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The Conscience of Psychotherapy

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THE CONSCIENCE OF PSYCHOTHERAPY

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Where there is no vision, the people are unrestrained... -Proverbs 29:18 (NAS)

Thesis:

Psychotherapy as a field has never had a conscience. This condition creates two complications. First, the profession is unable to assert directions for its own growth and instead reacts to sociocultural developments. Second, psychotherapy is unprepared to deal with the tremendous influence that research says the process has in clients' lives. Operating with a conscience is desirable, since this capability would allow the profession to serve its clientele and itself more effectively. Christian thought provides indispensable perspectives and insight for addressing these dilemmas.

I am a member of families. This is especially the case with the family my wife, children, and I co-created over the years and the family my parents, siblings, and I co-created over even more years. I love these families. I have experienced my greatest joys, my greatest sorrows, and my greatest growth through our shared lives. I would never trade or forsake these families, even though at times either or both options looked quite appealing. I am with each family member, as they are with me, in our imperfections, our keen insights, and our utter confusion. I am committed to living with them and to working with them so as to maximize our individual and collective development. We are in relationship.

Relationship is important in other areas of my life as well. Most notably, I am committed to another family of sorts: The family of psychology in general and psychotherapy in particular. As a junior in high school I thought I wanted to enter some sort of psychology as a profession. By the start of my senior year of college, I thought some sort of psychotherapy was a calling. Both psychology and psychotherapy took. In fact, given my current chronological age of 46, psychology and psychotherapy have been part of my life for most of my life. Erik Erikson (1963), John Holland (1985), and Donald Super (1980) commented extensively on the shaping influence that our vocational choices and activities have on our definitions of self. This is certainly the case in my life.

Psychotherapy is now so woven into the fabric of my life that it is a family to me. Similar to the other families I mentioned earlier, I am committed to this family. Therefore, I revel in its developments and wince in its awkwardness. I confront, then, as a family insider, as someone who is going to stay.

In this context of relationship and commitment, I assert that something is broken in psychotherapy as a profession. Perhaps the term “broken” is a misnomer, since the field was never whole in the first place. As Hillman and Ventura (1992) noted, psychotherapy seems fraught with chronic consternation and consciencelessness. These distresses appear to be at a higher pitch than any other period of time since I completed a first professional degree in 1973. Flagship publications such as the *American Psychologist*, *Journal of Counseling and Development*, and *Journal of Marriage and Family Therapy* devote more of their space than they once did to problems of the profession and matters of professional definition. I will argue that these maladies denote a profession which is immature in many respects—that it lacks a conscience. The term “immature” connotes a developmental process, wherein growth is possible. I believe such growth can occur. I also think, however, the field is stuck in its immaturity. Through applying concepts of Bowen Family Systems Theory (hereafter referred to as Bowen Theory) as I understand them, I will describe major features of this immaturity, explain how it developed, and recommend general ways in which it can be addressed.

I apply the term “conscience” in two ways. First, I apply it according to Cicero’s pre-Christian Latin denotation in the word “conscientia”—knowledge within one’s self and knowledge shared with another person (Harvey, 1964). It is a cogent internal guidance system that facilitates individual growth and growth of relationships between the individual and others. The second application of “conscience” involves a moral aspect and its connotation of discerning between degrees of right and wrong. In this paper, I focus initially on the first semantic, as it is more descriptive of the current state of

psychotherapy. I shall argue later, however, that the moral denotation is also apropos and is vital to conscience in psychotherapy as the field might appear in a more mature form.

I use the term “psychotherapy” broadly in this paper. The practice of psychotherapy, after all, is quite a diverse enterprise. Brammer, Abrego, and Shostrom (1993), for instance, use the term to denote a wide array of helping services provided for a client by a professionally educated pastor, counselor, social worker, or therapist. Helping services usually entail assisting clients in making choices or changes in their lives. The client may be a couple, family, group, or individual.

Psychotherapy as a profession was born only about one hundred years ago. The founding work of such pioneers as Adler, Freud, and Jung helped the infant profession grow into a small yet vital service-science profession. It grew tremendously in stature, particularly after it hit puberty around mid-century. I shall assert later that its size, positioning in the health care industry, and grown up accouterments (e.g., forming learned societies, conducting research) have come about despite the profession’s lack of a conscience rather than demonstrating that it has one. Indeed, psychotherapy’s successes sharpened the awareness of its observers that something was missing. The profession’s response to grown up pressures indicate stuckness instead of forward movement.

My focus is upon the profession of psychotherapy as a whole. Certainly individual therapists and small collectives of therapists function with what I refer to as a conscience. Since they are part of the psychotherapy family, as I am, I assume the profession affects their conduct at least somewhat. So while my remarks pertain to the general field of psychotherapy, they also have implications for individual practitioners.

I operate on a premise that psychotherapy functions within the social ecology of its host culture. A host culture establishes a floor and a ceiling of policies, norms, and mores that affect how the professional field thinks and acts (Breunlin, Schwartz, & MacKune-Karrer, 1992). The profession develops entirely or nearly entirely within the parameters of its culture. This is directly analogous to the assumption that humans derive a sense of self primarily in the context of relationships with other humans (Minuchin, 1974). That is, psychotherapy derives its "self" mainly through its relationships with other social groups, particularly through its predecessors.

I also claim an expansion to the host culture premise. God is active in our cultures and is transcendent. God as sovereign may choose to work through the host culture and/or directly intercede in some fashion (Collins, 1993). I am much more adept at observing the former than the latter. Therefore, most of my discussion focuses on what I am capable of describing. I am nevertheless aware of the presence of the transcendent.

Another ecological feature is that of reciprocal interconnections between psychotherapy and other social institutions. Alterations in one often have at least small influences on the whole in ways that require more complex understanding than cause-effect connections (Bateson, 1972; Guttman, 1991; Stanton & Guernsey, 1993). John Donne in 1624 expressed the essence of this idea through one of his poems:

No man is an island, entire of itself; every man is a piece of the continent, a part of the main...any man's death diminishes me, because I am involved in mankind, and therefore never send to know for whom the bells tolls; it tolls for thee.

The apostle Paul referred to the same idea when he wrote to the church in Corinth about different gifts and the interrelatedness of the body of Christ (I Corinthians 12:12-27). All strands in our webs of life are important influencers of each person or group who is connected.

Rather than apply the host culture and interrelatedness premises to the topic of this paper as generic constructs, I find it more useful to operate within a conceptual framework which attempts to describe and explain how parts of the social ecology act and interact. Murray Bowen (1978) developed one such framework through nearly five decades of research. Bowen carefully developed a theory through systematic investigations with different types of families in the United States. Primarily Bowen regarded his theory as applicable to the functions of families within their social ecology. He contended, though, that the same theoretical constructs applied to larger social systems as well. Indeed, such speakers on human social organization structures and dynamics as Friedman (1995) and Wiseman (1996) concur with Bowen's position and furnish numerous nominal data examples (e.g., case studies) to support their views. This view stands to reason inasmuch as human social organizations are composed of beings who are more similar than different in at least their genetic composition and who engage in reciprocal social interactions. It is also a view that has some conceptual support from sociologists (Cherlin, 1996) and support from other social ecology writers who are unassociated with Bowen Theory perspectives (Breunlin et al., 1992). Thus, constructs of Bowen Theory provide a reasonable framework for considering the functions of

psychotherapy in its social ecology. The theory is also equipped to help psychotherapy address the dilemma of its consciencelessness, as I will demonstrate shortly.

