Landry, & Arlow (2008) note that, "Psychodynamic conceptualizations of personality assume that the underlying personality structure is stable across situations. Overt behavior is of interest to psychodynamic theorists only to the extent that the behavior provides signs of deep-seated personality traits" (p. 234). These personality traits are "deep-seated" because they exist in a relatively unchanging

manner within the individual, who then manifests these characteristics in a variety of contexts. Furthermore, the personality structure is described as being “stable across situations”. Note that this description mirrors the assumptions about the person we discussed in individualism and abstractionism—the person’s essential personality structure exists regardless of context; the person and the environment do not constitute each other.

Mitchell, a recent prominent theorist, echoes this with his statement that for the psychoanalyst, the mind is “fundamentally monadic; something inherent, wired in, pre-structured, [and] pushing from within” (Mitchell, 1988, p. 3). Notice the emphasis on “wired in” qualities *within* the individual. Regardless of the surrounding context, the mind is already “pre-structured”. The interpersonal context does not constitute the individual’s qualities way because they are fundamentally separate from one another. I have shown here that the qualities of the self and the context do not mutually constitute each other, but rather the qualities exist within the individual, who interacts with, but is ultimately separated from, the environment. Thus, psychodynamic psychotherapy does support the view of the abstracted person.

**Individual autonomy.** As defined previously, individual autonomy is a focus on personal independence from constraining forces to allow a person to exercise his or her will without obstruction. If the good life of psychodynamic psychotherapy espouses the individualist and abstractionist view of individual autonomy, then the literature will define and advocate the concept in a similar way.

In support of personal independence from constraining forces, Elliott (2002) attempts to summarize key psychoanalytic theorists. He claims that, “All of these [psychoanalytic portraits of the self]...are premised upon the guiding ethos of autonomous selfhood” (p. 33). Thus, an underlying basic feature of psychoanalysis is the distinguishing ideology of the autonomous self.

He goes on to say that, “In classical psychoanalysis, autonomy is conceived as the self which is emancipated from distorting unconscious passions” (p. 33). From these quotes we see that a common thread among psychoanalytic theories is the “guiding ethos” of autonomy, which is to allow the self to be “emancipated” from unwanted constraints. This definition aligns with the previously defined concept of individual autonomy that necessitates the self being freed from forces that obstruct his or her will.

Sandler and Dreher (1996) also identify autonomy as a major aim for therapy, both currently and historically. They write that autonomy “means freedom from enslavement either to the drives or to the demands of the external world” (p. 58). In strong support, the authors note that Hartmann (1939) encouraged autonomy from the “drives” and autonomy from the “external world”, David Rapaport (1958) wrote on the theory of “ego autonomy”, Gitelson (1962) considered “increased autonomy from the environment”, while Sandler and Joffe (1967) emphasized “autonomy from the superego”. Now, Sandler and Dreher say that the psychoanalytic focus on the ego revolves around “its functions and its capacity to develop its own autonomy” (p. 58). It appears that these theorists have all supported individual autonomy by encouraging the self to become independent from restricting forces, whether they are internal (superego) or external (the environment). These endorsements of individual autonomy are markedly similar to the definition of autonomy in individualism and abstractionism—the person must be freed from external constraints.

If psychoanalysis truly supports individual autonomy, not only would the goals of therapy endorse individual abstractionism (as seen above), but the process of achieving those goals would as well. Leffert (2010) claims that, “a readiness to end treatment would mean an emergence from dependence to independence without the need of the analyst” (p. xvi). Not only

is independence seen as the end goal of therapy, but ultimately the client should be able to achieve this alone, “without the need of the analyst”, signifying even further commitment to complete independence and autonomy. The psychodynamic assumptions that the good life includes the person acting free from constraints and becoming completely independent do in fact mirror the individualist and abstractionist notion of individual autonomy.

**Individual needs.** The individualist and abstractionist concept of individual needs is defined as an emphasis on the individual’s desires in order to fulfill the self. If psychodynamic psychotherapy embraces this perspective, then the therapist would likely allow the client to structure the therapy sessions and decide what is right, while implicitly encouraging the client to achieve a good life that consists of fulfilling individual needs as an end in itself.

Discussing the importance of using client-directed therapy in psychoanalysis, the American Psychoanalytic Association (APsaA, 2011) explains that the therapist should “listen carefully to what [the client] has to say, let [the client] structure the sessions and set an agenda, allowing [the client] to take the lead”, rather than providing apparent advice or telling the client what the problems are. We see here a strong emphasis on the individual client choosing what he or she wants in therapy. In fact, the APsaA (2011) claims that the “analyst won't have any preconceived notions about what is right or what is wrong for [the client] or what the best solution would be”. Thus, the psychoanalyst will be “neutral” (without any “preconceived notions”) in regard to the client’s idea of the good life. We see that the goal of the therapist is essentially to let the client structure not only the topics of the session, but also to determine “what is right”, or the morals. In other words, the client can decide for him or herself what the good life means (individual needs), and should be able to do so (individual autonomy) without intervention from the therapist’s potential biases. In further demonstration that the therapist

should let the client shape the therapy session and outcomes, Luborsky, O'Reilly-Landry, & Arlow (2008) cite what Freud termed “evenly hovering attention” (p. 43), which means that the therapist should ensure the client feels free to say whatever comes to mind, “instead of preselecting what matters” (ibid.) or pre-judging what is important to the client. It appears that the therapist’s notion of what is right, what is valuable, and what is the good life for the client would be whatever the *client* wants for him or herself, highlighting the prime importance of meeting individual needs and wants, and doing so in an autonomous matter, without restraint.

Not only do the clients’ individual needs and desires structure therapy, but it may be that fulfilling the individual is seen as an end in itself, even if others are used instrumentally to fulfill this end. While psychodynamic approaches recognize and value relationships in general (APsaA, 2011; Jarvis, 2004; Luborsky, O'Reilly-Landry, & Arlow, 2008; Sandler & Dreher, 1996), are the relationships seen as instruments of personal growth and satisfaction? Luborsky, O'Reilly-Landry, & Arlow (2008) state that a strong working alliance between client and therapist is strongly encouraged, though “the emotional communication between patient and therapist [is used] as a way to gain information” (p. 34). It appears that the relationship between client and therapist is an instrument to “gain information”, presumably to aid the client’s own goals. Furthermore, when discussing the very purpose of psychoanalytic psychotherapy, the APsaA (2011) states that, “The insight, understanding, and perspectives that can be gained through therapy can be invaluable to our sense of personal autonomy and fulfillment.” Notice the emphasis on gaining insight for the sake of *personal autonomy* (discussed above) *and fulfillment*. It is the individual who is most important, with no concern expressed for relationships or community. These assumptions seem to align with the individualist and abstractionist concept of fulfilling individual needs as an end in itself.

Similar to the good life in BT and CBT, the psychodynamic vision of the good life includes the individualist and abstractionist notions of an abstracted person, individual autonomy, and the fulfillment of individual needs. In summary, the psychodynamic psychotherapist implicitly promotes a good life in which the individual is abstracted from the external world, and should be able to act free from imposing constraints in order to fulfill his or her self-selected needs. These assumptions mirror the characteristics described in individualism and abstractionism.

### **Humanistic Psychotherapy**

The “third force” of psychology, humanism, is the last of the mainstream theories of psychotherapy to be explored. Humanistic psychotherapy specifically intends to focus on personal experience, the human qualities of choice and self-realization, the worth of man, and the progression of innate human potential (Buhler & Allen, 1972). In its development, there has been a marked shift towards valuing personal freedom, liberation, responsibility, and achievement (Association of Humanistic Psychology [AHP], 2010). As it is practiced today, humanistic psychotherapy is hardly a single unified enterprise, though in general, it is guided by a certain set of themes and assumptions. A closer look at the literature evidences the extent to which individualism and abstractionism influence the humanist therapist’s vision of the good life for the client.

**Abstracted person.** Let us first consider how humanistic psychology may assume that the person is isolated and separated from others and the environment rather than being mutually constituted by them. Jenkins (2001) in the *Handbook of Humanistic Psychology*, claims that historically, humanism is steeped in the “orientation [that] is characterized by firm boundaries demarcating the sense of self from non-self other, [and] an emphasis on personal control and independence” (p. 39). Here, the self is clearly described as having “firm boundaries” that

separate the “self from non-self”. Although these “boundaries” may be intended primarily to “demarcate” interpersonal rather than ontological boundaries, it is difficult to understand how the qualities of the person can be mutually constituted by others and by the environment. There is no hint in this quote of the shared being of the person and the context (i.e. non-self), which aligns with an abstracted understanding of the person.

Considering that the self has firm boundaries in place, how does it interact with the environment? If humanistic psychotherapy does support the view of the abstracted person, then the person would still be ultimately understood as separated and isolated from context. Also in the *Handbook of Humanistic Psychology*, Wertz (2001) says that the humanistic psychic life includes “the external world and the fact that each type of constituent (e.g. representation, feeling) cannot be reduced to or be derived from any other” (p. 233). Like in psychodynamic theory, there is a distinction between internal “representations” and “feelings”, and the “external world”. Although the “external world” may be internalized through “representations”, the internal and external realms are not described as being mutually constituted—they each still have separate and distinct properties. Carl Rogers (1978), who many consider to be the founder of humanistic psychotherapy, adds that in therapy, “a person becomes sharply aware of more of his or her internal experiencing of the stimuli and demands from the external world” (p. 23). Again, we see a firm differentiation between the “internal experiencing” and the “stimuli and demands from the external world”. From these quotes we see that the person does not constitute the qualities of the external context, and the external context does not constitute the person’s internal experiences; they do not make up a shared being because they are separate. Thus, humanism does appear to assume the characteristics of the abstracted person.

**Individual autonomy.** As noted previously, individual autonomy is a focus on personal independence and freedom from constraining forces to allow a person to exercise his or her will without obstruction. The individualist and abstractionist assumption of individual autonomy often includes the notion of personal control as well. If the good life of humanistic psychotherapy promotes the individualist and abstractionist view of individual autonomy, then the literature will evidence these concepts.

