Whose Values Anyway?

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*An article based on a paper by Ann Goldingay presented to the Psychotherapy Unit seminar at Mapperley Hospital, Nottingham.*

We are all aware that the results of counselling and psychotherapy vary hugely from counsellor to counsellor and from case to case: everyone has their glorious successes and their almost unmitigated failures. But just how effective any particular encounter is, depends on a variety of factors.

First, there is the therapist’s theoretical framework (psychodynamic or behavioural, in their various forms) with its associated techniques, their own personality with its strengths and weaknesses in regard to different types of clients; and the depth of their capacities for insight, empathy, and so on. Then there is the client’s personality with its assets and liabilities, and the degree of his openness to insight, trust, change, etc.

But the way a therapist goes about his task and the extent of his achievements may be affected to at least as great a degree by a factor which is generally less discussed, the set of values which determine the framework of the therapist’s approach to therapeutic work, and to life itself. Some of these are obvious and uncontroversial (a concern for people, a desire to facilitate their wellbeing). Others are less likely to be conscious and articulated, but may fundamentally affect the therapist’s aims, approach and results - and may differ fundamentally from therapist to therapist.

## Models of Man

The kind of differences we have in mind in speaking of values may be illustrated by sketching some of the varied models of man which different therapists may presuppose. The definitions that follow derive substantially from those in ‘The Human Nature of Human Nature’ by L. Eisenberg (*Science*, 14 April 1972) and ‘Psychotherapy and Religious Values by A. E. Bergin (*Journal of Consulting and Clinical* *Psychology* 48, 1980). Eisenberg is concerned to advocate the third model rather than the first, Bergin the fourth rather than the second or third.

1. Is man essentially a creature of instinct—the naked ape (as suggested by Desmond Morris); activated by territorial imperatives (Robert Ardrey); or urged on by inner aggression (Konrad Lorenz)? On such theories, man is understood fundamentally by what he has common with the rest of the animal world, and his behaviour is seen as impelled by the same biological factors as direct the behaviour of animals. Again, Sigmund Freud describes him as impelled by subconscious drives shaped by his childhood experiences.
2. Alternatively, one may see man essentially in his context in society. His well-belng and society’s well-being depends on his functioning smoothly in his of relationship to others in society. The aim of therapy is therefore to resolve the discord and eliminate the friction between the client and society which issues from the client behaving in a way which deviates from norms of behaviour set by its mores.
3. Or again, one may rather stress the dignity and worth of the individual, his privilege and right to realize his personal potential as a human being, his right to freedom and his call to love, his creativity, the meaningfulness for him of being a human being, the possibility of his finding human fulfilment, and the challenge to him to put his efforts and resources into ‘discovering who I am’ and ‘being myself.
4. Or, one may see man as essentially the creation of God, not on his own and finally autonomous, but ultimately responsible to God and finding his worth in God’s love for him and in what God makes him. Man is then made to live in a certain way and according to standards that are binding on him (though they are given him for his welfare, not to limit him). On this theory, giving priority to responsibility to God and to others, accepting suffering, being prepared for self-sacrifice, offering forgiveness, and acknowledging guilt, are all central to personal growth and to full humanness.

The boundaries between these models should not be drawn too sharply. On the contrary, all express aspects of what it means to be a human being, and one has to accept a creative tension between them which is resolved in different ways in different situations. One man will rightly sacrifice some measure of self-fulfilment for the sake of his aged parents by refusing a promotion which takes him to the other end of the world; another will rightly accept such an opportunity.

Values and relationships

But our point here is that therapist and client each have a set of values and a model of man, of which they may be only half aware, but which nevertheless affect, in far-reaching ways, how each sees the difficulties which have brought client to therapist. And further, this fact has a series of effects on the way therapist and client then relate in the course of therapy

. The examples that follow are based on actual cases, though these have been appropriately disguised. Some have arisen in a psychiatric or psychotherapeutic context, some in a counselling one, some in a pastoral one. All are referred to by the terms therapy/therapist/client.