Psychotherapy certainly does have a tremendous dilemma on its hands. Being a profession that influences others while lacking a conscience puts the profession in an awkward position. Influence connotes leadership and direction. In fact, Vitz's (1977) contention that psychology had become a religion, subsuming functions once held by clergy and church elders, applies equally to psychotherapy. This secularized clergy of confessors is ill-equipped to lead or guide. Rather, despite its growing social status and influence, the absence of a conscience relegates the profession to following and reacting. This position is problematic for psychotherapy, as I will examine later. It generates problems for clients as well. Voluntary clients usually seek out a therapist after they have exhausted the resources they typically draw upon. Clients often feel lost and stuck. They wish to work with a professional who will help them develop productive bearings and impetus. Decades of research attest that most psychotherapists as individuals do help (Lambert & Bergin, 1992). That is good news. Based on some of the profession's own problems, which I will articulate shortly, my concerns vis-à-vis clients who seek leadership from therapists are: The profession has difficulty defining who it is or why it offers the services it does, which inhibits effectiveness of therapeutic services. I believe that development of a conscience for the profession would address both of these concerns. Before discussing the development part, though, I wish to explain how I conclude that my profession lacks a conscience.

In the course of my explanation, I examine the “consciencelessness” of psychotherapy from a number of perspectives. First, I review worldview assumptions and ideological aspirations which guided the profession’s inception. Second, I review the breakdown of those founding assumptions and the accompanying conceptual vacuum that characterizes the field of psychotherapy today. Third, I discuss how growth of the field and increasing social, cultural, economic, and political pressures on it have produced some major difficulties for the field and for its consumers. Fourth, I consider ways that psychotherapy may develop a conscience, particularly with the assistance of Christian scholars and Christian therapists. I hope my perspectives will invite dialogue and contributions to a conscience of psychotherapy project that is just underway and to the building up of a helping profession that itself requires help.

Evidence of Consciencelessness

I shall explain in this portion of the paper the bases for the assertion that the profession of psychotherapy has no conscience. As stated earlier, I make this analysis through core tenets of Bowen Theory. Bowen’s tenets directly address the development and functions of conscience and will be useful here.

A key construct of Bowen Theory that applies is the concept of *differentiation*. Level of differentiation has various functional concomitants, which I will describe shortly. First, let us consider what the term means. Differentiation is a process of managing or brokering an inherent human tension of functioning as an individual and functioning as part of a collective (Kerr & Bowen, 1988). Both functions are part of what it means to be

human, such that one is not required to choose between them. In fact, we have no choice; humans potentiate the highest known capability of life forms for individual expression and function, plus a high capability for affiliative functioning. Both capabilities are essential for survival and thriving.

Differentiation is higher on its continuum when a person is able to maintain a perspective that upholds her/his individuality and simultaneously participates in significant relationships. Bowen described the perspective of higher differentiation as means of observing and maintaining a sense of self as a unique person, while at the same time remaining in relational contact with other people. Such a person behaves with what Albert Bandura (1978) considers to be a higher level of functional freedom of choice, wherein he or she possesses numerous behavioral options.

Someone who is lower on the differentiation continuum has less of a perspective on her/his own individuality and relationships. Lower levels of differentiation may appear in a variety of ways. Each of these manifestations represents attempts by an individual or by people within an organization to manage what to them seem like the unbearable anxieties they experience as part of daily living. More often than not this person chooses by default to affiliate rather than to separate because separation evokes too much anxiety. The intent of an anxious person or organization is to reduce this distress, preferably sooner than later (i.e., immediate gratification feels best and is therefore highly rewarding), and to do so without examining bases for anxiety. This person might lament with Pablo Neruda (Tarn, 1970, p. 475):

The not-happening was so sudden
that I stayed there for ever,
without knowing, with their knowing me,

as if I were under a chair,
as if I were lost in the night—
so was that which was not,
and so have I stayed for ever.

I asked the others after,
the women and the men,
what they were doing with such confidence
and how they had learned their living;
they did not actually answer,
they went on dancing and living.

It is what has not happened to one
that determines the silence,
and I don't want to go on speaking
because I stayed there waiting;
in that place and on that day
I have no idea what happened
but now I am not the same.

Conscience, like differentiation, operates on a continuum. The constructs of conscience and differentiation are not synonymous yet overlap to such an extent as to be easily confused with each other. Both are processes of the mind, ways of regarding ourselves and life around us. These mental capacities have the potential to develop little or tremendously through learning and maturation (Reber, 1985). Hence, a person or group may range in conscience development or differentiation development from a great deal to very little. Learning in the course of experiencing life within a social ecology seems to be the most influential force in this growth. After F.D. Maurice and James Fowler, I regard immediate and extended family as the primary social ecology for conscience development (Fowler, 1984; Wondra, 1995).

Conscience and differentiation are also qualitatively similar in at least three other respects. Both involve a type of knowledge within self and a type of knowledge shared reciprocally with others. Optimally, the knowing within self and with others occur simultaneously so that the person or group may deliberate, choose, and act most clearly. Both operate along continua which, while subject to higher or lower movement during life, change slowly. Both involve another process: Discernment through observation of self and others while interacting. That is, the person watches herself or himself behave and watches exchanges with other people; at the same time he or she draws multiple inferences about personal cognitive and emotional responses to the observations. Taken together, these similarities suggest that conscience and differentiation are essentially the same notion Cicero called *conscientia*.

The two constructs differ in one highly important regard, however: A moral distinction. In addition to the semantics presented to this point, conscience denotes a moral discernment capacity. Such a discernment implies absolutes upon which we may consider rightness and wrongness along a continuum. These absolutes exist as broad parameters, within which people exercise considerable flexibility of thought and conduct. This breadth may suggest to some that absolutes do not exist or are so flexible as to not matter. They exist nevertheless. And as Michael Macdonald (1986) reminded us in the Weter lecture ten years ago, we are diminished when we fail to recognize those absolutes, or what Michael called those “permanent things,” in our lives.

As a Christian, I understand God to be the author and sustainer of permanent things. God is also the source of the transcendent I mentioned in the earlier discussion of

social ecology. Conscience in this sense is a combination of learning through ecological experiences and transcendent inspiration from God (Collins, 1993). Thus, the writer of Proverbs 3 proclaims:

...do not reject the discipline of the Lord, or loathe His reproof, for whom the Lord loves He reproves...How blessed is the man who finds wisdom, and the man who gains understanding...For the Lord will be your confidence, and will keep your foot from being caught (Proverbs 3: 11, 12, 36; NAS)

Without a sense of absolutes or permanence in life, an individual or group has a diminished conscience, as I apply the term, for part of the conscience is missing. When conscience is underdeveloped, the experience of generalized anxiety in life may be more likely.

According to Bowen Theory, a common response to anxiety is *reactivity*. This is an emotional response to situational events. The degree of reactivity is directly related to the degree of differentiation. Thus, a person who is lower in differentiation has, in effect, less choice around separating from others and acting primarily out of personal convictions, s/he is acutely sensitized to what others think, feel, and do. Such a person also typically calibrates her/his own thoughts, feelings, and actions according to how he or she perceives others feeling or acting. This stance in life is typified by responding to or reacting to other people rather than initiating. Functionally, a reactive person usually builds her/his life around waiting for others to act in order to calibrate a response. Someone higher in differentiation, while still aware of emotions and expressive of them, is less reactive and more able to maintain an objective perspective on events (Kerr & Bowen, 1988).