First, I will determine if humanism upholds personal independence and freedom from constraints. Rogers (1967) said that to be free is “the experience of becoming a more autonomous, more spontaneous, more confident person. It is the experience of freedom to be one’s self” (p. 47). Here, Rogers explains that being free necessitates being “more *autonomous*” and the “freedom to be one’s self”—a flourishing life must include this freedom. Brinkmann (2010) adds that for the humanist, “freedom means discovering that meaning is created from the inside; from one’s own self and one’s own experiences. It is the discovery that we ought not to be tied to anything but our authentic self.” (p. 35). That is, the self is dependent on no other thing or person; meaning it is created within the individual. The good life includes “not to be tied” or connected to anything else. It appears that for the humanist, the best kind of life is one in which the person is free, independent, and autonomous.

In addition to humanism supporting the idea of individual freedom from constraints, we must also examine if this therapy supports the idea of personal control. According to Rogers (1967), one of the purposes of humanistic therapy is to achieve this: “the locus of evaluation is again established firmly within the person” (p. 22). Thus the “locus of evaluation”, or the control, should be restored to the person. Furthermore, Brinkmann (2010) states that “humanistic psychology [claims] that the healthy individual was not controlled by anything other



than his or her own self. Its goal [is] to teach people to be free.” (p. 35). This shows that a person who is “healthy” is not subjected to unwanted constraints—the person is only controlled by “his or her own self”. For the humanist, achieving the good life is directly dependent on being “free” from constraints and being able to exercise personal control. The emphases on freedom and controlling oneself aligns with the individualist and abstractionist idea of individual autonomy in which the person should be able to exercise his or her will without obstruction.

**Individual needs.** Does humanism manifest the last of these assumptions as well? The notion of individual needs is an emphasis on meeting the individual’s desires, often to bring about satisfaction and happiness. If humanism does embrace this perspective, the client would likely decide what is right and valuable for him or herself. Additionally, fulfilling the individual would be seen as an end in itself, even if it is at the expense of meaningful relationships.

Discussing the methods of humanistic psychotherapy, Brinkmann (2010) says that for humanists, “something is valuable only if it contributes to the self-realization of the individual” (p. 35). Note that in order to be valuable, something *must* contribute to the individual’s end of “self-realization.” Rogers (1967) clarifies that “the criterion of the valuing process is the degree to which the object of the experience actualizes the individual himself” (p. 23). Again, something is valuable to the extent that it “actualizes” or fulfills the individual. In a sense, what is valuable is whatever the person decides, because “...it is the individual’s emotions that determine the moral quality of actions and events” (Brinkmann, 2010, p. 36, see also Rogers, 1967). Rogers also said that “doing what ‘feels right’ proves to be a competent and trustworthy guide to behavior which is truly satisfying” (quoted in Vitz, 1994, p. 54). Doing what “feels right” could, of course, include the wider community, but given Rogers’ other concerns, it is more likely that the end goal is “actualizing” and fulfilling the individual. No concern for the

community is even hinted at, signifying that it is the individual's needs and wants that take ultimate precedence. The good life may be whatever the individual decides "feels right" to him or herself, which mirrors the individualist and abstractionist idea of individual needs.

We should note that the Association for Humanistic Psychology (2010) claims that the process and content of humanistic psychotherapy must include meaningful relationships, aside from the mere exploration and satisfaction of individual needs. These relationships could be viewed as "non-abstractionist", though we must look to see if relationships are described as meaningful in and of themselves, or if they are used as instruments to fulfill individual needs. One of the methods humanistic therapists are encouraged to use in their relationships with clients is "unconditional positive regard" (Raskin, Rogers, & Witty, 2008, p. 144). Humanistic psychologists use this technique in order to "provide guidance, support, and resources which are useful to the client" (Division 32, 2004). That is, the purpose of the psychologist's relationship is to be "useful" to the client's needs. It seems that where the client-therapist relationship is concerned, that usefulness is ultimately determined by the client (hence, the *unconditional* positive regard for the client). Rogers (1995) himself asked the question, "How can I provide a relationship which this person may use for his own personal growth?" (p. 32). The client's self is most fundamental; relationships, including the client's relationship with the therapist, are part of the expression of individual needs.

In further support of relationships being used to fulfill individual needs, Rogers (1970) also argued that a person should only continue to engage in a relationship so long as "it is an enhancing, growing experience for each person" (p. 10). Relationships are thus described by Rogers as primarily instrumental; the relationship exists for the sake of fulfilling the individual's needs of expression and growth. If it is no longer "an enhancing, growing experience", then a

person would be justified in abandoning that relationship; the relationship itself has no value outside of fulfilling the individual. Jenkins (2001) claims that the individuality embraced by humanism “is one in which the self’s relationships to others are secondary and derivative” (p. 39). Relationships with others are merely “secondary” to the supremely important individual. Thus, the good life for the humanist includes the notion that relationships themselves are used as instruments of individual growth and meaning, reflecting the individualist and abstractionist assumption of individual needs.

Considering all the features of individualism, the humanist’s vision of the good life is markedly similar to that of the behaviorist and the psychodynamic therapist. The good life here is characterized by an individual that is fundamentally abstracted from the external context. The individual deserves freedom and autonomy, and the individual’s needs for self-expression and growth are most important. Relationships, though significant, are ultimately meaningful to the extent in which they fulfill the individual’s needs. At this point, it appears that the good life implicitly described by each of the three forces supports scholars’ assertion that individualism and abstractionism pervade the theories and practices of psychology. I have attempted to show so far how three very different theories are essentially underlain with very similar views of the good life.

### **Systems Theory- A Representation of Seemingly Relational Approaches**

It appears that in all of the above mainstream theories that what therapists envision as the good life rests upon an implicit framework of individual personality theories. The individual is the end goal in each case, while the community and relationships are either overlooked, or are used as means to an individual end. But how general is this implicit framework? The three forces of psychotherapy have nearly always been conceptualized as *individual* clients with *individual* therapists. Does this approach end with the three forces, or does it also extend to

therapeutic schools that intentionally try to take others into account? A thorough review of *all* therapeutic approaches that seem to emphasize relationships is too extensive for this thesis, but I will look at two of the most ostensibly relational, systems theory and object-relations theory, to determine if they truly differ from the three forces.

**Abstracted person.** First, we look to see if systems theory, despite its commitment to relationships, ultimately characterizes the individual as self-contained and abstracted from context. In this case, each part of the system could exist before other parts, and as such would not require other parts for its existence—the individuals in the system would thus be abstracted.

Gladding, in his widely used textbook on systems therapy (2008), says that in systems theory, “some factors influence each other directly (i.e., in a linear or cause-and-effect way), [and others] influence each other systemically (i.e., in a circular manner)” (p. 51). It is important to note that whether the causality occurs in a linear or circular manner, it is still describing causal relationship in which one member of the system is caused by another member, which in turn causes other members of the system. This necessitates that even the parts of a system must also occur sequentially, across time and space. Therefore, at any one point in time, only one piece of the system exists; the pieces of the system (the individuals) are not mutually constitutive, meaning they do not require other parts for their existence. Slife (1993) clarifies that “circular causality considers the succession of systemic events to circle...back on itself” and that “as long as [this] process takes place across time...therapists who wish to intervene in the family can only do so one member (or piece of the system) at a time.” (p. 184). The individuals within the system are still fundamentally separated “across time” and therefore abstracted from one another.

As an illustration of this causal and temporal sequencing, consider Williams and Bolton’s (2009) instruction to systems-oriented therapists: “A systems-oriented clinician would do well to

inquire about the relationship between this client and her mother, and seek understanding of the patterns of interactions leading to client outbursts” (p. 1666). Here, we see that the therapist clearly takes the relationship between the mother and the client into account. However, the “patterns of interactions *leading* to client outbursts” signifies that it is the cause of the relationship which *leads to* the effect of the client’s behavior in a sequential manner across time, reflecting Slife’s (1993) statement that “family systems...happen piece-by-piece across time” (p. 184). It is as though the interaction itself is contained and isolated within the family unit (Cushman, 1995). Their relationship is thus not mutually constitutive. Systems theory, though defined by its commitment to relationships, still appears to conceptualize the individual as self-contained and separate. Like in BT, CBT, humanism, and the psychodynamic approaches, the individual seems to be abstracted.

**Individual autonomy.** Now, I will look to see if systems theory also embraces independence and freedom from constraining forces which are the characterizing factors of individual autonomy. Murray Bowen, considered one of the pioneers and founders of family systems theory, developed a “Differentiation of the Self Inventory” (1978) to assess the degree to which clients have resolved family issues and can thus function independently. Citing this, Fondren (2008) claims, “According to family systems theory, differentiation of self is a central construct on Bowen family systems theory and is critical to healthy individual development and family functioning” (p. 87). A key aspect of “healthy *individual* development” is “differentiation of the self.” Therefore, distinguishing one’s identity is necessary for healthy development. Gladding (2003) defines “the need for differentiating themselves” in systems theory as “taking care of their needs to do things by themselves” (p. 51). Not only does he mention fulfilling individual needs (to be discussed in the next section), but he says differentiating requires doing

thing “by themselves”, i.e. doing things independently. Skowron (2005), considered an expert in family systems, adds that “differentiation of self is the capacity of a system and its members to ... allow for both intimacy and autonomy in relationships” (p. 338). It is no surprise that differentiation allows for “autonomy in relationships” but it is interesting to see that individuals also cannot gain “intimacy” without differentiation of the self. From these quotes we see that the good life is implicitly described as one in which individuals are able to differentiate themselves in order to act independently and autonomously.

