

# Reconciling Rules with Context

## An Ethical Framework for Cultural Psychotherapy

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**ABSTRACT.** In psychotherapy practice, a complex relationship exists between clients, culture and values. By drawing on psychology, philosophy and anthropology, we developed an interdisciplinary ethical framework for cultural psychotherapy. The framework, which reflects a hermeneutic approach, avoids the excesses of both an 'objective' view of ethics (and its relation to selfhood) and the social constructionist view, which tends towards relativism. To take this middle path, therapists need to do more than familiarize themselves with the professional codes of ethics set out for this practice. These ethical codes and the rules that constitute them are important, but they should not replace the difficult work of ethical thinking and judgment. These processes require psychotherapists to engage in the (often) difficult task of gaining a better understanding of a client's culture or context, including their conceptions of good, and critiquing or correcting instances where the therapists' own moral or cultural prejudices distort or compromise the therapist–client relationship. We also present a case example in which we illustrate the strength and relevance of our approach.

**KEY WORDS:** constructivism, context, cultural psychotherapy, culture, dialectic, ethics, hermeneutics, judgment, maturity, rules

This paper will deal with the ethics of conducting 'cultural' psychotherapy. In order to deal with this subject matter we will first define what we mean by culture and then follow this up with a description of cultural therapy. After our 'descriptive' task is complete we will move on to deal with the 'prescriptive' or normative aspects of culture and the task of cultural psychotherapy. This will involve an examination of the dialectic that takes place between culture and values. How do values shape culture? How does culture shape our values? We hope to show that this dialectic involves more than a simple dichotomy.

Following this more general treatment of the descriptive and normative elements of the task of cultural psychotherapy we will focus more specifically on solutions for overcoming problems emerging from value differences. We will adopt a hermeneutic framework for understanding the self and its relation to culture as well as its relation to values and ethics. Hermeneutics sees the self as emerging from a kind of dialogue with others and with the ethical values that characterize a culture or cultures. In particular, we will try to show how a hermeneutic approach avoids the excesses of both an 'objective' view of ethics (and its relation to selfhood) and the social constructionist view, which tends towards relativism. Finally, we will present a case example in which we will attempt to illustrate the strength and relevance of the approach that we are advocating here.

### **What is Culture?**

The first task that we face when developing an ethics of cultural therapy is that of establishing an approximate definition of the concept 'culture'. This term is used so frequently that its meaning is often taken for granted. What is culture? Romanticism gives us one of the most comprehensive accounts of culture due to the fact that Romanticism is, in many ways, a philosophical perspective whose central concern is culture itself. Cultural psychologist and anthropologist Richard Shweder (1991) works largely within the Romantic framework or idea of culture and his account of Romanticism suggests a basis for defining culture. He writes:

Romanticism stands out against the view that existence is the negation of pure being, by offering us its alternative, namely, the view that existence is the infusion of consciousness and pure spirit into the material world, thereby narrowing the distance or blurring the boundaries between nature, humanity, and the gods. (p. 9)

What does this mean? Western philosophy, beginning with Plato at least, has tended to understand the relation between human 'being' and the rest of nature in dichotomous terms. Plato saw the soul as an eternal substance whose existence continued beyond the fleeting reality characteristic of the empirical world. Although the concepts have varied, western thinking has sustained various dualisms which posit the human, thinking 'subject' over and against the outside world of objects. Romanticism attempted to reconcile this schism, believing it to have an alienating affect on human experience. Indeed the (general) Romantic view expressed the human condition in terms of a secular version of the (biblical) 'fall', which was a result of our emerging capacity for consciousness and language (Abrams, 1971). These capacities gave us the ability to see and describe ourselves as separate from the rest of nature. This separation from nature was seen by the Romantics as both unnatural and psychologically unhealthy. We are essen-

tially separated from our true nature. This gave rise to the aforementioned Romantic desire for reconciliation or redemption, which would come about through art or other creative activities. For our purposes, the Romantic view helps to illustrate the artificial nature of the subject–object division. Culture, human endeavor, creativity and values are no less real or important than the material manifestation of life, which loans itself more readily to visible, empirical measurement.

This understanding of existence has had a profound impact on western thinking. Idealist philosopher G.W.F. Hegel's early, major work, *Phenomenology of Spirit* (1807/1977), captures this Romantic vision in many ways and attempts to give an account of the emergence of consciousness from nature and, in turn, the very infusion of consciousness back into nature that gives rise to culture, civilization, religion, and so on. Hegel's most famous characterization of this state of affairs is found in his master/slave story, where we see two primitive human beings coming into conflict driven by their desire for recognition. For Hegel, this conflict represents the genesis of a dialectical process whose end-goal is the full development of human freedom, seen as a state where universal mutual recognition has been achieved.