Another important indicator of lower differentiation is the degree of emotional closeness called *fusion* (Bowen, 1978). Fusion involves so much emotional closeness that

the parties experience no clear differences from each other. They cannot clearly separate their identities from one another and are usually reactive with each other. For example, when I ask a question of the wife a couple who seek marital therapy and the husband answers for her, I have a clue that these two experience fusion. If this act is part of a pattern of interaction with these two, plus the wife exhibits signs of fusion (e.g., complaining her husband is insensitive since he never knows what she feels without her telling him), my inference is stronger. Closeness overshadows ways in which members of the couple are also unique.

A common reaction to fusion is *cutoff*. Cutoff entails extreme emotional distancing by a person from one or more other people. The others may or may not distance themselves as well. The distancing effectively ends relational growth between the people who engage in this reaction. In relation to each other, people who engage in cutoff put their relationship on "hold" indefinitely. Thus, as one thirty-four year old client said, "Whenever I visit my parents (which was seldom) I feel like I'm fourteen years old again and [the problems my parents and I have relating are] always my fault." Cutoff may be accompanied by physical distancing. However people may be physically proximate while emotionally distant; it is the emotional distance makes cutoff powerful (Kerr & Bowen, 1988).

Psychotherapy as a profession without a conscience displays all three of these major signs of lower differentiation. The profession tends to behave with reactivity and it manifests numerous fused or cutoff relationships. It is nevertheless able to conduct daily business due to the strong presence of what Bowen (1978) called a *pseudoself*.

Outwardly, the profession acts as if it is more differentiated than is the case but these actions are largely adopted from external sources and are not integrated aspects of the self of the profession. Reactivity, fusion, and cutoff are also indicators of functioning out of pseudoself rather than a *solid* or integrated self.

I will discuss reactivity at this juncture and address fused and cutoff relationships in the next section, since the latter two better fit the focus there. Three areas of reactivity which have been highly visible over the past three decades are in social concerns, legal issues, and managed health care. To be sure, each of these are too complex to explain psychotherapy's stance with regards to them as simply reactive. I maintain, though, that reactivity is an important dynamic.

Many observers of psychotherapy's trends and history exhort it to become much more proactive (Cummings, 1986; Cushman, 1992; Garfield, 1981; MacDonald, 1986; VandenBos, Cummings, & DeLeon, 1992). Collectively, these observers note the profession's tendency to change only after a major shift occurs in the general social ecology. Why does the profession respond to changes in other parts of the social system, particularly in the political and economic parts, and not initiate changes itself?

Psychotherapy's position vis-à-vis social concerns illustrates its reactivity. Since the 1960's psychotherapy via its major professional organizations has been a strong advocate for many civil rights causes. Equal opportunities for racial minorities, people with disabilities, and women are examples of this advocacy. Yet how is it psychotherapy qua these organizations waited until the mid-1960's and later to become actively involved? What kept psychotherapists from initiating advocacy prior to the decade of the sixties, if

they were so certain the civil rights causes were vital? Granted, a sign of an individual or group eager to learn is responsiveness to new information (Guttman, 1991) and it could be argued that the organizations were simply answering the call from people outside of the organizations who had visions of civil rights. Some of the core principles put forward by the visionaries of the 1960's, however, were very similar to ideas propounded since the early 1900's (e.g., W.E.B. DuBois and Margaret Sanger) when psychotherapy and one of its professional organizations existed. So I ask again, how is it psychotherapy waited until much later? I hold that the profession reacted more to perceived political and economic pressures from interest groups, the federal government, colleges, and the intelligentsia of a cultural era than to its own assessment of the justice of these issues. Such a stance suggests reactivity.

The wailing and gnashing of teeth over managed health care is another instance of reactivity by the profession as a whole. As with social concerns, this topic is complex; reactivity is part of it, albeit a core part. Psychotherapy has known different formal and informal funding strategies over the past three decades (Cummings, 1986). Managed health care is the most recent widespread attempt, which itself will probably be replaced by another approach in the near future (Saeman, 1995). And on it goes. Psychotherapists will always have one or more funding and service delivery approaches to take into account. Managed health care certainly presents its share of headaches, especially with financial managers deciding most of the what's and when's of service delivery. If the psychotherapy profession was more differentiated, however, it would have perspectives on these matters which in turn would facilitate problem-solving around them, rather than

stuckness. For example, after decades of clamoring for inclusion in the mainstream health care system, psychotherapy now holds part of that mixed blessing: Competing with other types of health care providers and with each other for limited funds. Lost in the emotions swirling around managed health care is the perspective that psychotherapy is making progress in its effort to achieve parity with physical health care. While this may not seem ideal, it is an overlooked progress of sorts. Again, the high voltage emotional response and loss of perspective connotes reactivity.

One of the areas of reactivity involves ethical and legal matters of the profession. This is another area of high anxiety for psychotherapists. In 1974 and 1976 the California State Supreme Court rendered similar verdicts on the same legal matter: The now famous (or infamous) Tarasoff case (1976). The court's decisions set major precedents in at least two respects. First, the court asserted that psychotherapy had a duty to society as a whole, not only to psychotherapy clients. Second, the court in effect declared that professional ethical codes fostered standards of practice that were too low and that the court would establish a higher standard (Bednar, Bednar, Lambert, & Waite, 1991; Corey, Corey, & Callanan, 1993).

These stunning verdicts and subsequent related verdicts influenced psychotherapy in numerous ways. Perhaps the most substantial influence was in psychotherapy becoming reactive to the legal system. A previously subtle tension between ethical codes and legal codes was now overt. Prior to ethical codes revisions of the late 1980's, sometimes ethical conduct implied or required a legal violation, as happened in the Tarasoff (1976) case. Sometimes adherence to legal codes by a therapist meant violation of professional

ethical codes. The dilemma was “solved” by major professional organizations revising their ethical codes to reflect the Tarasoff verdict, most poignantly in how a few organizations revised their ethical codes sections on confidentiality. Thus, a duty to at least warn nonclients of potential harm to them by clients became part of ethical codes after 1976. This is not to say that the profession would, after deliberation, disagree with the California State Supreme Court’s verdicts. Rather, I draw attention to substantial revision of ethical codes after the legal verdicts, in reaction to the legal verdicts. The professional organizations could have taken the lead to revise their ethical codes, if they believed such revisions were morally imperative. On the other hand, the organizations could have chosen to resist or clarify the legal verdicts. Either taking the lead or resistance/clarification route would require the psychotherapy to have a conscience in order to take such a stand. Instead, some organization chose in a reactive fashion to alter their ethical codes to conform to the legal verdicts.

The most chilling manifestation of reactivity appeared when the American Association for Marriage and Family in 1988 and the American Psychological Association in 1992 revised their confidentiality codes to state that a member was behaving ethically when he or she followed laws pertaining to disclosure of client information (APA, 1992; Brock, 1994). I suspect the changes of these two pivotal organizations represented a continuing sifting of and reactivity to the Tarasoff decision. This shift toward fusion between ethics and law resolved the tension between the two, thereby alleviating therapist anxiety about which one to choose. It also set a profession-wide precedent of abdicating to the legal system responsibility for deciding ethics for psychotherapy. What is legally

correct is now ethically correct. When laws change, so do ethics. A revisionist form of professional ethics now exists (Bersoff, 1994; MacDonald, Hill, & Li, 1993).