Of course systems theory, with its strong commitment to fostering group relationships, does not completely disregard the value of family. How then do family relationships help or hinder the individual’s autonomy? Rosenblatt delves deep into the theories behind family systems (1997) as he states that, “the family may obscure the individuality of the members” (p. 38, see also Lowe, 1990) and that “the extreme of cohesiveness might be described as an undifferentiated family ego mass...[that has] blurred individual boundaries with very little tolerance for family members’ autonomy. The extreme of cohesion [is] seen as pathological.” (pp. 102-103). Therefore, “blurred individual boundaries” and “very little tolerance for family members’ autonomy” is not only seen as “extreme”, but it is considered “pathological”. By implication, support for autonomy and firm individual boundaries would be viewed here as desirable and healthy. Furthermore, when discussing systemic play therapy, O’Connor and Ammen (1997) say that, “Although it is true that individuals in a family create a system of relationships that in turn have a powerful effect on the individuals within that family, the autonomy of each individual is still maintained” (p. 5). Here, the family relationships are recognized as having a “powerful effect”, but that ultimately, “the autonomy of each individual”

remains intact. It seems that systems theory does then support the individualist and abstractionist assumption of individual autonomy.

**Individual needs.** Perhaps systems theory also upholds the last of these assumptions by emphasizing the fulfillment of the individual's needs as an end in itself. The systemic focus on relationships, rather than the individual, should set this therapeutic process apart from others. However, we saw this focus on relationships before, in humanism. There, the focus on the expressive needs of the individual led the humanist to view relationships instrumentally, as ultimately serving the individual. What is the meaning of relationships in the systemic approach? Could their focus on the system function in a similarly instrumental way?

In a book intended for experienced family theorists and practitioners, Rosenblatt (1997) claims that regarding clients of systems therapy, "It is their individual feelings, individual thoughts, and so on that must be perceived, understood, and dealt with" (p. 38). Perhaps surprisingly, despite the fact that the client is being treated in a system, it is still the *individual* feelings and thoughts that take prime importance. Rosenblatt also says that "extreme cohesion" (described above) "is thought to be a problem when it means that...there is not enough flexibility for individual needs to be met" (p. 103). Therefore, it is a "problem" when *individual needs* cannot be fulfilled, which implies that it is important for there to be "enough flexibility" in the system to allow for individual needs to be met.

We must consider, however, Slife's (2004) explanation that the means (relationship) and ends (individual needs) are not *necessarily* instrumental; the means and ends may be connected relationally in a constitutive manner in which the means constitute the ends and the ends constitute the means. A constitutive means-end connection would mark an important difference between the instrumentalism of humanism and the instrumentalism of systems approaches.

O'Connor and Ammen (1997) would seem to favor the more constitutive approach in this passage: "an individual's needs may be systemic, such as the need to be in a relationship (attachment) or the need to protect a child (caretaking)" (p. 5). It is thus important to consider the possibility that an individual may have relationship-oriented needs. However, these authors clearly appear to endorse a more conventional instrumentalism (non-constitutive approach) when they say that "even though the [client's] behaviors may be in response to the family system dynamics, the [client's] behaviors reflect [the] attempt to get his or her needs met most effectively" (p. 5). Thus, as these authors point out, although these needs may be "in response to the family system", that ultimately the client is framed as attempting "to get *his or her [individual] needs* met most effectively". The system itself, and even needs involving the system, appear to be means to meeting the end of individual needs.

In agreement, Gurman (2008) states that systems orientations for couples therapy aim for "improvement in the fulfillment of individual psychological needs" (p. 18). Simply by describing the family members as each having their own unique "individual psychological needs", it seems that relationships are viewed as tools for the sake of *individual* satisfaction, and the system itself is merely being used as a means to an individual end. It seems that individualism is so strongly influential in psychology that even when relationships are so clearly emphasized they are still instrumentalized in the service of individual needs. It thus appears that even the good life of systems theory is still underlain with a focus on the individualist and abstractionist assumptions of the abstracted person, individual autonomy, and individual needs, and therefore does not differ entirely from the good life that is implicitly described by three forces.



### **Object Relations: Another Representation of Seemingly Relational Approaches**

Object relations theory (also called relational psychoanalysis) is an offshoot of psychodynamic theory, which centers on the “object” and the interpersonal relations that affect a person (Goldenberg & Goldenberg, 2008). “Object” is derived from Freud’s phrase “object of drive” (Mitchell & Greenberg, 1983) which is used to describe a person of significant emotional importance, whether real or internalized (Fairbairn, 1954; Goldenberg & Goldenberg, 2008). Object relations theory departs from traditional psychoanalysis in its theory of motivation; rather than viewing behavior as driven by internal drives, it is said to be driven by interpersonal relations (Goldenberg & Goldenberg, 2008; Fairbairn, 1954). I have attempted to demonstrate how the assumptions of individualism and abstractionism pervade the theories of the three forces as well as systems theory; I will now explore the extent to which the seemingly relational theory of object relations may in fact implicitly espouse these assumptions.

**Abstracted person.** To begin, I will discuss whether the object relations view of the person is that of an abstracted person—a person that is best understood when removed from context. Cushman (1995) notes that the self described by Melanie Klein (an early leader of object relations theory) was “not yet a totally empty self [though] it has certainly moved in that direction” (p. 207). Cushman’s (1990) description of the object-relations self as “empty” is clarified by his definition of the term, which is a self that “has specific psychological boundaries, an internal locus of control, and a wish to manipulate the external world for its own personal ends” (p. 600). A self that has specific psychological boundaries cannot be mutually constituted by the surrounding context, especially considering that the self has a “wish to manipulate the external world” for individualist ends.

Mitchell (1988), a leading object relationist, explains that the “mind has been redefined... to transactional patterns and internal structures derived from an interactive, interpersonal field”

(p. 17). “Internal structures” that exist within the person signify that traits and personality structures exist in a relatively unchanging manner across contexts. Although the structures supposedly result from an “interactive, interpersonal field”, Mitchell claims that the internalized patterns consist of “past interactions [that] are regarded as formative, but present interactive properties of mind are minimized” (p. 9). Thus, however “interactive” the field is, the internalized and relatively stable past is still given primacy because it is regarded as “formative”. If the self and the context did mutually constitute each other, the structures would not exist internally and not be as stable as Mitchell describes.

In agreement, Cushman (1995) explains that “there is a great deal of interaction, but much is thought to take place *inside* the self-contained individual” (p. 200). Although Mitchell’s description of the self is meant to be a departure from the previous model of predetermined, psychoanalytic structures, Cushman’s observation clarifies the fact that the patterns and structures still exist internally, *within* the individual, and he adds that object relationists generally do not acknowledge the “social realm of history and culture” (p. 201). This means that the patterns and structures are relatively unchanging, as past internalizations are carried around inside the person from context to context, untouched by the surrounding “social realm”.

Mitchell (1988) points out that because object relations is so closely linked to drive theory (of Freudian descent), that

Even when [object relationists] drop the concept of drive itself, they often preserve some aspects of this monadic view of mind. They tend to retain a stress on the “self” dimension of the relational matrix... the self is often viewed as existing and operating more or less independently of interactions with others... these theories emphasize self-organization,

ego functions, homeostatic regulation of affects, developmental models, a true or nuclear self, and so on. (p. 9)

Mitchell clearly explains here that even in the “matrix” of relationships, the self is still viewed as acting alone and separate, or “independently of interaction with others”. Ultimately, the person is described as a “true, or nuclear self”. The person portrayed here is *not* inextricably connected to, or constituted by, context and relationships. On the contrary, by focusing primarily on the self, the person is fundamentally separated from the “relational matrix”. The self that is described by object relations is strikingly similar to the self that is described by the three forces—it is best understood as an abstracted person that is not mutually constituted by context and relationships.

**Individual autonomy.** Does the feature of individual autonomy also follow from the clear abstraction of the person? To what extent does this theory of psychotherapy embrace personal freedom and independence? Cushman (1995) explains how Winnicott and Kohut (two prominent contributors to object relations theory) contributed to the self being conceptualized as “a masterful and bounded, emotionally expressive, attention-seeking, entitled, self-centered way of being” (p. 211). A self that is “masterful and bounded” is one that controls his or her own destiny, and is not restricted by unwanted responsibilities or obligations. Cushman further explains that Winnicott and Kohut ascribed to a self that “valued emotional expressiveness, a lifting of political and personal constraints, and immediate gratification” (p. 213). The self is described as supremely powerful and deserving to act without “political and personal constraints”, reflecting the individualist and abstractionist assumption of individual autonomy, as Cushman explicitly acknowledges.

In Greenberg and Mitchell’s classic textbook *Object Relations in Psychoanalytic Theory* (1983), they describe development as “a move from addictive dependence to greater resilience

and independence” (p. 369). That is, growth and development means moving toward “independence” and autonomy. These authors also provide a vivid description of a self that is free and one that is restricted:

When [specific relationships are] provided, they set the child free to grow and function freely as a person in the world; when they are missing, the incipient self is ensnared and imprisoned, wrapped in a protective cocoon, hidden from the world of others experienced as unsafe for authentic and spontaneous living. Only if the appropriate facilitating environment is provided can the true self be reached and allowed to continue its growth. (p. 201)

Notice the emphasis on being “*free to grow*” and the ability to “*function freely*” and how this aligns with the individualist and abstractionist notion of individual autonomy in which the person should be able to function free from constraints. The authors describe the “ensnared and imprisoned” self as one that cannot achieve “authentic and spontaneous living.” The goal, it seems, is to reach the “true self” and to “continue its growth”. We must note that object relationists consider the value of relationships, as seen above. However, it appears that the relationship, similar to systems therapy, is instrumentally used for providing a “facilitating environment” for the individual’s freedom. Likewise, Gomez (1997), an object relations theorist, claims that “this sense of inner relatedness is the foundation on which autonomy and independence rest” (p. 87). In other words, the relationships serve as the underlying establishment for developing “autonomy and independence”.

Moreover, Cushman (1995) claims that object relations theory “eventually resulted in the creation of a school of psychotherapy that emphasized the development and subsequent liberation of the self rather than the domination of the self” (p. 208). In contrast to the

behaviorist who seeks to understand, predict, and control human behavior, the object relationist seeks to “liberate”, or free the self, strongly reflecting the free and independent self that is assumed in individualism and abstractionism.

