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The Influence of Ethical Values in Psychiatry

Philip R. Sullivan, M.D.

Ethical neutrality pervades many aspects of psychiatry. Workers may prescind from moral valuations on theoretical grounds. Speaking of psychoanalysis, Fenichel stated:

"... A scientific psychology is absolutely free of moral valuation. For it, there is no good or evil, no moral or immoral, and no what ought to be at all; for a scientific psychology, good and evil, moral and immoral, and what ought to be are products of human minds and have to be investigated as such."

Clinicians may prescind from moral valuations on practical grounds:

Pt: It's hard for me to tell you this. You'll think I'm terrible.

Th: I'm not here to accuse you or excuse you but only to help you understand yourself and your own feelings.

Variations of this dialogue are heard wherever insight oriented psychotherapy is taught. Considering the all too human tendency to criticize others and the virtual impossibility of

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speaking freely in such an atmosphere, this *nonjudgmental* attitude in psychiatry can be useful. It is characterized by an interpersonal stance implying acceptance of the other person, emphasis on understanding, and refraining from guilt inducing communications.

However, emphasis on the *nonjudgmental* and ethically neutral aspects of psychiatry has sometimes created an aura that psychiatry is ethically neutral in all its aspects. But psychiatry, as a way of helping emotionally conflicted and behaviorally troubled persons has very much to do with ethical values. To ignore this fact simply leads to an *unexamined ethic*, not an *ethical neutrality*. The purpose of this paper is to point out both the actuality and the inevitability of ethical values in psychiatry.

DIFFERING CONTENTS OF ETHICAL VALUES

The influence of ethical values in psychiatry is present in a number of different ways. Certainly psychiatrists have high ethical values in the same sense as other professionals. They are not ethically neutral for instance on such issues as whether a person should set himself up as a specialist in psychiatry without proper qualifications.

Psychiatric associations take ethical stands on important practical issues. A recent report of the Royal Medical-Psychological Association on therapeutic abortion characterizes its approach as a "pragmatic view of medical ethics":

"... Certain courses of action in relation to therapeutic abortion should be permissible by law because they contribute according to the best available knowledge, to the promotion of health and the prevention of disease."

One of the tasks performed by psychiatrists currently is to render an opinion regarding a criminal's ethical responsibility for his actions.

For instance, a report regarding a murderer on trial in Mass. answers the question:

"State Definitely whether in the Opinion of the Examiner, the Prisoner is Suffering from Any Mental Disease or Defect which would Affect His Criminal Responsibility:

In our opinion, the prisoner is not suffering from any mental disease or defect which would affect his criminal responsibility."¹³

ETHICAL VALUES IN PSYCHIATRIC TREATMENT

The psychiatrist's ethical values will even determine to some extent the treatment modalities he will use. For instance, a great enough emphasis on the moral value of autonomy as described by Szasz will incline a psychiatrist to avoid direct interventions with his patient in the form of shock therapies and medications. He will also avoid imposing hospitalization, even at a time when his patient has become suicidal.

"For the analyst to act on the danger of the patient's suicide — other than perhaps to discuss, among other possible courses of action, the patient's seeking hospitalization — is to relinquish the analytic mandate and to 'act out'."

The psychiatrist's ethical values will influence also the type of intervention he will attempt. For example, Wolpe describes the treatment of partial inhibition of sexual responsiveness by deconditioning:

"Such a patient is instructed to expose himself only to sexual situations in which pleasurable feelings are felt exclusively or very predominantly. The decision regarding the suitability of a situation is made on the basis of the feelings experienced when the situation is in prospect. The women who can still arouse the patient in a desirable way invariably have clearly definable characteristics. He is told to seek out such women and when in the company of one of them to 'let himself go as freely as the circumstances will allow'.¹⁶

The general principle of undertaking a partially inhibited activity under the most favorable conditions in order to strengthen it is behaviorally a sound one and would go unchallenged by any contrary principle if we were dealing with laboratory animals. But in dealing with human beings, ethical considerations arise. Some psychiatrists would feel no compunction about directly advising this treatment because they see nothing immoral in unrestricted sexual behavior. Others would think it justified with single persons but not if it meant adulterous relations. Others would think it unethical and would not prescribe it at all.

Some forms of psychotherapy focus centrally on the patient's responsibility for his behavior. In Reality Therapy as described by Glasser⁸, the patient's ethical values are discus-

sed with him. The therapist praises the patient when he acts responsibly and shows disapproval when he does not.