## • Shared Values that Help

Therapist and patient may share fundamental values, and this may aid the process of therapy. Client A, for instance, is a Christian believer who has been referred to a psychiatrist because of his depression. He is appreciative of the fact that this therapist is himself a Christian because this gives him some confidence that his therapist will take seriously the religious aspects of his experiences and feelings. In therapy these religious aspects have not actually been prominent and improvement has come through talking about attitudes and personal relationships, through changes in circumstances, through pills, and (no doubt) through the passage of time; but the client’s confidence in sharing fundamental values with his therapist has contributed to his being open to the therapist’s help.

## • Shared Values that Hinder

Therapist and patient may share fundamental values, but this may be a hindrance because it facilitates unconscious collusion between the two. For instance, we all use a variety of unconscious ‘defences’ which enable us to ‘hide’ from things that are too disturbing or painful: for example, these are repressed or projected onto others. Religious ways of speaking may be instances of such defence mechanisms at work, but a therapist who shares his client’s religious beliefs may be less open to perceiving when this is the case than an unbelieving therapist.

Client B, for instance, is a Christian whose husband has an incurable illness, though he is at present still able to work. She speaks of finding it ‘difficult to live with God’ over her husband’s illness, but this religious interpretation of the problem of coping with the illness conceals problems in her attitude such as resentment to her husband. A non-Christian therapist may spot this more readily than a Christian (who takes the overt religious problem seriously—and in principle rightly so). On the other hand, it is equally possible (and, we suspect, much more common) for a non-Christian therapist to collude with a non-Christian patient in not recognizing the religious dimensions to a problem.

## • Differing Values that Hinder

The therapist’s values and the client’s may be different, and that may be a hindrance. Client C is a man who feels guilty at the practice of homosexuality towards which he is repeatedly drawn. Intellectually he t> does not believe homosexual acts are wrong and he wants the therapist to help him to overcome what he sees as irrational guilt feelings. The therapist he goes to feels unable to attempt to do this because of his own convictions about homosexuality

## • Adjusting to the Client

Therapist and client may differ on fundamental values, but the therapist may be able to adjust to the client’s. Therapist D worked within the Family Planning Association and was often involved in prescribing contraception for unmarried clients. She took the view that it is better to accept that sexual intercourse outside marriage is going to take place and to prescribe the pill so as to avoid its producing unwanted pregnancies, than to deny the pill and accept the possibility of conception and birth (or abortion) outside marriage.

Client E is a woman who wanted to see a therapist to talk over fundamental problems in her marriage. She was already inclined to seek a divorce, and the Christian therapist’s aim was to help her to sort out her thoughts and to make a decision in a mature way. The client went ahead with seeking divorce, but at least did so having thought through the issues and taken account of the consequences.

## • Changing Values

Therapist and client may differ on fundamental values, but the therapist may invite the client to solve his problem by adopting (at least in some aspect) the therapist’s values. This is a common feature of therapy, though it may not be recognized as such.

Client F, for instance, went to discuss his depression with a therapist. The therapist discovered that the focus of his difficulties lay in his marital problems; these were so deep-seated that the only way forward regarding his depression (the therapist suggested to him) was to bring his marriage to an end. The client had previously been strongly committed to the notion of lifelong marriage, and thus the result of therapy was to invite him to solve his problem by adopting the therapist’s values at this point.

We suspect that an invitation to a change of values in such a direction is more common (though perhaps less recognized) than an invitation to change in the opposite direction, towards accepting a more religious perspective. Client G, however, was referred to a therapist as depressed and repeatedly expressed herself as having no sense of there being any point in life. The Christian therapist believed that the root of her problem lay at this fundamental level rather than in any strictly medical or psychological malfunctioning. Wary of taking on the role of evangelist, however, he put her in touch with the curate of a church near where she lived, and she subsequently professed faith in Christ there.