**Individual needs.** The last of these assumptions, individual needs, endorses fulfilling individual needs as the most important end of a life well lived. Perhaps object relations adopts this perspective as well. How does the supposed emphasis on relationships affect the object relations’ view of individual needs? Mitchell and Greenberg (1983) recall Fairbairn’s, (one of the early leading object relations analysts) view that “the central motivation in human experience is the seeking out and maintaining of an intense emotional bond with another person” (p. 27). Is this relationship seen as a meaningful end in itself, or is it merely instrumental, as we saw in humanism and systems theory? Above, we already saw how relationships could be used by the object relationist to provide a “facilitating environment” in order to enhance the individual’s freedom and autonomy. Are relationships also used instrumentally to serve individual needs?

Mitchell and Greenberg (1983) seem not only to assume but also to advocate the instrumentalization of relationships when they say, “The primary function of the zones of interaction, however, is to provide a channel to the other, to facilitate the interpersonal integrations necessary for the satisfaction of needs” (p. 93). That is, the “*primary* function” of relationships is ultimately “for the satisfaction of needs”. It appears, therefore, that the relationship is instrumental to helping the individual meet his or her needs. Similar to the instrumentalist valuing of relationships described in the above section, object relationists also appear to implicitly support a good life in which relationships are essentially meaningful to the extent that they help the individual satisfy his or her needs.

I have shown how relationships may be instrumental to satisfying the individual's needs—could this also extend to the therapeutic relationship? Stadter (2009) states, “The [object-relations] therapist should be guided by training and experience, but then listen to the individual needs of the particular patient—who is he and what does he need?” (p. 212). Here, we see that the therapist is encouraged to focus on “the individual needs of the particular patient”; concern for community or the wider social realm is not considered. Mitchell and Greenberg (1983) add that, “Analysts operating under the premises of this [object relations] model can develop a greater freedom to use the entire range of their feelings and experiences to promote the patient's growth.” (p. 398). Thus, the analysts' ability to use their “feelings and experiences” should essentially be to “promote the patient's growth”. In general, it looks as if object relations therapy intends primarily to serve the *individual's* needs and the *individual's* growth. The picture this paints for the good life is one in which all aspects of life revolve around the self being satisfied—physically, emotionally, and otherwise. It appears that even in this alternative, purportedly relational theory, that scholars are correct in presuming that individualism and abstractionism still remain dominant, underlying themes.

### **Conclusion of Critical Analysis: Demonstrating Unity**

At this point, I have explicated conceptions of the good life found in BT and CBT, psychodynamic theory, and humanism, as well as systems theory and object relations theory—with the last two theories supposedly not participating in the dominant individualism. These visions of the good life that the therapist implicitly holds for the client are, as explained earlier, unseen guidelines that shape the therapist's interventions. Before analyzing the visions of the good life in each theory, we reviewed the features of individualism, which is the philosophy that pervades psychology, as many scholars have argued. I then connected individualism to its deeper roots in ontological abstractionism. In this sense, when I discuss the features of the good

life that are linked to individualism, I am also noting that these features are underlain with the assumptions of ontological abstractionism.

As a reminder, these overlapping features are not necessary conditions of individualism or abstractionism. In many cases, a strong presentation of even one feature could imply individualism, especially if the other features are not explicitly denied. Though I have attempted to accurately represent the literature through each feature, some features may be more prominently explicated in the particular psychotherapy theory. If a psychotherapy theory did not strongly present all three overlapping individualist features, this does not necessarily mean that it was not predominantly underlain with individualism, especially if it did not present contraindications on the other features.

As each theory of psychotherapy was reviewed (both the mainstream three forces, and the “alternative” two theories that supposedly depart from mainstream individualism), important aspects about the implicit good life were described. First, the self is conceptualized as an *abstracted person*, having separate and distinct qualities; it is not mutually constituted by context. An individual who is abstracted and understood *best* apart from others and the surrounding environment would achieve the best possible life in an individualist manner—the good life is an *individual* good life. Likewise, recall that the good life includes *individual autonomy*—the ability to freely choose what one wants to achieve and free oneself from contextual constraints in order to live the best possible life. Furthermore, expressing and satisfying *individual needs* can be implicitly promoted as the ultimate end, even at the loss of family or community concerns. Thus, each vision of the good life ultimately aims to gratify the individual, even at the expense of the family or community. It is as if the emphasis on the

abstracted person, individual autonomy, and individual needs is more than just a particular point of view; it is the only point of view.

After exploring how these characteristics of individualism and abstractionism present themselves in each theory of psychotherapy, two major points are of import. First, this seemingly diverse collection of theories all project notably similar assumptions about the nature of humanity and the purpose of therapy. As a result of that, the therapists' visions for the good life in each type of therapy are essentially the same—to a great extent, they all view the good life as consisting of individuation, personal freedom, and personal fulfillment. The second major point of this critical analysis is that the consistency in assumptions about the good life all stem from one intellectual and cultural source – philosophical individualism and ontological abstractionism.

In regard to scholars' argument that individualism and abstractionism are pervasive, underlying assumptions in the field of psychology, it appears that they do in fact inform visions of the good life in both mainstream theories of psychotherapy, as well as the “alternative” theories of psychotherapy that have intentionally attempted to escape some of these conventions. Even systems theory and object relations, which on the surface have avoided the view of the autonomous self, seem to perpetuate individualist assumptions. What does this unity mean for psychotherapy in general? Is it simply an interesting observation, or could this implicit unity hold deeper implications?

### **Implications of the Hidden Unity in Psychotherapy**

#### **Potential Problems with this Unity: Individualism and its Attendant Assumptions**

**Individualism and abstractionism as uniting themes.** As demonstrated above, the characteristics of individualism and abstractionism that are relevant to the good life implicitly



show up in many of the mainstream theories, including those that may be considered specifically non-individualist or abstractive. Again, the good life is a uniting framework of values that guides the therapist's interventions with or without awareness. It appears that in general, therapists of different theoretical orientations are essentially being guided by the *same* set of values—the values held by individualism, which stem from ontological abstractionism. In this sense, individualism and abstractionism are uniting themes of visions of the good life that therapists hold for clients.

Though the examined theories of psychotherapy are different in many ways, they are all implicitly guided by the values of individualism and abstractionism, meaning that the clients are led toward the same goals. It appears that the good life implicitly present in BT, CBT, psychodynamism, humanism, systems theory, and object relations do in fact advocate an individualist good life by not only characterizing the individual as self-contained, but also by promoting independence and self-fulfillment. These assumptions held by the therapist will guide the client towards one specific ideal of the good life: the individualist good life.

**Merits and dangers of individualism.** In order to broaden our understanding of the philosophy of individualism and its effect on theories of the good life in psychotherapy, it is important to note both the merits and dangers of self-contained, or one-sided individualism, discussed each in turn.

**Merits.** When discussing the virtues of individualism, Cushman (1995) claims that the pervasive ideology of individualism has allowed for “individual agency and initiative, personal autonomy, and critical thinking... [as well as] modern science, medicine, scholarship, capitalism, and industrialization” (p. 245). These societal values and institutions are so predominant they are generally taken for granted.

Many scholars (e.g. Perloff 1987; Spence, 1985; Waterman, 1981) consider it a benefit that each self-contained individual is able to view oneself and others as having a distinct identity and have further argued that self-contained individualism is necessary to uphold the core of American virtues: freedom, responsibility, and achievement (see also Sampson, 1988). Spence (1985) suggests that America “is a success-oriented society whose attitudes toward achievement can be traced to...its emphasis on individualism and the work ethic” (p. 1285). In agreement, Perloff (1987) claims that our nation’s success necessitates people’s ability to see themselves as autonomous beings who are individually responsible for achievement. Sampson (1988), though critical of that argument, notes that *believing* self-contained individualism is necessary for societal achievement rests on the assumption that certain values (i.e. freedom, autonomy, and independence) depend directly on whether humans view themselves as causal agents with personal efficacy. Perloff (1987) also claims that emphasizing a good life that is defined by a commitment to independence and personal fulfillment may even breed more socially responsible behavior due to individuals’ perceptions that each person functions by virtue of free will.

Concerning the effects of self-contained individualism, Gergen (2009) states that, “Because each of us possesses the power of reason...we may challenge the right of any authority- religious or otherwise- to declare what is real, rational, or good for all.” (p. xiv). The view of the self-contained individual thus substantiates the very institution of democracy, public education, and our judicial system (Gergen, 2009). While these achievements and values have great merit, the dangers of individualism, however disguised, should not be ignored.

***Dangers.*** As I will show, the harmful results of individualism arise from its self-containment. Cushman (1995) points out that when the benefits of individualism challenge forces such as community and cultural tradition, the autonomous individual’s well-being is

upheld while personal sacrifice for group benefit is undermined. Gergen (2009) lists a variety of other dangers that arise from conceiving ourselves and others in an individualist fashion. He argues that the pervasiveness of individualism leads people to view one another as “bounded beings”, each ultimately an island: separate and contained. Gergen argues that viewing oneself as a bounded unit “invites a sense of fundamental separation and loneliness; encourages narcissism at the expense of relationships; generates unending threats to one’s person, and transforms the self into a marketable commodity” (p. 27). Individualism, and the practice of viewing ourselves as autonomous and separate from others, thus justifies our need to compete for ascendance over others and constantly evaluate our self-esteem in terms of our comparison to others.

Following this assumption, other people can then justifiably be seen as a means to our own self-benefit and pleasure. Putting a premium on the self validates the behavior of avoiding or harming others if one’s own satisfaction is at stake. Bellah, et al. (1985) note that the “primary emphasis on self-reliance has led to the notion of pure, undetermined choice, free of tradition, obligation, or commitment, as the essence of the self” (p. 152). Though some may see this as a benefit, further discussion exposes its potential for ultimately hindering meaningful relationships. They go on to explain that the “unencumbered self” actually inhibits one’s ability to truly connect with others—it is actually the commitments to community and tradition that make connections to others more natural and meaningful. Bellah et al. (1985) also raise the concern that, “individualism may have grown cancerous...that it may be threatening the survival of freedom itself” (p. xlviii). They echo Tocqueville’s earlier concern from the 1830s that individualism could eventually isolate and detach Americans to the point of a real loss of freedom and connection.