Many directive and inspirational therapies inculcate ethical values. The following illustration is taken from Dr. Smiley Blanton:

The other day a new patient noted a Bible lying on my desk. 'Do you - a psychiatrist - read the Bible?' he asked. 'I not only read it', I told him, 'I study it. It's the greatest textbook on human behavior ever put together. If people would just absorb its message, a lot of us psychiatrists could close our offices and go fishing.'

'You're talking about the Ten Commandments and the Golden Rule?'

'Certainly - but more, too', I said. 'There are dozens of other insights that have profound psychiatric value. Take your own case. . . .'²

Dr. Blanton then proceeded to clarify the patient's particular concerns in the light of a pertinent Biblical quotation.

ETHICAL VALUES IN DYNAMIC PSYCHOTHERAPY

It is in dynamic insight oriented psychotherapy that ethical neutrality is most in focus. But even here, it is circumscribed. "The therapist must be able to endure cathartic outbursts of painful emotions that are delivered by the patient, displaying a non-judgmental, objective attitude, neither condemning nor sanctioning the behavior of the patient."¹⁵ But this is analogous to the controlled hostility of a fighter in the ring. The patient may be verbally assaultive, but, if he punches below the belt, if he is physically assaultive, his behavior is not tolerated. The psychiatrist's neutral stance ends there. Or, he might tolerate having to dodge an

ashtray but certainly not being shot at.

Granting such a limitation within the therapeutic relationship (and others such as the non-neutral attitude of the private-practice therapist toward his fee), it is sometimes said that the analytically oriented therapist must be completely non-judgmental in regard to the patient's behavior outside therapy. This is most often the case but, even here, there are limitations of ethical neutrality. During the time of the Boston stranglings a few years ago when elderly women were the subjects of a perversion which included sexual assault and murder, there was a bit of macabre humor making the rounds in psychiatric circles that one of the psychiatrists in town probably had the strangler in psychotherapy. Putting the issue in a serious vein, how many psychiatrists would maintain a non-judgmental position while treating a patient in the community with this type of on-going problem? I assume few would. In other less drastic situations, the willingness of psychiatrists to maintain a posture of ethical neutrality varies both with the psychiatrist and the behavior involved.

Aside from the diverse views of individual psychiatrists, *dynamic psychotherapy contains within itself an implicit ethical principle.*

Case 1: A 32 year old married mother of three sought help because of marked symptoms of anxiety with some depression. She felt that her marriage was a good one and that she had a nice home and healthy children. In short, she could see no reason for her symptoms but said that she had been nervous all her life.

Past history indicated that her parents had been stable and accepted members of their community

but had never been happily married. The patient was the oldest of three children and always had been very close to her father. "When I was young I don't know why, but I followed him around like a puppy dog." When she was in high school, while the rest of the family stayed at the beachhouse during the summertime, she accompanied him on the long daily trip to his business where she worked with him all day.

The patient's present life was socially active despite her marked nervousness. As she talked about herself in more detail, it became obvious that she was operating with certain strong fictions. For instance, she would become apprehensive if some of the more suave men in her social group paid much attention to her at parties (she was an attractive woman), but she herself never experienced the slightest trace of reciprocal attraction. After a number of episodes, the therapist asked her why she never experienced an attraction to any of these men. She said that a married woman shouldn't. The therapist said that if a person always *did* feel the way they believed they *should* feel then everyone would always be happy and free from anxiety. The common experience of mankind was that there frequently existed a discrepancy between the way a person actually felt and the way they wanted to feel. He then discussed the difference between feelings and action, and gave an example. If a person sees a delicious steak at a restaurant, he will automatically respond to it with the appropriate internal sensations. This does not mean he will necessarily have to take it off another table if it belongs to someone else.

After this discussion, the patient noticed that she did indeed experience a feeling of attraction to some men in social situations. She also, surprisingly to herself, felt more comfortable at social gatherings.

She was able to talk of her positive transference feelings and to identify more clearly the affectionate feelings she had experienced with her father. Clinically, her condition improved considerably.