Therapist D, mentioned above, describes a parallel experience. Before prescribing contraception for unmarried girls, she seeks to encourage them to reflect on their attitude and ideals regarding sex, virginity and marriage. She finds that while many have no desire to open the question of whether extramarital sexual intercourse is wrong, some seem glad to be prodded into reconsidering their attitudes in this area; often they had simply drifted into the same attitude that their peers apparently took, without thinking through whether there was an alternative way of looking at sex and marriage.

## Implications

In our view, the perspective on values in therapy which we have outlined above clarifies two questions which often trouble Christians. One is a therapist’s problem: how far (if at all) can I bring my Christian faith into my work? Do I seek to persuade my client to look at the situation from my perspective? Or am I bound to try to work within his perspective, whether Christian or not? It transpires that every therapist operates with some set of values and models: the problem we are discussing is not a specially Christian one. What matters is whether the therapist is aware of this, has thought through what his values are, and is prepared to allow both similarities and differences between his values and his client’s to be a help rather than a hindrance.

The other question is the client’s problem: ‘Is it important that my therapist should be a Christian?’ A popular answer to this question is, ‘What matters is that he is a *good* doctor or psychiatrist or counsellor, Christian or not’, and this is fundamentally correct. But the analysis above clarifies some aspects of what ‘good’ means. A Christian therapist would be of limited effectiveness if he could not see when a person who described his problems in ‘religious’ terms was unconsciously utilizing ‘defences’ that enabled him to avoid the problem that really troubled him. In the same way a non-Christian therapist who assumed the presence of such defence-mechanisms whenever a person described a problem in religious terms, would be equally limited.

More generally, a good therapist is - among other things - one who is aware of the influence of his values on his work, has thought through his own values, recognizes that his client’s are quite likely to be different from his own, yet are not to be discounted merely for that reason: and then is quite prepared to allow both similarities and differences between his values and his client’s to be a help rather than a hindrance in the therapeutic relationship.

## Pastoral Work in the Church

This perspective on the interaction between a therapist’s values and a client/patient’s values is also relevant to pastoral work, and our Christian ministry to one another more generally. The minister or lay person involved in pastoring, has his or her values, beliefs, and opinions; so has the person seeking ministry. Both accept the framework of trust in Christ and commitment to walking in his ways, but they may well differ over questions such as baptism, or the dynamics of life in Christ (especially in the light of the charismatic movement), or the role and calling of women (especially in the light of the feminist movement), or the rights and wrongs of Christians getting divorced and remarried. Both parties need to be aware of the similarities and the possible differences in their background assumptions regarding the question they are discussing. They may be approaching it from very different points.

If I need advice on an issue such as one of those just listed, I may well make a point of talking with someone who takes the same kind of general attitude to the topic as I do. The advantage of that is that this person’s advice is more likely to fit the conclusions I would be likely to come to myself on the basis of my own presuppositions. The disadvantage, though, IS that I may actually need to break out of the limitations imposed by my general assumptions on this question, and someone who shares these with me will be less likely to be able to help me to do that.

To talk to someone whose general view is different from mine may be pointless because their starting-point is so different. Indeed I may avoid hearing advice I would not like to have to implement, by making. point of seeking advice from people I then have the excuse to ignore. On the other hand, I may know someone who takes very different views to mine, yet is able to look at my problem in my terms. It may also be that this person can point me towards a change in my general view of baptism, or the dynamics of Christian living, or feminist questions, or divorce and remarriage, or whatever it may be, which is needed if I am to make progress with regard to my particular problem.

Conversely, a Christian pastor or counsellor (in the ‘non-professional’ sense) needs to make the most of the advantages that can derive from both similarities and differences of perspective between him and those he is ministering to. He also needs to be aware how sharing a perspective can make him collude with people and hide from real difficulties, or how differences in perspective can lead to his manipulating them into a change 0 general perspective whose implications they have not really thought through.