It is important to expose this underside of individualism and its disregarded potential for restricting us in an environment of self-contained individuals in which relationships are not truly important or meaningful. The merits noted above undoubtedly hold some positive consequences for the psychotherapies that espouse these assumptions. However, the dangers cannot be ignored, as these unintended consequences inevitably inform therapists' ideas about what is right, and in turn, lead the client towards that vision of the good life. Perhaps most important, we should be aware that individualism, which stems from ontological abstractionism, is just one perspective. Scholars have argued that this is the predominant underlying viewpoint in psychology, and based on the unity seen in the above critical analysis, their hypothesis appears accurate. However, abstractionism is not the *only* possible viewpoint.

### **Proposing an Alternative Conception of the Good Life**

As demonstrated in the critical analysis, individualism pervades mainstream theories of psychotherapy, as well as two supposedly non-individualist theories. Every theory of psychotherapy I examined manifested the assumptions of individualism. Hence, as suspected, there is no intellectual or ethical rival for the good life in psychology. This compounds the implicit nature of the predominantly individualist good life. This conventional, individualist view of the good life is less apparent to both clients and therapists because it is taken for granted without comparison. Furthermore, any therapy effectiveness studies cannot truly compare different theories, because as shown above, mainstream theories of psychotherapy are all underlain with the *same* set of assumptions about the good life. As discussed previously, though there are potential benefits of individualism, there are also important dangers which should not be ignored. One might argue that individualism, despite its dangers, is the correct approach to therapy. However, even to know of its correctness, there must be a comparison. To address this

lack of diversity, it is important to not only reveal the ontological underpinnings of the good life (as I have done), but also to suggest a competitor that carries alternative implications for conceptions of the good life, and thus the practice of psychotherapy.

To find an alternative we would need to understand individualism at its roots. Previously, I clarified that the ontological underpinning of individualism is abstractionism, with many scholars contending that this ontology is the predominant ontology of Western culture (e.g. Richardson, 2002; Slife & Wendt, 2007). If this is true, then this ontological dominance could explain the “good life” dominance of individualism in psychology. This ontological dominance could also explain why the most basic units of reality are self-contained objects and individuals—even relationships are composed of individuals which are first self-contained and then come together to form a relationship. So, to have a true comparison to individualism we must have an ontological alternative. Abstractionism is itself a very encompassing notion. For example, it encompasses materialism, dualism, and idealism (Slife, 2005). Though this helps to explain its overwhelming predominance in the field of psychology, it leads one to question if there can be any real alternatives that actually escape the assumptions of abstractionism.

A relational ontology has been discussed most by scholars as an alternative to abstractionism (e.g. Gergen, 2009; Slife, 2004, 2005; Slife & Richards 2008; Reber & Osbeck, 2005). To address the abstractionist monopoly on conceptions of the good life, I will first discuss ontological relationality and how it specifically contrasts with the assumptions of abstractionism, as well as its implications for the good life and for the conduct of therapy. However, such philosophical contrast can itself be so abstract that the practical implications for the good life might not be clear. Consequently, I will offer two different applications, or renderings, of ontological relationality that specifically involve ethics and the good life. These

two applications are: virtue ethics (a secular application based on Aristotelian philosophy), and theism (a sectarian application that involves God), along with their respective implications for the good life and the conduct of therapy.

### **Ontological Relationality**

Ontological relationality, or “relationality” for short, assumes that things and people are mutually constituted by the context of which they are a part (Slife, 2004). People are not first abstracted individuals which then come together in relationships, but rather, people can *only* be understood in terms of their relationships. Robb (2007) writes that “we are in some way the tangible, audible, visible aspects of the relationships we are in” (p. 177). In other words, we *are* our relationships. Slife & Wiggins (2008) further explain that, “Things, events, and places are not first self-contained entities that later interact and relate to other things, events, and places. All things, events, and places are first relationships – already and always related to one another. Hence, the best understanding of something is in relation to its context.” (p.4; see also Gergen, 2009; Slife, 2004; Slife & Richardson, 2008). In essence, ontological relationality is the idea that all things, including people, are inextricably connected to their surrounding context.

Such inseparable connection with a surrounding context means that things and people can fundamentally change with a change in context. Slife and Richardson (2008) illustrate the concept that what is real and fundamental may change depending on context:

The hammer can be a paper weight in some contexts and a nail-driver in others...If the hammer really can be different from context to context, then there is sense in which the hammer literally changes from context to context – from a nail-driver to paper weight to art object, etc. There can be similarities as well (e.g., the shape and weight of the hammer), but the relationist views the abstractionist as elevating similarity over

difference, and thus not taking into proper account the whole or totality of relations – both similarities and differences – in what is real and fundamental. (pp.6-7)

In applying this concept to people, one can see how the identity of individuals can shift with relation to context. Thus, *relationships*, not things or individuals, are the basic unit of society. Unlike abstractionism in which properties are contained within an object in a relatively unchanging manner, the relationist sees objects and people changing constantly and completely based on surrounding context.

Though abstractionism does not completely discount change, it is the unchanging nature of individuals (e.g. personality structure) that is seen as real and fundamental, and the changes are secondary. While it is apparent that individuals often maintain similarities across contexts, a relationist is equally, if not more concerned with the vital changes and differences that occur across contexts. In fact, Jansen (1995) claims that to the relationist, “change becomes much more prominent than lack of change and more valued” (p. 63; see also McFague, 1987). Thus, the relationist must attend to the whole of the person and the situated context—abstractions are not ignored, but they are not most fundamental. Because a relational ontology differs so strongly from abstractionism on what is ultimately real and fundamental, it must also hold vastly different assumptions and implications for what constitutes a flourishing life, and what this means for psychotherapy.

**Contrasting assumptions and implications for the good life.** As one might presume, the assumptions held by ontological relationality are fundamentally different from the individualist features of an abstractionist framework. A closer look at these contrasting assumptions will outline the discussion on alternative views of a flourishing life. I will describe

how the assumptions of a relational ontology contrast with each major assumption of abstractionism, and how this creates a very different view of the good life.

First, recall the abstractionist notion of the abstracted person in which the characteristics of people are self-contained within the objects themselves and the basic unit of society is the self-contained individual. This separation gives rise to the idea that the best life is one that people enjoy in their individual homes and through their individual careers, as they are ultimately only responsible for themselves. In contrast, relationality supposes a holistic, relational view of people. Gergen (2009) argues that, “Independent persons do not come together to form a relationship; from relationship the very possibility of independent persons emerges” (p. 38). Notice how the relationship itself is most fundamental. In support, Kaipayil (2003) states that, “To be human is to be relational. Humanity is relationality... We live our life in relationship with the world around us, particularly with other humans.” (p. ix-x). Thus, the relational good life cannot be a good life of individuals, because relationships are the most important and fundamental unit of reality. The good life must be possible only in relation to others.

Slife, Mitchell, and Whoolery (2004) add the holistic notion that “the qualities of humans are not self-contained, but instead stem from their relationships to other humans” (p. 38). In other words, relationality assumes that the individual is not ultimately separated and isolated from context, but rather that the person is mutually constituted by his or her relationships. For example, Jansen (1995) claims, “One cannot be authoritative unless there is someone or something over which one has authority.” (p. 62; see also Brümmer, 1984). Personal identity, therefore, is constituted by relationships. According to Slife and Wiggins (2008), this implies that “the [relational] good life...is the life of good relationships and the central imperative of



psychotherapy is to help clients relate well and love completely” (p. 8). Thus, a flourishing life requires meaningful relationships and loving others.

As opposed to the abstractionist championing of individual autonomy in which the individual is encouraged to obtain freedom from unwanted restraints and obligations, a relational ontology offers a counter perception. Slife, Harris, Wiggins & Zenger (2005) note some important features of a relational approach which includes the precept: “being apart *from* community—individual autonomy—is less meaningful than being a part *of* it” (pp. 2-3). This description specifically departs from mainstream individual autonomy in which the person seeks separation from the community. Instead, relationality holds that it is more meaningful to be “a part *of*” community.

Consider how the relational emphasis on dependence and community obligation fosters strong ties, and the good life is thus one in which people stay strongly connected to one another. Slife et al. (2005) provide the example that:

From a relational standpoint, Ann’s marriage is not best understood in this [abstractionist] manner. Ann’s marriage is not a set of obligations that prevent her from actualizing her desires and potentials. Ann’s marriage is a unique relational space where intimacy is permitted and supposedly practiced. (p. 6)

Thus, relationships are “not a set of obligations” that hold a person back. Rather, marriage is a relationship which should be served and valued even above one’s individual desires for freedom from commitment. In further illustration, Jansen (1995) explains that “in understanding freedom as community...one finds one’s freedom in the other and thus the other is no longer a limitation of one’s own freedom but an expansion of it” (p. 124; see also Moltmann, 1981). To achieve the good life, then, “in place of separation and closedness, one experiences here unity and

openness...One is able to take the other seriously as other and is no longer oppressed by one's desire for security, but is able to open oneself to another" (Jansen, 1995, p. 125). The relationist recognizes a good life characterized by a freedom to connect with others, rather than a freedom from obligations.

Recall the abstractionist emphasis on individual needs in which the individual's desires are served as an end in itself, and how this justifies a good life in which people satisfy their own individual wants even at the expense of family or community. In contrast, a relational ontology, if it is truly different, must suppose that serving something *other* than the individual is a higher, more meaningful end. In a relational framework, Macmurray (1932) claims that, "Real love grasps the worth and value of its object and loves the other person for himself or herself. Unreal or sentimental love does not. It enjoys the feelings which the other person arouses or stimulates, and is not concerned with the real worth, the real goodness of its object." (p. 149). "Unreal" love, or what may be characterized as abstractionist love, is thus more concerned with how the other person makes the individual feel. For the relationist, love involves valuing the relationship itself, and not the just emotional effect it has on the individual. The relational flourishing life is therefore not focused on individual needs, but on valuing relationships with others.