One of the benefits of dynamic psychotherapy is the opportunity to reappraise, from an adult viewpoint, the sources of guilt and anxiety which developed from childhood and ordinarily cannot be reappraised because they are not available to the person's awareness. In the above example, the patient was able to become more aware of her sexual feelings and in a context where they were seen as an ordinary human response, the specifics of which were determined by her own particular experiences in life. The underlying ethical principle might be stated: *A spontaneous human reaction is not bad in itself and is not a legitimate reason for guilt.* This principle of course need never be explicitly stated. In fact, the non-verbal acceptance by the valued therapist is of greater importance than any accompanying intellectual discussion. This principle may seem obvious but it is of an ethical nature nonetheless - and, in fact, it has not always been prominent in the thinking of authorities on sexual matters. Some have held for instance that the human sexual response is an evil resultant of primordial sin.

In addition to this general ethical principle, dynamic psychotherapy is replete with more specific ethical judgments. It is said that the therapist simply clarifies and does not moralize. But pure clarification outside a framework of definite value judgments is probably as rare as pure perception. Sometimes, the ethical judgment in a clarification is obvious. For instance, Fromm-Reichman indicated to a troubled patient, "that homosexuality was nothing of which to be ashamed or any reason for hospitalization, provided that it did not impair the patient's security of living among the average prejudiced

inhabitants of this culture."⁷ The ethical content of this statement is clear.

Sometimes the therapist's system of values can be observed indirectly in his choice of comment — or lack of comment. Since any area of concern that a patient presents is overdetermined, the therapist usually has a choice of statements which would represent valid clarifications of one or another aspect of the patient's situation. However the actual choice will then to some extent influence the further course of the patient's productions and behavior in a continuous interplay. This is illustrated in the following case:

Case II: A 20 year old college student undertook psychotherapy because of a homosexual problem. During therapy, he met a girl whom he liked and began to have sexual relations. The therapist noted this as an indication of maturing in a heterosexual direction. The patient's girlfriend became pregnant and the patient decided to marry her. Then his father arrived on the scene,

broke up any plan of marriage and chastised the therapist for tampering with the emotional health of his son. Therapy was broken off.

The patient's heterosexual relations were of course overdetermined. In addition to the positive aspects of his growing maturation was undoubtedly another aspect, a denial of homosexuality. The failure to take contraceptive precautions was probably, in part, an exaggerated expression of masculinity. The therapist could have clarified this aspect of the patient's behavior and perhaps have avoided the therapeutic fiasco resulting from the pregnancy.* The therapist's choice of intervention will be influenced by such factors as the degree of responsibility he feels to clarify those aspects of behavior which are potentially harmful to a patient.* *Where multiple clarifications are possible, the therapist's hierarchy of values will determine to an extent which clarification will actually be chosen.*

*The editor expressed concern that the above two sentences would give the impression that the *Linacre Quarterly* approved of contraception to avoid a "therapeutic fiasco." I wish to emphasize that the present article makes no attempt to put forth a consistent and correct ethical approach in psychiatry. Its goal is antecedent to that, namely to expose the myth of ethical neutrality in psychiatry. I have attempted to do this by using a variety of examples which include diverse ethical viewpoints.

In the actual example used above, neither doctor nor patient was Catholic. No ethical prohibition against contraception existed in their value system. It was in fact unusual in this patient's culture for a person having extramarital relations to take no contraceptive precautions, and it therefore would have been natural enough for the therapist to explore this area with the patient. The ethical issue which would seem more pertinent to this therapist relates to how much priority he should give to analyzing those aspects of behavior which put the patient in risk of immediate harm (like involvement in an illegitimate pregnancy).

I would also like to use the point raised by the editor to illustrate further that "the therapist's hierarchy of values will determine to an extent which clarification will actually be chosen". Would not a psychiatrist with a very acute sense of the evils of contraception himself

In short term psychotherapy, the therapist's values are likely to be more readily evident since he must be more active. Writing on this subject Wolberg states:

"The kinds of questions the therapist asks, the focus of his interpretive activities, his confrontations and acquiescences, his silences and expressions of interest, all designate points of view contagious to the patient, which he tends to incorporate, consciously and unconsciously, ultimately espousing the very conceptual commodities that are prized by the therapist. Why not then openly present new precepts that can serve the patient better?"¹⁴

Specific examples include: "The patient may be reminded of his responsibility to remedy any alterable factors in his life situation". "Actually, once he has a glimmer of what is happening to him, there is no reason why he cannot enlist the cooperation of his will power to help inhibit himself." Derive the utmost enjoyment from life. Focusing on troubles and displeasures in one's existence can deprive a person of joys that are his right as a human being."