Given these examples of ethical revisions and the trend of 1995 and 1996 legal decisions in one more area of professional ethics, suicide, I believe we will see yet another major revision to ethical codes over the next decade. The reactivity of psychotherapy to the legal system will show up in major professional organizations revising their ethical codes to allow individual choice in the decision to kill oneself directly or through assisted suicide. Currently, professional psychotherapy organizations clearly state that members must act to prevent suicidal attempts by clients (APA, 1992; Brock, 1994). If these organizations follow the reactivity trend of the last twenty years, they will revise ethical codes to become at least more ambiguous around individual choice for suicide and perhaps move so far as to advocate a position of individual choice over all other considerations when suicide is under consideration.

For the purposes of this presentation, I am again less focused on the particular issue, suicide choices, than on the process through which ethical codes may be revised. Suicide has been and will continue to be an intensely debated issue. Psychotherapy may participate in that debate and, after intentional deliberation, arrive at a decision that would interpolate into ethics revisions. Instead, I fear my profession will simply continue to dance to the tune called by jurists.

Since the profession had no clear perspective for ethical decision-making, it was unable to address within itself the tension and anxiety over occasionally being at odds with the law. In other words, this transpired because a field low in differentiation had no

cogent perspective on these issues, either prior to or after the Tarasoff decision. So psychotherapy took an expedient path to resolve its anxiety, even though this action could have long-term deleterious effects on the profession and its clientele.

The three instances just described differ in content yet are strikingly similar in terms of reactivity. In all three, psychotherapy apparently deferred to another social source that was perceived as more powerful and/or purposeful. The moral tone and increasing political and public support of civil rights visionaries made their purposes and power irresistible. Managed health care agencies took on the appearance and function of powerful gatekeepers to funds that were regarded as lifelines for survival of the profession. The capability of the legal system to enforce its interpretations of professional conduct made it appear to be too powerful a social force to debate. These dilemmas were new. The low differentiation and reactivity, however, existed from the start of the profession.

The Evolution of Consciencelessness

The absence of a conscience came about through an interaction of perceptions, choices, and events in the social ecology surrounding psychotherapy. It transpired slowly. It was part of developmental and differentiation processes.

Differentiation tends to pass on over time through a process Bowen (1978) called *intergenerational transmission*. Habitual interactions between people generate patterns of behaviors and expectations of behavior that (a) become automatic, even to the point of operating powerfully on an unconscious level, (b) become reified to the point where they

operate unchallenged and perhaps unquestioned (i.e., "That's just the way things are."), and (c) are shared with people in a family or organization in the present time frame or in the next generation (Carter & McGoldrick, 1988; Friedman, 1991). In the last instance, the shared patterns are likely to be acquired in toto or at least in part. This tendency towards acquisition is what Bowen called intergenerational transmission.

Psychotherapy came by its lower level of differentiation through this same process, coupled with the processes of fusion and cutoff relations. As with human families, a parent of psychotherapy made some cutoff choices which helped truncate the present development of the field. I will trace this rationale through an allegory of psychotherapy as a descendent of other social organizations.

Psychology, one of Psychotherapy's parents, decided at an early age to cutoff from its parent, Philosophy, and to behave as grown up as possible on its own. Further, Psychology wished to be part of the Science family and worked hard to imitate them. It tried to think in the ways that Psychology thought Science thought. Naturalistic determinism, empiricism, reductionism, and rationalism would help the young profession formulate rules and laws so as to objectively describe, predict, and control human behavior. These efforts worked in many respects. The young profession produced impressive volumes of research literature over a wide range of topics on human and animal functioning. Academic departments and professional organizations flourished. By the 1970's psychology had become one of the most popular undergraduate college majors. Psychology also developed its own stars who embraced scientific thought and preached the gospel of science in human behavior: John Watson, Robert Thorndike, Leona Tyler,

Burriss F. Skinner, and Elizabeth Loftus are a few of the true believers (Brennan, 1991; Leahey, 1991). In Bowen Theory terms, Psychology successfully developed a pseudoself with Science as its template.

Time passed quickly and the young Psychology began a family of its own. Psychology beget many children, each of whom had wonderful interests that differed from the others. While the children did not cutoff from the family as their parent did, some deep divisions and rivalries developed such that some of the siblings cutoff from each other. Even where conflicts were unapparent, the children of Psychology seemed to be moving further apart; hopes for family unity (e.g., a molar theory of psychology) turned to disappointment.

Psychotherapy is one of those wonderful and weird children. Psychotherapy tends to be an obedient, eager-to-please child who imitates its Psychology parent closely. Psychotherapy was so busy imitating and looking to the parent for direction that it took too little time to learn how it might think about itself, its relationship with other sciences, and possible relationships of sciences with bigger matters (e.g., meaning and life). Who has time to reflect on the possibility that worldviews and philosophies underlay and influence the profession (Lyddon, 1989; MacDonald, 1991), when there are treatment plans to be built, politicians to lobby, attorneys to appease, bills to be paid, and a parent to please? Psychotherapy never developing a conscience. It never tried. To do so would have belied its obedient child position by stepping outside the family's understanding of what rationalism, empiricism, and naturalistic determinism meant.

Obedience to family form was apparent when many early proponents of Psychotherapy in Europe and the United States eagerly sought to establish it as a science, with physical sciences as its primary model (Cushman, 1992). Just as Psychology did, Psychotherapy adopted and applied the worldviews of the late nineteenth century that it regarded as largely responsible for the scientific successes of physical sciences. For instance, early psychoanalysts were trained to sit out of a client's field of vision and to say very little so as to maintain enough objectivity to study the client effectively (Menninger, 1958). While other models of psychotherapy did not adopt the practice of sitting out of a client's vision, they did appropriate the notion of therapist neutrality. Hence, psychotherapists thought and taught that therapists must bring none of their own views, values, or morals into the process, that psychotherapy was a values-neutral undertaking (Brill, 1949; Rogers, 1951). As I shall discuss later, none of these efforts worked as intended, albeit the belief that they worked continued until recently.

Psychology sought to establish family unity so as to reconcile some of these sibling differences and to interact as a whole family with a rapidly changing society. Especially after World War II, Psychology began to create guidelines for living. For instance, one Psychology organization, the American Psychological Association (APA), held conferences and produced publications which put forward ambitious models for professional identity--the scientist-practitioner and the practitioner-evaluator--and for education of future members of the guild (Cohen, 1992). During the same period of time, it also wrote ethical codes as statements of generic collective responsibilities to the profession and to clients (Canter, Bennett, Jones, & Nagy, 1994).

These endeavors were helpful in establishing a general sense of identity and shared expectations for behavior. I regard such efforts as signs of movement toward greater differentiation. They came at a time when Psychotherapy and the rest of the family was relatively unstressed and contemplative. Seemingly the profession recognized the necessity for greater maturity and took some steps in that direction. It did so, however, with the same unexamined worldviews and aspirations that existed when Psychology cutoff from Philosophy.

These original worldviews and aspirations began to seriously unravel during the decade of the sixties. As stressors increase, an individual or organization who is low in differentiation will experience major distresses and difficulties in coping. Stressors of the sixties included vehement questions about "the way things are;" such questions became a significant part of that era's cultural ethos. New ways of thinking about psychotherapy emerged as well. The work of social ecology thinkers and phenomenologists/constructivists indicated that human development might occur in ways other than what rationalism and empiricism depicted. Bateson (1972) described the intricate reciprocal influences that collectives of people had on each other, and promoted such systemic dynamics as more expressive of human behavior than considering humans in isolation. Rogers (1951) applied phenomenology and Gergen (1985) applied social constructivism to the profession; both views challenged the profession's assumptions about the existence of absolutes and the use of these assumptions in research and in deciding how people were "supposed to" behave. Such new ways of thinking attracted renegade therapists from the pastoral counseling, psychiatry, social work, and psychology to form a coalition of

psychotherapists who were united primarily in their shared enthusiasm for this fresh epistemology. Members of the coalition drew a distinction between themselves and the rest of psychotherapy by calling themselves systems therapists. Further, at most they acknowledged Psychology as a step-parent. Instead, systems therapists concentrated on the practice of family therapy and affiliated themselves with sociology, anthropology, and cross-disciplinary writers on cybernetic systems and on natural systems (Broderick & Schrader, 1991).