Furthermore, Slife & Wiggins (2008) claim that because relationships are most fundamental, that "relationships, especially interpersonal ones, are the most crucial aspects of life and living...we exist for relationship" (p. 8). It is not relationships that exist for the sake of fulfilling individual needs, but rather it is humans that "exist for relationship". Though some may argue that individuals will inherently be satisfied as a result of these relationships, the authors clarify that "a true relationship is more about virtuous relations than an individual's personal satisfaction" (p. 9). The relationship itself is the end that is pursued, though individual

satisfaction may naturally ensue. Relationists value community as an end in itself because “it conveys the sense of a shared life, meaning, and purpose” (Slife & Wiggins, 2008, p. 9).

Individual needs are not the primary ends—relationships and a “shared life” are the purpose of existence.

Gergen (2009) also claims that “it is through coordinated action—not individual minds—that meaning originates. It is within coordinated action that we find the source of all that we take to be real, rational, or good.” (p. 397). Whereas the abstractionist often defines goodness as whatever the individual wants for him or herself, the relationist sees goodness in and only in “coordinated action”, or relation with others. Meaning itself stems from relationship. It appears that a relational good life supposes that relationships themselves take precedence above the needs of the individual.

In summary, the good life in a relational framework is characterized by good relationships and loving others. Because the person is not abstracted, but is inextricably connected to context, the good life is really only possible in relation to others. Rather than valuing autonomy, the relational notion of flourishing emphasizes being open with others and engaged in community. The relationist sees that we exist for relationship and our relationships are therefore valued more than our personal satisfaction. Individual needs are not seen as the ultimate end to be fulfilled; the good life is a shared good life.

**Therapeutic implications of relationality.** The alternative framework of ontological relationality presents a theory of psychotherapy in which the person is seen as mutually constituted by context (as opposed to being abstracted). Thus, relationships (with others and with context) must also be a fundamental aspect of therapy. Slife & Wiggins (2008) claim that “Because strong relationists understand relationship not merely as a priority for psychotherapy,

but also as the basis of the self and of reality in general, they view the denial of the importance of relationship as a distortion of ontological reality” (p. 8). Following this, therapists should “engage in thicker brands of explanation... [and] cannot overlook the practical wisdom or *phronesis* [Fowers, 2005] necessary for understanding the particulars of a context sufficiently to know what sort of action is called for in the context” (Slife & Richardson, 2008, p. 31). In this sense, a relational therapist would need to see the client as deeply situated in context in order to treat him or her in a meaningful way. Understanding the particulars of the client’s relational context is crucial.

Christina Robb (2007) recounts the efforts of a group of psychologists who began to view their clients in a more contextual, relational manner:

These psychotherapists lived and worked in a scientific and professional world where the official pictures of what people were and how people worked were pictures of individuals or selves... But their experience as therapists, and as mothers, daughters, friends... was always of relationships, never of unrelated selves or individuals... They decided to assume that... the connections between and among everything and everyone are at least as important as what they connect...you can only swim in water; you can only move people and be moved in relationships, and we are all, always, in relationships. (p. 178)

The therapists Robb describes seem to recognize that the abstracted “pictures of individuals” did not align with their own lived experiences. By essentially changing their assumption about the nature of humanity to one in which the relationships are seen as fundamentally important, these therapists recognized that despite being taught that “healthy people outgrew relationships” (p. 179), that as therapists, they could help clients strive to stay *connected* to their relationships. Perhaps instead of relying predominantly on individual therapy, the therapist may choose to

serve the client in a group or family setting in order to view clients in a more naturally social and relational context. However, relational therapy would need to be focused on the relationships, not on the well-being of the individuals in the relationships, as was seen in the literature of object relations and systems theory.

Rather than encouraging clients to gain freedom and independence (due to the underlying abstractionist assumption on individual autonomy), a relational therapist would help the client see the meaning in commitments and obligations to others and to community. Recall Jansen's (1995) explanation that "one finds one's freedom in the other and thus the other is no longer a limitation of one's own freedom but an expansion of it" (p. 124). A relational therapist would likely encourage the client to rethink "freedom" as a freedom to engage in relationships, rather than a freedom from relational obligations. For the relationist, marriage does not impose limiting rules on a person's independence, but it actually expands an individual's freedom to engage in a meaningful relationship, the most basic unit of reality.

Though relationships are most real and fundamental, Slife and Wiggins (2008) clarify that "this is not to say we cannot value uniqueness and autonomy. It is to say, rather, that these values are subordinate to the values of virtuous relationships (e.g. altruism, compassion, care, friendship), not the other way around." (p. 9). Thus, it is more important to be in virtuous relationships than it is to be autonomous. Slife and Richardson (2008) add that from a relational perspective, "individuals have a great deal of personal responsibility at the same time that they are highly dependent upon others for practical efficacy, ethical maturity, and such spiritual goods as they may honor... these goods are realized in and sustained by relationships" (p. 26). Unlike an abstractionist therapist who views relationships as valuable to the extent that they satisfy the

individuals in the relationship, the relational therapist would tend to see great meaning in relationships as ends in themselves.

As opposed to stressing the fulfillment of individual needs as an end in itself, a relational ontology would offer alternative possibilities in therapy that could contribute to some end other than the self. In Tapu's (2011) "Guide to Relational Therapy", he outlines the major goal of therapy as "improving client's communication and relationships" (p.22) by supporting healthy relationships. In this book, Tapu does not imply that healthy relationships are for the sake of healthy individuals. The relationship itself is described as the end—in each case study he presents, the desired end result is healthy "direct interpersonal relationships" (p.22). Whether or not this serves the individual's interests is not even addressed.

In support, Slife and Richardson (2008) argue that, "For the relationist, there is a contradiction in first claiming to take moral values seriously and then going on to explain or justify them as something that serves our own interests or enhances our own well-being." (p. 25). Following this, a relational therapist "can and should help clients consider how their values...and general manner of being impact others and the quality of relationships" (Slife & Wiggins, 2008, p. 9). In fact, "the best therapeutic option may sometimes be for the therapist or client to choose an option that is personally *unsatisfying*, yet serves the client's relationships best" (ibid.). It may seem radical for a therapist to overlook an individual client's satisfaction in order to serve his or her relationships, but consider how a relational therapist may encourage a mother to sacrifice some individual pleasure in order to better serve her marriage and children. It is likely not uncommon for one to make sacrifices for the sake of friends or family—whereas the abstractionist may see these sacrifices as ultimately serving one's own best interest, the relationist would argue that such actions can be done purely for the sake of relationship.

### **Virtue ethics**

Virtue ethics is considered a secular application of ontological relationality (Slife, 2010). According to Blaine Fowers (2010), who has written extensively on virtue ethics and its roots in Aristotelian philosophy, “Aristotle viewed human flourishing... as eudaimonia — a lifelong pattern of activity devoted to choice-worthy ends and pursued in accordance with virtue.” (p. 9). Eudaimonia, as described by Fowers, is a key component of virtue ethics. This concept of flourishing, as I will demonstrate, is an integral part of the assumptions of this framework and its implications for therapy.

Virtue ethics itself is often interpreted and understood in various ways. However, Darwall (2003) contends that “What is common to any virtue ethics is the idea that guidance on controversial questions of case ethics can be gained only by looking to the virtues or the virtuous person as a model.” (p.3). That is, as an ethical framework, virtue ethics relies strongly on the virtues themselves, as opposed to a specific outline for conduct. As I will show, human excellence is dependent on embodying these virtuous traits.

Slife (2010) lists some other major features of virtue ethics, which include a strong reliance on context (i.e. it is not reductive), and a premium on meaningful relationships and good community. Meara, Schmidt and Day (1996) assert that virtue ethics is a type of moral psychology in which virtues are specific to the person’s context and community. Noticing the importance of context and community, one can see how virtue ethics is an application of ontological relationality in that it fundamentally differs from the individualist features of an abstractionist framework. A closer look at these contrasting assumptions will reveal its alternative view of a flourishing life.

**Contrasting assumptions and implications for good life.** As an application of relationality, virtue ethics does not hold an abstracted view of the person. Slife (2010) describes

how in a virtue ethics framework, “our very identities are forged in interactions” (p. 9; see also Taylor, 1989). Notice that this is similar to relationality in that the person is not fundamentally isolated from context, but rather the person is mutually constituted by the surrounding context. Fowers (2010) and Slife (2010) help to explain the eudaimonic good life in which we are wholly connected to our relational groups, and the act itself of nurturing our relationships is part of a flourishing life. In virtue ethics, the good life must be achieved *with* others and in relation to others. Thus, because a virtue ethics framework utilizes a relational, rather than an abstracted, view of the person, the good life cannot be achieved without fostering good community and meaningful friendships; the good life is a community good life.

Virtue ethics also seems to contrast the abstractionist notion of individual autonomy by emphasizing the importance of meaningful relationships. Remarking on the virtue ethics good of friendship, Slife (2010) says that Aristotle “reserved mutual commitment as the highest form of friendship, because it involved a shared vision of worthwhile aims that are pursued together, with each member helping the other to achieve noble actions” (p. 10; see also Fowers, 2010). Not only is friendship seen as a good in itself, but it is something that must be “pursued together”, in relationships with other humans. The independence proclaimed through individual autonomy is fundamentally at odds with the valuing of “mutual commitment” in virtue ethics. Brody (1994) adds that as a moral framework, virtue ethics is “a broader perspective that embraces the whole of a life and not simply the one decision at hand” (p. 211). Thus, decisions cannot be reached autonomously and independently; a person’s whole life, including their relationships and community, must be considered.

Noting how the good life includes meaningful community relationships, Wagener and Beaton (2010) say that, “eudaimonia [includes] the ability to...engage and relate, find fulfillment



in creativity and productivity, and make a positive contribution to a harmonious society” (p. 4). Engaging, relating, and contributing to society are seen as important aspects of a flourishing life; again, these ends are not possible through independence and personal freedom from obligations.