LIFE VALUES AND MENTAL HEALTH

The relative importance in psychotherapy of focus on recent and remote past, present, and future is a matter of controversy. However most therapists would agree that, to some extent, all are important. In regard to the future, a person who has no real goals or purpose in life is almost inevitably unhappy and at loose ends with himself. And if goals are necessary, how is the therapist to help without any values as a frame of reference — not a naive replication of his own personal values but at least a spectrum of workable values?

Because of the importance of meaning and goals in life, some forms of psychotherapy take this as their central focus. Frankl gives the following illustration:

"A high ranking American diplomat came to my office in Vienna in order to continue psychoanalytic treatment that he had begun five years previously with an analyst in New York. At the outset I asked him why he thought he should be analyzed, why his analysis had been started in the first place. It turned

be less likely to explore with the patient the reasons for the avoidance of contraceptives in this situation (although he might still explore the realistic dangers of the patient's course of action from still another aspect)? The psychiatrist would be true to his non-judgmental approach in the sense that he would not be rendering overt ethical pronouncements (e.g. "Contraception is wrong"). However, the aspect of the situation which he chose to explore with the patient, and therefore the course of the insight therapy, would have been influenced indirectly by his hierarchy of values.

A further point, still, is that the therapist's very adherence to a non-judgmental approach (teaching all direct advice and criticism in order to elicit a free flow of material uncensored by the patient) presents risks. Will an emotionally unstable patient misread the therapist's exploration of an area as approval? Will the exploration of an area heighten feelings (e.g. hostile, sexual) so that they are more apt to be translated into action destructively by an impulsive and emotionally confused patient? Should the therapist take such risks and, if not, what are the risks of alternative courses of action? Such questions call for psychiatric judgments with significant ethical implications.

out that the patient was discontented with his career and found it most difficult to comply with American foreign policy. His analyst, however, had told him again and again that he should try to reconcile himself with his father because the government of the U.S. as well as his superiors were nothing but 'father images' and, consequently his dissatisfaction with his job was due to the hatred he unconsciously harbored toward his father. Through an analysis lasting five years, the patient had been prompted more and more to accept his analyst's interpretations until he finally was unable to see the forest of reality for the trees of symbols and images. After a few interviews, it was clear that his will to meaning was frustrated by his vocation, and he actually longed to be engaged in some other kind of work. As there was no reason for not giving up his profession and embarking on a different one, he did so, with most gratifying results."⁵

The focus here is on finding the right course of action in order to find fulfillment in life — an ethical concern.

ENVIRONMENTAL VALUES AND MENTAL HEALTH

Perhaps because of the danger of assuming the role of director or spiritual advisor, many psychiatrists take the position that their task is only to help the patient remove impediments to his emotional growth which will then allow normal emotional maturation to proceed.

But, whence does the patient derive his guides for normal development and meaningful goals? From his environment, of course. The therapist must assume that the environment will provide the ordinary resources for healthy emotional development. This, in fact, is the usual assumption made in any medical treatment. When the impediment to a patient's health is removed, the environment will provide

the ordinary requisites for development and maintenance of health. When the infection is eradicated, when the fracture is mended, the patient may go safely on his way. Unfortunately, this assumption does not always follow. There is no use in clearing an infection in order to send a patient back to a community ravaged by a contaminated water supply, or a healed victim of beriberi back to his famine torn village. An analogous situation can exist with regard to emotionally ill patients.

One of the forces behind the current growth of social psychiatry has been the conviction on the part of many psychiatrists that they cannot take the assumption of a health supporting environment for granted. They have felt that, in many ways, cultures with which they have had direct experience could not be counted on to provide a milieu conducive to emotional health. The specter of the recent Nazi society is most prominent but other samples abound. Claude Brown's autobiographical novel, "Manchild in the Promised Land",³ could not help but be pessimistic about the prospects of successfully treating an addict or delinquent if he was to be returned to the Harlem ghetto culture described.

In every culture, ethical issues are intimately connected with the emotional health of the citizens. Freud pointed out the inhibiting force of the Victorian morality on the development of healthy sex life. What of the present? In discussing the sexual development of the college age individual, a recent GAP report states: "From the broader culture, his unique family upbringing, and the values of his own peer group, he evolves a code of sexual conduct that can provide him his own guidelines for behavior."⁹ Can the social psychiatrist be indifferent to these guidelines? Could he,

for instance, be non-judgmental in his attitude toward a return to Victorian Sexual Morality?