While these developments were occurring, other therapists and researchers, some of whom were Christians, contributed meaningfully to the reexamination of “the way things are” by reporting how important values and spiritual considerations were to clients and how unprepared many therapists and researchers were to take these matters into consideration. Nearly two decades ago Gary Collins (1977), in a book that has been pivotal in informing my thoughts about integration of faith and learning, wrote about the conceptual and methodological inconsistencies that existed in psychology and how those inconsistencies hampered its work. A decade ago George Howard (1985) summarized research and philosophical arguments which countered the long-standing illusion that neutrality existed in psychological research. More recently Everett Worthington Jr. (1989) detailed how pervasive religious issues and practices were across the life spans of most United States citizens, many of whom became clients of psychotherapists. It is not so much that values were reintroduced to psychology as they never really left.

Paradoxically, empirically oriented research, which Psychology revered, contributed to the unraveling of Psychology’s worldviews. One strand of this research

demonstrated that psychotherapy was in fact a highly influencing process, with the therapist frequently having a great deal of influence on clients' values, worldviews, and behaviors (Bergin, 1980a, 1980b; Corey et al., 1993; Corrigan, Dell, Lewis, & Schmidt, 1980). Tjeltveit (1986), for instance, summarized research which indicated that "value conversion" often took place between therapists and their clients, wherein the latter were much more influenced by the former than vice versa. As with the aspiration for objectivity in general psychology, therapeutic neutrality never existed.

Another example of the unraveling worldviews surfaced with regards to unresolved, long-standing disagreements between research psychologists and applied psychologists. The disagreements swirled around for years in the most prominent professional organization for psychologists, the American Psychological Association. The differences grew to the point of a cutoff type or split, wherein many researchers in 1988 formed their own organization, the American Psychological Society, charging that the APA gave support to applied interests at the expense of research interests. An indicator of cutoff exists here insofar as a special centennial issue of the *American Psychologist*, APA's marquee journal, features the history of psychology in the United States and says nothing about the existence of the American Psychological Society (Benjamin, 1992). While the APA maintains an experimental psychology division and reserves the right to exclude whomever it wants from its own journal, I interpret the 1988 split and exclusion as demonstration of a cutoff between at least two of Psychology's children: Psychotherapy and Experimental.

Another sign of unraveling of worldviews in the family was that at least one of the Psychology children, Psychotherapy, developed "multiple personalities," so to speak. Here in the last decade of the Twentieth Century more than 400 models and theories of psychotherapy exist (Corsini & Wedding, 1995). Diversity of treatment approaches gives clinicians many options from which to choose, which is helpful. Given the complexity of clients and their treatment concerns, it is also unrealistic to think a molar theory of psychotherapy is possible in the foreseeable future. What I find bothersome about the rapid splitting off of new personalities, though, is the lack of even a framework for serious dialogue about potential consolidations or integrations. Indeed, few therapists are in position to consider personality integration, as most give little thought to worldviews and philosophies that undergird the field (MacDonald, 1991). To make matters even more confusing, many of Psychotherapy's personalities emulated its parent's attempted fusion with Science and developed pseudoselves along the lines of Science's applied health care side, medicine. Who or what, then, is the real psychotherapy?

Someone could argue that the divisions, fusions, and difficulties of the Psychology children denote growing pains of a burgeoning field. Further, these issues cannot be attributed to the cutoff experience of one parent, when other parents (e.g., sociology, anthropology, psychiatry) appear to maintain relations with their forebearers. I agree with both views. Uncertainty and distress are common enough corollaries of growth. The ways with which the Psychology children address growth, however, indicate the children somehow have no perspective or limited perspectives for making sense out of them.

An exception to the splitness and confusion exists in the personalities of Psychotherapy called family therapy. I briefly described earlier how systems therapists, who are primarily family therapists, claim a different epistemological basis and parentage than most of psychotherapy. Their stance is not an answer to the who-or-what-is-the-real-psychotherapy question. Some degree of fusion and reactivity appear, as the revision of confidentiality ethics I mentioned earlier. It is a start nevertheless. Unfortunately, systems therapists seem to position themselves as adopted children, and mainline psychology seems quite willing to let them remain in an adopted position for now—officially part of the family yet not close enough kin to fully participate in family decisions or to expect much of an inheritance. Hopefully, this posturing will change soon.

Despite the family therapy quirk, intergenerational transmission of low differentiation and its concomitants appears to be in effect. As with families, it is possible that this part of Psychotherapy's story goes back even farther; multiple generations may pass on overt or tacit traditions, expectations, and behaviors that can powerfully affect people who are very distant in time from each other (Carter & McGoldrick, 1988; Kerr & Bowen, 1988). The construct of intergenerational transmission implies, for example, the possibility that Philosophy, Psychology's parent, cutoff relations from one or more of its parents. Exploring that possibility, however, is beyond the scope of this paper.

Fortunately, low differentiation can be addressed. So can consciencelessness. Seeking to solve the problems that accompany low conscience and differentiation merely brings temporary relief. Temporary relief is important. Longer terms gains and increased flexibility in coping with future problems are more likely, though, when conscience and

differentiation increase. The next section considers how psychotherapy might foster growth in both.

Fostering Conscience

Given the prior discussion about psychotherapy's constraint through a lack of a conscience, it probably comes as no surprise for me to suggest that in order for the profession to develop a conscience greater differentiation is necessary. Growth in differentiation would facilitate the conscientia aspect of professional conscience. The moral aspect of conscience, however, requires additional growth. In this portion of the paper I will speak to both aspects.

Fostering differentiation in a complex system of tightly woven strands probably requires simultaneously plucking a number of those strands; that is the nature of social ecology. If the two premises that organizations operate with similar dynamics to families and that psychotherapy is suffering from truncated relationships and cognitions are accurate, it seems that cultivating relationships with improved communications and deliberate attempts to think differently would help tremendously with this process. That is, psychotherapy must seek connections or reconnections with its progenitors and with its contemporaries, while simultaneously developing new perspectives on itself in those relationships. Remaining in a fused or cutoff position will maintain consciencelessness, deter differentiation, support fragmentation, and continue reactivity.

Bowen (1978) recommended frequent, brief home visits as essential for cultivating differentiation. A home visit entails joining and initiating conversations with family

members, preferably in the physical presence of each other. The topics of these conversations are less important than the manner of conducting the conversations. Each conversation continues as long as the party who is seeking growth in differentiation is able to remain emotionally engaged and able to retain an observational perspective on the interaction. When perspective begins to waver, it is time to disengage from the conversation and perhaps from the visit. Once perspective has returned, it is possible to reenter conversation. Through many conversations over a long period of time it is possible for enough lasting cognitive and relational changes to occur for differentiation to increase.