As an application of relationality, a virtue ethics framework holds similar relational concerns that “our highest purposes are not individual, but are constitutive and communal” (Slife, 2010, p. 10). One may argue that a person can gain individual satisfaction from acting for the sake of the community. In response to this argument, Aristotle (2003) recognized that “Pleasure in doing virtuous acts is a sign that the virtuous disposition has been acquired” (I, 7-8). In other words, a virtuous person may experience pleasure as ensuing from doing virtuous acts, but pleasure itself is not pursued. Slife also explains that “As opposed to hedonia [i.e. individual pleasure or satisfaction], Aristotle...views eudaimonia as a durable mode of being in which meaningful goals are pursued... because they are worthwhile goods in themselves. (Slife, 2010, p.10; see also Fowers, 2010). Again, it is not individual needs and personal satisfaction that are pursued, but rather a eudaimonic way of being in which *constitutive* and *communal* goods are viewed as higher purposes. In ontological relationality, and in its variations of theism and virtue ethics, fulfilling individual needs is *not* seen as an end in itself; rather, relational and communal pursuits are emphasized as more meaningful ends.

How does virtue ethics treat the abstractionist emphasis on individual needs? Darwall (2003) says that according to Aristotle, virtues are “valued in themselves as noble or fine” (p.2) and that “there is something human beings are inherently *for* or *to be*” (ibid.). That is, unlike abstractionism which allows individuals to choose what is right based on his or her own individual needs, a virtue ethicist holds that certain human virtues are good as ends in themselves. For Aristotle, one important virtue is good citizenship—“since man is born for

citizenship” (Aristotle, 2003). Communities do not exist for the sake of humans, but rather humans exist to be good citizens.

When discussing how such virtues are practically applied at the Greenbrier Academy, Slife (2010) emphasizes that “quality relationships, whether interpersonal, intrapersonal, historical, or environmental, are the primary focus... This focus also requires a singular emphasis on community and culture.” (p. 6). The “primary focus” here is quality relationships for the sake of themselves. In contrast to abstractionism, in which relationships are sought out “primarily when they are required for our personal use or satisfaction” (Gergen, 2009, p. 17), the virtue ethicist seeks out relationships because relationships are good in themselves.

In the virtue ethics application of relationality, fulfilling individual needs is not extolled as a meaningful end in itself. Instead, virtues such as serving relationships and communities are offered as higher, more meaningful ends required for a flourishing life. Because the person is mutually constituted by context, the good life must be achieved in relation to others. The virtue ethics sense of flourishing includes meaningful friendship and commitment to helping others become more virtuous by engaging and relating in society. The virtue ethics good life is a community good life.

**Therapeutic implications of virtue ethics.** Though it is an application of relationality, virtue ethics also holds its own set of therapeutic implications based on its respective assumptions about a flourishing life. It is first important to mention that as a moral framework, virtue ethics is “concerned primarily with character rather than conduct—with how we should *be* rather than what we should *do*” (Darwall, 2003), p. 1). Because of this, the therapeutic implications should emphasize the general character of the therapist, rather than his or her specific conduct in any given situation. Unlike the abstractionist notion that a person is best

understood when abstracted from context, a virtue ethics framework relies on the relational notion that “our very identities are forged in interactions” (Slife, 2010, p. 9). Therefore the therapist would be responsible for emphasizing the role of context and relationships. Likewise, Fry’s 2005 study on virtue ethics in counseling contends that, “The practice of virtue ethics encourages professionals to develop a conscious awareness of their morals from a multicultural perspective, and to strive to attain a worldview that does not perpetuate the beliefs and values of mainstream culture.” (p.ii). Thus, because people are not abstracted from context, the therapist must consider their morals from a more situated worldview, that does not “perpetuate the beliefs and values of mainstream culture”—beliefs, which many scholars have argued are predominantly individualistic. In further support, recall Brody’s (1994) statement that virtue ethics “embraces the whole of a life” (p. 211). Therapists then should consider a client’s whole life, including their relationships and community, as opposed to considering only what they see in front of them in the therapy session.

As opposed the abstractionist valuing of individual autonomy which highlights freedom and independence, consider how virtue ethics (in the tradition of ontological relationality) places great meaning in friendship and relationship. With this in mind, the therapist would guide clients to commit fully to “quality relationships and good community” (Slife, 2010, p. 7). Fry (2005) suggests therapists should “actually demonstrate the virtues of benevolence and respectfulness in everyday behaviors and to distinguish such practitioners from those who may possess knowledge of such virtues, but choose not to act upon them.” (p. ii). Thus, not only should therapists teach clients about the importance of good community virtues such as benevolence and respectfulness (Fry, 2005), but they should take heed to actually live these virtues in their own lives as well.

The virtue ethics flourishing life is characterized by eudaimonia, meaning that meaningful ends are pursued because they are “constitutive goods”—the pursuits are good in and of themselves (see Fowers, 2010). Guided by this value, the virtue ethics therapist would encourage the client to seek out meaningful goals regardless of whether they contribute to individual satisfaction. Tjeltveit (1999) notes that “From the perspective of virtue ethics, therapists can, and perhaps should, exhibit particular virtues.” (p.25). He cites Meara, Schmidt, and Day’s (1996) suggestion that virtue ethics therapists should “exhibit prudence, integrity, respectfulness, and benevolence” (p. 25). In contrast to the abstractionist notion that each person can decide what is best for him or herself, the virtue ethics therapist is charged with the responsibility of practicing the very virtues they intend to establish for clients. Also, unlike the abstractionist implication that therapists should avoid imposing their own values on the client’s goals, Tjeltviet (1999) recognizes that “therapists may establish goals for clients...that are perhaps best understood as virtues” (p. 25). Achieving virtuous goals is seen as an end more important than allowing the individual to select his or her therapy goals based on personal wants.

Though the virtue ethics therapist may establish virtuous goals for clients such as building relationships, Fowers (2000) and Slife (2010) have pointed out that relationships are often seen as a means to individual happiness. While this is surely how relationships have been characterized in mainstream psychotherapy (as seen in the critical analysis), the virtue ethics therapist would seek to build relationships and communities by developing good character traits as ends in themselves. In agreement, Houser, Wilczenski, and Ham (2006) contend:

Virtue ethics focuses on helping people develop good character traits, such as kindness and generosity. In turn, these character traits allow a person to make morally correct

decisions in life. People need to break bad habits of character, such as greed or anger, because such vices stand in the way of becoming a good person. (p. 13)

Notice how developing “good character traits” is an end in itself. The virtue ethics therapist would guide the client toward being a good person and making “morally correct decisions” regardless of whether it serves the individual’s satisfaction.

### **Theism**

Theism, a sectarian application of relationality, is treated here as inherently relational because God cannot be abstracted from human experience because he is an actively involved part of the person’s context (Slife, 2005). Kaipayil (2003) contends that “The concept of God calls for an interpretation in relation to the world...[a] God who acts in the world and human history...Hence, God’s own being-principle could be understood as relationality” (p. 40). That is, for the theist to take God seriously is to see Him relationally, acting in *relation* to the world. For the theist, not only must the person be considered in light of his or her surrounding environment, but the person should also be seen first and always in relation to God. It is important to mention that this is in contrast to deism or dualism, where God may be considered, but he is not perceived as always present and ever important; thus, He is ultimately abstracted from lived experience (Slife, 2005). Theism emphasizes that God is not a static being who created the world and then watches events unfold from afar (as in deism), but rather God is dynamically involved in daily life because He can intervene in human experience (Slife, 2005; Slife, & Mitchell, & Whoolery, 2004; see also Boman, 1960; Dueck, 1995, Lohfink, 1984).

Allen Bergin’s 1980 piece, *Psychotherapy and Religious Values*, articulates core theistic values which include the two major tenets: “God is supreme. Humility acceptance of (divine) authority, and obedience (to the will of God) are virtues” (p.6) and “Personal identity is eternal and derived from the divine. Relationship with God defines self-worth” (ibid). Notice the

relational emphasis on “*relationship* with God”. In support, Kaipayil (2003) further argues that “theism has to call attention to God’s relationality to the world and the world’s relationality to God” (p. 41). Not surprisingly, the theistic application of relationality is supported by assumptions that differ from mainstream abstractionism and consequently provide an alternative concept of the good life.

**Contrasting assumptions and implications for the good life.** As an application of relationality, theism carries many assumptions that are similarly in opposition to abstractionism. However, because this is a sectarian approach, the theist supposition of God’s importance underlies all other assumptions. Kaipayil (2003) emphasizes that “Humans stand in relationship with one another, with the world and God.” (p. 45). If this relationship consists of self-contained individuals and a removed God, then it is merely another application of abstractionism. However, in describing the application of theism in the therapeutic community of Alldredge Academy, Slife, Mitchell, & Whoolery (2004) claim that, “Just as any part of a whole gets many of its qualities from its relation to other parts, so too individuals of a community get many of their qualities from their relationships to other individuals.” (p. 20). Like in relationality, the theistic person is not abstracted, but is instead mutually constituted by context. Of course, because this is a *theistic* application of relationality, the context includes the person’s dynamic relationship with an actively involved God. In further support, Kaipayil (2003) describes how a theist’s “life and action becomes something of the Divine, because when we care for nature we partake of God’s care for nature, and when we love humanity, we partake of God’s love for humanity” (p. 48). See how the person is not abstracted from God, but the theist’s lived experience is always in relation to God.

Along these lines, Wagener and Beaton (2010) explain that within the theistic good life, “meaning comes from the awareness that the individual life is part of a larger story...we begin to realize that we are connected to humanity and creation in fundamental ways, that allows us to transcend the limited single self. For many, a sense of meaning comes from spirituality [or] religion.” (p. 6). As opposed to the abstracted person who achieves the good life in an individual manner, the theist must recognize the fundamental connection to humanity and creation.