Just as the clinical psychiatrist cannot really be ethically neutral in therapy, the social psychiatrist cannot be neutral in his assessment of a culture. Some students of society, when they became aware of the tremendous difference in values among different societies, and when they saw that values they had taken for granted as "natural" were not present in other cultures, developed a humility about their own culture bound values. If differences are so marked, what right had a person from one culture to tell another that his values were inferior? Since the adaptability of man to different conditions is so great, perhaps there is no standard other than the values which are in fact prevalent in a given society. Simmons comments on the:

"Amazing flexibility and modifiability of human behavior. Indeed, the social scientist is often led to wonder whether he has caught even a glimmer of the boundaries beyond which man's capacity to adapt cannot go; he wonders that he has any comprehension of the potentialities of man to alter his own proclivities or to change his environment to fit even more outlandish behavior possibilities."¹¹

On the other hand, he emphasized the limitations of relativity in values. There are certain universals in cultural patterns without which no group of people has been able to survive. Language, family structure, religious beliefs and the emergence of government are examples on the social plane. The universals mentioned above deal with minimums for mere survival of a culture. A great deal more is required for mental health. Because people can adjust as slaves and be

bought and sold as cattle, and others can adjust to a society which systematically exterminates ones of its ethnic groups, it does not mean that they are fulfilling their potential as human beings. To elucidate appropriate standards toward this goal is to make value judgments which are at the same time ethical and productive of mental health.

PSYCHIATRIC VALUE JUDGMENTS vs. ETHICAL JUDGMENTS

There are some persons who agree that the psychiatrist is necessarily involved with all the foregoing value judgments and yet deny that such judgments are of an ethical nature. After all, not all values are ethical values. One may place a high value on Picasso's work, but this is an esthetic judgment not an ethical one. And yet, if we view man's overall activities, all his value judgments are in some way connected with his behavior. If one values Picasso's work, he will experience an associated obligation to support it or, at least, a negative obligation not to destroy it.

There are some who, while agreeing that one's values are connected with one's overall actions, believe that the psychiatrist does not view them from an ethical standpoint. Rather, he is concerned that the patient's activities lead to a truly successful and creative adjustment.

However to make a distinction between ethical actions and those leading to a successful and creative adjustment is to misunderstand the nature of ethical values which are too often seen as only a series of arbitrary prohibitions. The lesson of "Thou shalt not . . ." has been too well learned. What has been lost sight of is that the negative commands are (or at least should be) only the corollaries of

positive statements leading to positive values. By analogy, the tennis instructor's negative commandment "Don't hit the ball off balance" is the corollary of a positive statement "You will stroke the ball more accurately and play a better game by keeping your balance." Unless the negative statement is seen in conjunction with the positive, it will not make sense. It will seem no more than an arbitrary command. To act in such a way as to bring about a truly successful and creative adjustment is to act ethically.

This is consistent with a humanist view of ethics as outlined by Fromm: "... Ethics constitutes the body of norms for achieving excellence in performing the art of living."⁶

Perhaps it requires emphasis that this is not simply a modern distortion of the traditional meaning of ethical values. To illustrate, in introducing his *Ethics*,¹ Aristotle points out that most of our activities are not just ends in themselves but are performed as means progressively toward a higher end. This end is happiness, which he defines as "the good life and successful living." This could just as well be a definition of mental health. His ethical principles are guidelines for attaining this goal.

CONCLUSION

Some psychiatrists shy away from all consideration of ethical values in their field for a variety of reasons which include the desire to avoid being moralistic in their encounter with patients. However, even if they do not consider ethical values explicitly, these values are always implicitly present in psychiatric treatment. This is also true of the patient, of society itself, and the concerns of the social psychiatrist. For the values leading to a happy and productive life are at the same time ethical and health giving.

The psychiatrist, in his encounter with a patient, must refrain from inappropriately introducing his own personal values. On the other hand, a patient's insights into his development and feelings is incomplete unless the resulting freedom from stereotypes of the past is joined with constructive attitudes and goals for the future. It is an ethical system, formal or not, which provides for this. The psychiatrist always plays some part, however subtle toward such a development. It is important that he be explicitly aware of the part he is playing with a given patient. The patient's culture is also an important factor in shaping and limiting his own attitudes and goals. When the psychiatrist is convinced that certain culturally enforced values are inhibiting the full development of his patients (as well as the other members of his society) he should work toward a constructive alteration of such values. This is one of the important roles of the social psychiatrist.

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