Bowen (1978) believed home visits were most effective when they dealt with relationships which were most central to family functioning. In a human family with two parents, the relationships of the parents with each other and the two parents with one or more of their children is usually most influential (Cherlin, 1996; Kerr & Bowen, 1988). In the lives of humans, such a triangle appears to be integral for subsequent family relationships and in the family's and each family member's broader social relations. Following this reasoning, I encourage psychotherapy to initiate such visits in at least four areas: (a) with its parent, psychology, (b) with its grandparent, philosophy, (c) with its sibling, experimental psychology, and (d) with colleagues who have similar interests. Ideally, these concurrent dialogues would contribute to the growth of differentiation for all parties. Dialogues with other parties might well be in order, but given the focus of this paper, the four I just identified would be useful places to start.

What might such conversations address? I do not know specifically. I have some questions and interests of my own for starters. As just mentioned regarding home visit conversations in general, it may be that engagement in conversations may be more important than the particular contents of those conversations. Here are some topics I would want to explore in the home visits:

Parent and Child Dialogue: Psychology and Psychotherapy

+How did the cutoff with philosophy occur?

Are the perceived issues still relevant?

Are philosophy and psychology dealing with similar or different professional identity issues compared to one hundred years ago?

+Does room exist for epistemological differences between psychology and psychotherapy?

If so, how do we negotiate when difficulties arise over those differences?

If not, is the status quo sufficient or is a change in order?

+How might psychology and/or psychotherapy take initiative on a social, fiscal, ethical, or legal issue (e.g., assisted suicide) and then handle ramifications of that initiative?

Grandparent and Grandchild Dialogue: Philosophy and Psychotherapy

+How did the cutoff with psychology occur?

Are the perceived issues still relevant?

Are philosophy and psychology dealing with similar or different professional identity issues compared to one hundred years ago?

+What aspects of kinship still exist?

- +Could a relationship be possible even if psychology remains in a cutoff position?
- +Does philosophy have other cutoffs in its history?
- +How might philosophy help psychotherapy develop intentional ways of thinking about worldviews underlying psychotherapy's theories and treatment models?

+Could the plethora of psychotherapy theories distill into many fewer theories, based upon broad epistemological considerations rather than semantic or methodological nuances?

- +How might psychotherapy help philosophy explore its conceptual applications in the lives of distressed human systems?

Sibling Dialogue: Experimental Psychology and Psychotherapy

- +Is more than one philosophy of science possible?

If so, what might alternative philosophies be?

How might alternative philosophies function in terms of research designs, methods, analyses, and interpretations of processes and outcomes?

- +How might we continue to converse even though we disagree about priorities and compete for support?

+Where could our competing agendas become more cooperative as co-agendas?

- +Can psychotherapy acknowledge the value of research when few or no clinical applications of that research are immediately apparent?

- +Can experimental psychology acknowledge the compassionate pressures clinicians feel for applications before the research bases for those applications are clear?
- +How might a researcher function as a co-therapist with a psychotherapist?
- +How might a psychotherapist function as an investigative partner with a researcher?

While engaged in these home visits and discussing such matters as the questions just posed, psychotherapy would also benefit by pursuing greater communications with its professional contemporaries. Neighbors and relatives in the physical and social sciences can be sources of great inspiration in the growth process. Inspiration is a reciprocal process in the social ecology, so psychotherapy could stimulate those other community members as well. The family therapy strand of psychotherapy, for example, has long benefited from conversations with cultural anthropology and sociology, especially in the nurture of understanding systemic relations when systems thinking was outside of mainline psychology (Broderick & Schrader, 1991; Guttman, 1991). Another example is Stanley Strong's fruitful psychotherapy process research on Social Influence Theory, which is highly influenced by sociology (Corrigan et al., 1980).

Psychotherapy, in turn, would benefit anthropology and sociology as well. One beneficial way is helping those fields grasp the essential interplay of systemic dynamics inside of individuals as they behave within and between collectives of people such as organizations. Breunlin et al. (1992) describe such a prospect. For example, consider an anger management group for males, composed mostly of people accused or convicted of domestic violence. A sociologist might focus more on the interactions of an anger

management group, or family interaction patterns which involve domestic violence, or sociocultural factors related to domestic violence. All of these considerations would inform a family therapist as well. The therapist would also take into account intrapersonal functions of violence in the lives of each group member and how those inner experiences related to group and in-home behavior patterns and sociocultural patterns. Hopefully, then, the therapist's intrapersonal observations would enrich the sociologist's research.

Two relatively recent developments in other professions illustrate potential differentiation-enhancing contributions. Both developments are conceptual underpinnings that grew primarily in some of psychotherapy's colleagues. One of these colleagues is physics, which is largely responsible for developing notions of Chaos Theory (Gleick, 1987; Lorenz, 1993). Part of Roger Anderson's (1995) enlightening Weter lecture last year addressed Chaos Theory in relation to theological ironies. Some ideas from Chaos Theory are already filtering into psychology, as seen in Barton's (1994) recent article. Barton, for instance, summarized research on fixed-interval reinforcement schedules which suggested that nonlinear explanations and whole system context were necessary to account for some of the measured response variance. It appears that living or natural systems are particularly prone to niggling outbursts of nonlinear actions (Gleick, 1987; Lorenz, 1993). This possibility is in stark contrast to traditional reinforcement research, which utilizes linear and reductionistic explanations. I concur with Barton who comments that linear explanations, which derive from naturalistic determinism, rationalism, and empirical assumptions are still relevant. Building on where we are, then, it is the

responsibility of physical scientists and social scientists to explore how linear and nonlinear conceptualizations might function together or in tandem.

Another colleague who could be helpful to psychotherapy is economics. The field of economics, along with physics and a number of other disciplines, is a major nurturing source for Complexity Theory (Mainzer, 1994; Waldrop, 1992). For example, what am I to make of the observation that living systems tend to display self-organizing and unifying capabilities as well as periodic instabilities? Perhaps some of the families that present for psychotherapy are experiencing destabilizing oscillations which are natural occurrences in family life cycles. If this is the case, then the therapist might be more helpful to these families by supporting their recognition of and waiting for existing self-organizing capabilities to come into play, rather than attempting to change the families somehow. Families may "know" their unifying aptitudes better than psychotherapists understand.

Such frameworks as Chaos Theory and Complexity Theory are relatively untested in their fields of origin much less psychotherapy, and remain as tantalizing frameworks until data begin to support or refute them. They suggest, though, how ideas from other quarters of psychotherapy's social ecology might contribute to growth in differentiation. Chaos Theory and Complexity Theory raise new perspectives which may stimulate psychotherapy's differentiation process.

A word of caution is in order at this point. Conversations and reciprocal learning with others may be fruitful. Exact adoption of models from other fields, however, might contribute to continued low conscience and differentiation for psychotherapy. Dialogue with and learning from others differs from aspiring to be like them. As long as an

individual or organization looks outside of itself for definition, growth of conscience and differentiation will be stunted. At best, it would be possible to create a pseudoself, which psychotherapy has done well for a number of years. Instead, the field would benefit most by developing its own ways of thinking of itself and thinking of its relationships with other fields. Roger Anderson's (1995) rendition of the physical sciences' history exemplifies this point:

As science continued to develop in a very complex way, its clear and orderly achievements became romanticized to a prominence that overshadowed the more disorderly aspects of knowledge. Fortunately, the scientific community never complied with the properties prescribed for it by those who tried to codify scientific methods. This community followed its own tortuous path looking within its own self for affirmation and correction. (p. 50)

That excerpt is one of the clearest examples of an effort to develop organizational differentiation I have read or heard to date. If differentiation does in fact operate in physics, then it could reasonably operate in psychotherapy, albeit forms of its expression might differ tremendously between the two fields.