Theism, like relationality, also contrasts the abstractionist focus on individual autonomy. Kirkpatrick (2005) cites Macmurray’s belief that “true freedom...is our ability to live fully in terms of the nature we have been given by God...But I am myself fully only when I am in relation to other real persons.” (p. 19). For the theist, freedom is not independence from obligations as described in abstractionism. Instead, freedom is being in relation to others. Living fully means recognizing God’s hand in our nature. Likewise, Slife, Mitchell, & Whoolery (2004) say that “the primary unit and concern... is the relationship, including relationships between people, between people and nature, and most importantly between people and the Source [i.e. God]” (p. 26). Rather than attempting to escape community in search of autonomy, theism focuses attention on relationships, and “most importantly” the divine relationship between people and God. Wood (2005) notes that “religious faith involves an element of commitment to God that has redeeming significance for the believer to understand what otherwise one cannot see” (p. 84). That is, to have faith in God is to commit to Him. An autonomous good life would not be possible—the theistic flourishing life requires commitment.

To achieve the theistic good life, Wagener and Beaton (2010) claim that “human flourishing is dependent ultimately on God’s power and not on our own wealth, achievement, or health” (p. 5). That is, the good life is not something that can be achieved independently; it

requires God's power. The authors add that a flourishing life is "a full-bodied embrace of life in all its layers... [it is] an act of virtuous obedience to God" (Wagener and Beaton, 2010, p. 4).

Rather than seeking autonomy and freedom from commitment, the theistic relationist claims a good life of "virtuous obedience to God". Brown and Strawn (2010) describe how relationship with God is required for a flourishing life: "The evidence of flourishing is not an inward feeling state, but participation with God in sustaining his creation, working for a just society, and caring for his people. Spiritual flourishing is not inward, individualistic, and subjective, but outward [and] communal." (p. 23). That is, flourishing is not seen as an individual "inward feeling", but it is evidenced through *communal* "participation with God".

Theism also emphasizes relationships above individual needs, though the most important relationship for the theist is considered to be with God. For the theistic community of Alldredge Academy, this means that "the group or team is as important as the individual, and meaningful relationships are more important than individual self-benefits" (Slife, Mitchell, & Whoolery, 2004, p. 9). Wagener and Beaton (2010) add that "If social conditions are such that people are inhibited or deterred from being able to love God and neighbor, then the common good has not been realized" (p. 8). The ultimate goal therefore is "to love God and neighbor", whether or not individual needs are met is not the primary concern.

Commenting on a flourishing life in a theistic framework, Taylor (2007) contends that "Loving, worshipping God is the ultimate end." (p. 17). He argues that, "God is seen as willing human flourishing, but devotion to God is not seen as contingent on this." (p. 17). We see here that regardless of God's intentions for us, the good life is still characterized by devotion to Him. Taylor (2007) goes on to say that a theist "is called on to make a profound inner break with the goals of flourishing in their own case; they are called on to the point of...renunciation of human



fulfillment to serve God in the other...The call to renounce doesn't negate the value of flourishing; it is rather a call to center everything on God." (p. 17). In fact, Taylor (2007) argues at length against a culture in which human flourishing is the final goal. He says that instead, for the theist serving God is the most meaningful end, far above serving one's own individual needs.

To summarize, the theistic concept of flourishing is centered on the idea of a person who is always in relation to God. Neither the person nor God can be abstracted because God is actively involved in the person's lived experience. The best life is one that is in relation to others and is centered on communal participation with God. For the theist, the good life means recognizing that flourishing is ultimately dependent on God's power, not our independent achievements. The theistic good life is a life of commitment to others and God.

**Therapeutic implications of theism.** As an application of ontological relationality, the therapeutic implications of theism hold similar relational concerns, though here, God must be involved as part of the client's context. Theistic therapy must operate with the assumption that God is inextricably connected to the client's lived experience. In support, Wagener and Beaton (2010) claim that "people, once they are more integrated, will understand their work, play, and faith as a single piece that is an important part of their personal development and growth, their relationships, and contributions. They are living out their lives to the glory of God in the midst of the world." (p. 14). Notice that the focus is on being "more *integrated*" as opposed to "more independent", which also contrasts the abstractionist emphasis on individual autonomy.

Furthermore, the purpose is for "the glory of God", not for the sake of individual advancement.

Brown and Strawn (2010) add that "attention is turned outward toward how others...are (or are not) enmeshed in a community reflective of the Kingdom of God...Therefore we must recognize our responsibility for one another, and we must be open to let others be responsible for

us!” (p. 23). This is a stark contrast from the abstractionist idea that we should strive for freedom and independence as we are ultimately only responsible for ourselves. Here, we see that people are responsible for caring for others within a community—it is a vital network of support. Notice also that though this is similar to the relational focus on community, the community for theism must be “reflective of the Kingdom of God” (ibid). Kirkpatrick (2005) notes that a theistic community is possible “only by subordinating one’s will to what God has intended for all human persons....If one chooses to act against God’s will...one cannot truly be free” (p. 31). Theism does not require unlimited autonomy, but instead the theist flourishes in freedom that is achieved through commitment and obedience to God’s will.

Like relational therapy, theistic therapy also lessens the importance of individual needs in order to emphasize relationships. Theism especially stresses the importance of one’s relationship with God, even if that causes one’s individual satisfaction to suffer. The application of this concept is illustrated well in an example from the theistic Alldredge Academy in which a young woman risked her life, and suffered, for someone she hardly knew:

Laura believed that the altruism of the Source, as learned through her interactions with the team, led to her altruism with the rescued woman...her usual patterns or “games,” as the Alldredge Academy calls them, were challenged in such a way that she sincerely began to give up the selfish ends of her games (using others for pleasure or power). She gave up these games because they were incompatible with the relationship she discovered with the Source (and others). (Slife, 2010, p. 25)

A theistic relational therapist would likewise recognize the client’s relationship with God and help the client to determine if his or her actions were incompatible with this relationship.

Blackburn (1997) warns theists “how easy it is to so focus on the needs of people that God is then used to meet a need. God becomes part of the recipe given to people to help them feel better.” (p. 79). He cites Crabb’s (1993) suggestion that rather than asking themselves how to use God to help a client, counselors should instead ask, “What are the obstacles in the soul of this person that are blocking them from God?” The emphasis is not on determining how God can meet individual needs, but on how an individual can be in relationship with God. Sanders adds that “When God is at the center of the counseling session, he is never one of those ‘things’ trotted out to help someone” (p. 79). It appears that if God is to be taken seriously in psychotherapy, then the client’s experiences should revolve around God, and not the other way around.

In an article discussing spirituality and theology, Slife and Richards (2001) note that, “a mature and healthy spirituality, according to many theistic perspectives, includes engaging in a relationship with God, seeking and obtaining spiritual guidance, and finding an appropriate harmony between one’s own will (inner experience) and God’s will (external authority)” (p. 24). Slife and Richards (2001) also point out that “Many non-naturalistic theologians would appeal to other sources of evidence (e.g., revelation)” (p. 24). That is, a theist therapist could rely on divine guidance through prayer and inspiration and encourage the client to do the same.

The purpose here was not to provide an exhaustive outline for how therapy would be practiced given each alternative framework. Rather, the purpose is to indicate that the mainstream, abstractionist model of therapy that is guided by an individualist good life is not the only possibility. Simply by recognizing the existence of viable alternatives, it becomes obvious that there are other therapeutic options worth scholarly dialogue.

### **General Conclusion**

In this thesis, I have explicated how the good life is a significant but generally overlooked moral framework in psychotherapy that guides therapists' interventions with or without awareness. My critical analysis supported the argument that discussion on the good life is generally not included in mainstream psychotherapy literature, which allows the good life to remain unexposed and unexamined. Following after scholars who have argued that individualism pervades conceptions of the good life in mainstream psychotherapy, my critical analysis found that individualist assumptions were indeed manifested in each theory of psychotherapy that I examined. Individualism even appears to affect those therapies which consider themselves "non-individualist"—object relations and systems theory. As I showed, the assumptions of individualism are directly connected to ontological abstractionism, which scholars have argued is the most prominent ontology of Western culture. Understanding this helps us comprehend not only why these assumptions are so far reaching in conceptions of the good life, but also why it may be the reason for the lack of critical examination and absence of alternatives.

Recall that from an abstractionist perspective, individuals are seen as self-contained beings that exist first as separate entities, and then come together to form a relationship; the individual is the most basic unit of reality. Therapy from this perspective therefore seeks to understand and treat the individual as an independent and autonomous being, with needs that should be fulfilled. As I have argued, the abstractionist good life is an individualist good life—relationships are secondary and may be used instrumentally to serve the individual. Guided by this vision of the good life, therapists will uniformly treat their clients in a way that emphasizes individual autonomy and personal satisfaction. The problem, as I have argued, is that even if individualism was "right", we would need an alternative to know of its rightness. Furthermore,

scholars have discussed many dangerous implications of individualism that should not be overlooked. Because individualism stems from ontological abstractionism, to truly have an alternative vision of the good life, we must have an ontological alternative.

Fortunately, abstractionism is not the only available option for conceptions of the good life in psychotherapy. Scholars have presented ontological relationality as the main competitor to abstractionism. Consequently, I offered relationality as a viable alternative for the good life, as well as two practical applications of relationality—virtue ethics and theism. Ontological relationality values relationships (not individuals) as the most real and fundamental unit, which drastically alters its implications for the good life, and in turn, the practice of psychotherapy. Understanding people as inextricably connected to context and to one another means that the person is best understood in relation to others. A relational good life thus assumes that people should seek to become more engaged in community and in relationships. In stark contrast to the autonomous and self-fulfilling good life proposed by abstractionism, the relational good life is a life shared with others. The relational therapist seeks to understand clients in terms of their relationships and their cultural context. For the relationist, meaning lies in connection to context, so fulfilling individual needs becomes much less important than strengthening relationships.

Perhaps most importantly, the purpose of this thesis has been to expose the monopoly of abstractionism on theories of the good life in psychotherapy in order to bring to light its assumptions and implications, and consequently present an alternative, relational view of the good life. No longer must the individualist implications of abstractionist be the only force guiding therapists' interventions.

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