The differentiation aspect of conscience is but one facet. A moral aspect also exists. The moral aspect concerns not only what is, as suggested by the term *conscientia*, but what ought to be or what is the best (Holmes, 1983).

At this juncture I return to the moral aspect of conscience. How does conscience grow and what might be the roles of the transcendent? Part of the growth of conscience, including moral judgment, is developmental and learned. Thus, experiences which foster differentiation should foster moral judgment as well. More is operating in moral development than this, though. The author of developmental processes is the triune God

who appears in the Bible, history, traditions, and daily interactions. God also intervenes directly in human lives (Collins, 1993). In this, then, is a key to the moral aspect of conscience. The key is God's intervention through general revelation and/or special revelation as it informs worldviews.

Arthur Holmes (1983, p. 34) defines a worldview as "the confession of a unifying perspective." He asserts that (a) the distinctive of an effective worldview is its capacity for unifying the conceptual and experiential, (b) the conceptual and experiential are both objective and subjective, and (c) Christian thought provides such unity, while allowing for a great deal of pluralism. Myers and Jeeves (1987) pick up the theme when they describe humans as unitary beings, integrated within themselves and with their environments.

When a unitary worldview is fitted with creatures who naturally resonate with it, we have a basis for cultivating a moral aspect of conscience.

Part of what may be added to the welter of conversations in home visits and with colleagues is an alternative epistemological basis for conducting and researching psychotherapy. A unifying perspective on psychotherapy provides a content and a process for stimulating discussions. The content consists of core beliefs of the sacred in dialogue with core beliefs of the secular. In a general sense, the sacred could be any faith belief system. I agree with Collins (1977), Holmes (1983), and Macdonald (1986) that the permanent things of Christianity best represent a sacred perspective. I would be intrigued, though, to discuss matters of conscience in psychotherapy with proponents of other faiths.

How do any of these conversations alter the conscience of such a large and long-standing profession as psychotherapy? First, psychotherapy is too varied for me to believe

a shift here or there would overhaul the entire field. Yet, as described earlier, a differentiation process and growth of conscience occur in degrees of change along continua, rather than in all-or-none switches. Indeed, Bowen (1978) stated that differentiation may change only one point on its continuum, but that point can make a tremendous difference.

Drawing upon general developmental notions, Bowen Theory, and general social ecological dynamics, I will sketch a realistic scenario. It is conceivable that a cadre of psychotherapists which usually functions at higher levels of differentiation and conscience than the profession as a whole gradually influences a professional organization for psychotherapists (e.g., as office holders) to the extent that the overall levels of differentiation and conscience of the organization increase. Part of the influence would be the unifying perspectives of the cadre, which catch the attention of organization leaders. The organization then tends to act in a more differentiated manner through, for instance, its communications with members (e.g., types of professional ethics articles on suicide accepted for its journals), with other organizations for psychotherapists (e.g., developing a joint position on ethics and assisted suicide), and with other social groups (e.g., how it lobbies politicians regarding assisted suicide laws). The organization displays greater levels of conscience as well, as in taking initiative to uphold the integrity of spiritual development as an integral part of human life and of psychological research and taking this stance without outside pressure or monetary enticements from funding agencies (little danger of the latter happening). If the organization maintains its changed ways of thinking and acting, it may foster higher conscience and differentiation in its members,

other psychotherapy organizations with whom it works, and non-psychotherapy organizations with whom it works. All of these hypothetical developments are consistent with social ecological dynamics and Bowen theory.

Another realistic scenario is for therapists who are Christians to create and test organizational models of conscience independently of mainstream psychotherapy. For instance, what would a philosophy of science based on incarnational theology look like and how would it function? Another example is research on relationships between moral development, ethical choices, and differentiation in psychotherapists. Such models demonstrate how a group with a conscience, which derives largely from a sacred unifying perspective, functions differently and more effectively. Perhaps existing organizations such as the Christian Association for Psychological Studies and/or the American Association of Christian Counselors provide suitable platforms for such investigations. Perhaps an independent interdisciplinary group would function more effectively. In any event, once these models were sufficiently developed to converse with mainstream psychotherapy groups, the reciprocal stimulation could begin.

So here you have some of the story of my family, as I understand it. It is admittedly an incomplete story. I learn more about it as I learn more about my family and myself. At times I also feel overwhelmed by this project. It feels too complex, too big, and too well-entrenched to expect the conscience of a whole profession to develop. Part of me also feels like an unloyal, ungrateful child for raising such niggling questions. Yet oddly enough I believe growth in conscience for psychotherapy is possible for a number of reasons. First, I trust in God's guidance. Second, a unifying perspective and Bowen

Theory are hopeful and realistic viewpoints. Third, many people besides me are pondering similar issues in this and other fields. Fourth, I am a patient guy. Fifth, my family and friends already know how lost I can get in expansive concepts and they love me anyhow. Sixth, the church I attend seldom conducts excommunications. Seventh, I am tenured. Circumstances are favorable for me to plow ahead, even though I do not know where any of this will go. I will let you know as I go along. May God bless you and me as we travel each of our paths.

References

- American Psychological Association (1992). Ethical principles of psychologists and code of conduct. *American Psychologist*, 47, 1597-1611.
- Anderson, R.H. (1995). Disorder in science and religion: A pedestrian theology of irony. Winifred E. Weter Faculty Award Lecture, Seattle Pacific University, Seattle, WA.
- Bandura, A. (1978). The self system in reciprocal determinism. *American Psychologist*, 33, 344-358.
- Barton, S. (1994). Chaos, self-organization, and psychology. *American Psychologist*, 49, 5-14.
- Bateson, G. (1972). *Steps to an ecology of mind*. New York: Ballantine.
- Bednar, R.L., Bednar, S.C., Lambert, M.J., & Waite, D.R. (1991). *Psychotherapy with high-risk clients: Legal and professional standards*. Pacific Grove, CA: Brooks/Cole.
- Benjamin, L.T., Jr. (Ed.)(1992). The history of American psychology. *American Psychologist*, 47, 109-335.
- Bergin, A.E. (1980a). Psychotherapy and religious values. *Journal of Consulting and Clinical Psychology*, 48, 95-105.
- Bergin, A.E. (1980b). Religious and humanistic values: A reply to Ellis and Walls. *Journal of Consulting and Clinical Psychology*, 48, 642-644.
- Bersoff, D.N. (1994). Explicit ambiguity: The 1992 ethics code as an oxymoron. *Professional Psychology: Research and Practice*, 25, 382-387.

- Bowen, M. (1978). *Family therapy in clinical practice*. New York: Jason Aronson.
- Brammer, L.M., Abrego, P.J., & Shostrom, E.L. (1993). *Therapeutic counseling and psychotherapy* (6th ed.). Englewood Cliffs, NJ: Prentice Hall.
- Brennan, J.F. (1991). *History and systems of psychology* (3rd ed.). Englewood Cliffs, NJ: Prentice-Hall.
- Breunlin, D.C., Schwartz, R.C., & MacKune-Karrer, B. (1992). *Metaframeworks: Transcending the models of family therapy*. San Francisco: Jossey-Bass.
- Brill, A.A. (1949). *Basic principles of psychoanalysis*. Garden City, NY: Doubleday.
- Brock, G.W. (Ed.). (1994). *Ethics casebook*. Washington, DC: American Association for Marriage and Family Therapy.
- Broderick, C.B., & Schrader, S.S. (1991). The history of professional marriage and family therapy. In A.S. Gurman & D.P. Kniskern (Eds.). *Handbook of family therapy* (Vol. 2). New York: Brunner/Mazel.
- Canter, M.B., Bennett, B.E., Jones, S.E., & Nagy, T.F. (1994). *Ethics for psychologists: A commentary on the APA Ethics Code*. Washington, DC: American Psychological Association.
- Carter, B., & McGoldrick, M. (Eds.) (1988). *The changing family life cycle* (2nd ed.). New York: Gardner.
- Cherlin, A.J. (1996). *Public and private families*. New York: McGraw-Hill.

- Cohen, L.D. (1992). The academic department. In D.K. Freedheim (Ed.) (1992). *The history of psychotherapy: A century of change*. Washington, DC: American Psychological Association.
- Corey, G., Corey, M.S., & Callanan, P. (1993). *Issues and ethics in the helping professions* (4th ed.). Pacific Grove, CA: Brooks/Cole.
- Collins, G.R. (1977). *The rebuilding of psychology: An integration of psychology and Christianity*. Wheaton, IL: Tyndale.
- Collins, G.R. (1993). *The Biblical basis of Christian counseling for people helpers*. Colorado Springs, CO: Navpress.
- Corrigan, J.D., Dell, D.M., Lewis, K.N., & Schmidt, L.D. (1980). Counseling as a social influence process: A review. *Journal of Counseling Psychology*, 27, 395-441.
- Corsini, R.J., & Wedding, D. (1995). *Current psychotherapies* (5th ed.). Itasca, IL: Peacock.
- Cummings, N.A. (1986). The dismantling of our health system: Strategies for the survival of psychological practice. *American Psychologist*, 41, 426-431.
- Cushman, P. (1992). Psychotherapy to 1992: A historically situated interpretation. In D.K. Freedheim (Ed.) (1992). *The history of psychotherapy: A century of change*. Washington, DC: American Psychological Association.
- Erikson, E. (1963). *Childhood and society* (2nd ed.). New York: W.W. Norton.
- Fowler, J.W. (1984). *Becoming adult, becoming Christian*. San Francisco: Harper & Row.

- Friedman, E.H. (1991). Bowen theory and therapy. In A.S. Gurman & D.P. Kniskern (Eds.). *Handbook of family therapy* (Vol. 2). New York: Brunner/Mazel.
- Friedman, E.H. (1995, April). A failure of nerve: Leadership in the age of the quick fix. Conference on Organizations, Georgetown University, Washington, DC.
- Garfield, S. (1981). Psychotherapy: A 40 year appraisal. *American Psychologist*, 36, 174-183.
- Gergen, K.J. (1985). The social constructionist movement in modern psychology. *American Psychologist*, 40, 266-275.
- Gleick, J. (1987). *Chaos: Making a new science*. New York: Viking.
- Guttman, H.A. (1991). Systems theory, cybernetics, and epistemology. In A.S. Gurman & D.P. Kniskern (Eds.). *Handbook of family therapy* (Vol. 2). New York: Brunner/Mazel.
- Harvey, V.A. (1964). *A handbook of theological terms*. New York: Macmillan.
- Hillman, J., & Ventura, M. (1992). *We've had one hundred years of psychotherapy and things are getting worse*. San Francisco: Harper.
- Holland, J. (1985). *Making vocational choices: A theory of vocational personalities and work environments* (2nd ed.). Englewood Cliffs, NJ: Prentice Hall.
- Holmes, A.F. (1983). *Contours of a worldview*. Grand Rapids, MI: Eerdmans.
- Howard, G.S. (1985). The role of values in the science of psychology. *American Psychologist*, 40, 255-265.
- Kerr, M., & Bowen, M. (1988). *Family evaluation*. New York: Norton.

Lambert, M.J., & Bergin, A.E. (1992). Achievements and limitations of psychotherapy research. In D.K. Freedheim (Ed.) (1992). *The history of psychotherapy: A century of change*. Washington, DC: American Psychological Association.

Leahey, T.H. (1991). *A history of modern psychology*. Englewood Cliffs, NJ: Prentice Hall.

Lorenz, E.N. (1993). *The essence of chaos*. Seattle: University of Washington.

Lyddon, W.J. (1989). Root metaphor theory: A philosophical framework for counseling and psychotherapy. *Journal of Counseling and Development*, 67, 442-448.

MacDonald, D. (1986, October). WSACES: A call to leadership. Paper presented at the Northwest Counseling and Development Convention, Portland, OR.

MacDonald, D. (1991). Philosophies that underlie models of mental health counseling: More than meets the eye. *Journal of Mental Health Counseling*, 13, 379-392.

MacDonald, D., Hill, A.D., & Li, C. (1993). Confidentiality and the duty to report abuse: A current case study. *Journal of Psychology and Theology*, 21, 119-126.

Macdonald, M. H. (1986). *C.S. Lewis: Defender of the permanent things*. Winifred E. Weter Faculty Award Lecture, Seattle Pacific University, Seattle, WA.

Mainzer, K. (1994). *Thinking in complexity*. Berlin: Springer-Verlag.

Meara, N.M., Schmidt, L.D., & Day, J.D. (1996). Principles and virtues: A foundation for ethical decisions, policies, and character. *The Counseling Psychologist*, 24, 4-77.

Menninger, K. (1958). *Theory of psychoanalytic technique*. New York: Harper.

- Minuchin, S. (1974). *Families and family therapy*. Cambridge, MA: Harvard University.
- Myers, D., & Jeeves, M. (1987). *Psychology through the eyes of faith*. New York: Harper & Row.
- Reber, A.S. (1985). *Dictionary of psychology*. London: Penguin.
- Rogers, C.R. (1951). *Client-centered therapy*. Boston: Houghton Mifflin.
- Saeman, H. (1995, March/April). "Physician equity model" will dominate by 2000: Cummings. *The National Psychologist*, 4(2), 10-11.
- Stanton, M., & Guernsey, D. (1993). Christians' ecological responsibility: A theological introduction and challenge. *Perspectives on Science and Christian Faith*, 45 (1), 2-7.
- Super, D. E. (1980). A life-span, life-space approach to occupational choice and career development. *Journal of Vocational Behavior*, 16, 282-298.
- Tarn, N. (Ed.) (1970). *Pablo Neruda: Selected poems*. Boston: Houghton Mifflin.
- Tarasoff v. Regents of the University of California, 551 P.2nd 334, S. Ct. Cal. (1976).
- Tjeltveit, A.C. (1986). The ethics of value conversion in psychotherapy: Appropriate and inappropriate therapist influence in client values. *Clinical Psychology Review*, 6, 515-537.
- VandenBos, G.R., Cummings, N.A., & DeLeon, P.H. (1992). A century of psychotherapy: Economic and environmental influences. In D.K. Freedheim (Ed.) (1992).

The history of psychotherapy: A century of change. Washington, DC: American Psychological Association.

Vitz, P.C. (1977). *Psychology as religion: The cult of self-worship.* Grand Rapids, MI: Eerdmans.

Waldrop, M.M. (1992). *Complexity: The emerging science at the edge of order and chaos.* New York: Simon & Schuster.

Wiseman, K (1996, March). *Self and organizations.* Address at the Georgetown Family Center, Washington, DC.

Wondra, E.K. (Ed.) (1995). *Reconstructing Christian ethics: Selected readings: F.D. Maurice.* Louisville, KY: Westminster John Knox.

Worthington, E.L., Jr. (1989). Religious faith across the life span: Implications for counseling and research. *The Counseling Psychologist, 17*, 555-612.

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