The idea of culture as developed through the Romantic tradition (we would include in this tradition the 19th-century idealists, proto-existentialists—i.e. Kierkegaard and Nietzsche—20th-century existentialists, phenomenologists, hermeneuticists and the 'postmodern' offspring of these movements) is that of a 'second nature'. This second nature is a product of consciousness and accounts for the creative, spiritual infusion in nature that is represented by human artifice, including language, religion, customs and morality. What these various movements share in common is an understanding of culture as the realm where 'human' meaning comes to the fore. That is, human meaning as it is expressed in our creations and institutions gives rise to a world that transcends that which is captured by empirical or logical description. We do not deny the need for empirical description but rather recognize that the reductionist tendencies of empirical science do not capture the intentional meanings inherent in human creations. It is such recognition that has given rise to many of the aforementioned approaches to understanding culture.

The philosophical movement called hermeneutics, understood as the science of interpretation, developed a critique of the human or social sciences precisely to address the deficiencies of a strictly empirical understanding of culture. From Dilthey and Heidegger on to Gadamer, Ricoeur and Taylor, an understanding of the human sciences has emerged that sees human culture as something that can only be understood through an interpretive act. Empirical accounts that look for behavioral regularities or objective descriptions do not adequately account for the historically situated

meanings through which we understand culture. These meanings and meaning systems create a world that cannot be understood in a value-free or disinterested manner. They create a world where we must take our values or our 'prejudices' (pre-judgments) (Gadamer, 1999) with us in order to come to some understanding of (a) culture, which is always laden with meanings for its participants.

### **What is Cultural Psychotherapy?**

The notion of a cultural psychotherapy is somewhat derivative of the more general concept of cultural psychology. Shweder (1991) provides us with a definition of the latter:

Cultural psychology is the study of the way cultural traditions and social practices regulate, express and transform the human psyche, resulting less in psychic unity for humankind than in ethnic divergences of mind, self, and emotion. Cultural psychology is the study of the ways subject and object, self and other, psyche and culture, person and context, figure and ground, practitioner and practice, live together, require each other, and dynamically, dialectically, and jointly make each other up. (p. 73)

Psychotherapy, more specifically, is based on meanings. Feelings, thoughts and behaviors are guided by the client's assumptions about reality. Psychotherapists, then, interpret and transform these assumptions/meanings that their clients bring to sessions (James, Foster, & Amaral, 2004). 'Cultural' psychotherapy explores the role that tradition and culture play in shaping the meanings, beliefs and assumptions that constitute a client's intentional world. The therapist's task is to try to understand that world, which includes the dialectical relation between the individual client and his or her culture. What this implies is that 'personal' meaning, or 'intentional' meaning, is never purely subjective. Such meanings always arise in and are shaped by a context. This context is primarily historical and includes religious, cultural, political and moral beliefs and biases (James & Foster, 2003).

### **Culture and Values**

The relationship between culture and values is a complex one that can perhaps best be understood as 'dialectical' in nature. Culture is shaped by the values that emerge out of customs, traditions and beliefs. Values, in turn, are further developed or refined by the cultural environment in which they are cultivated. A further relationship exists between an individual who belongs to a particular culture and that culture itself. The individual comes to self-understanding or gains 'self-awareness' in and through the language, symbols and values of a particular culture. This means, for instance, that

an individual who has been raised in a highly individualistic society will likely experience selfhood, self-consciousness and cultural awareness in a very different manner than someone who grows up in a more communal or social-oriented environment or culture (Heine, 2001; James & Prilleltensky, 2002).

Now the relationship between the individual, culture and values is not a simple one and cannot be adequately characterized in simple, dichotomous terms. The individual is not a separate entity from the culture he or she inhabits, and values are not something we disinterestedly choose. Culture and values are an intimate part of what we call the self. The values inherent in a culture represent what philosopher Charles Taylor (1989) calls 'constitutive goods'. That is, they 'constitute' the self. Likewise, the self or the individual 'selves' which form a culture or society contribute to the values, beliefs and understandings of a culture through the various ways that we articulate our beliefs and experiences. This relationship between the self and culture/values illustrates the notion of the 'hermeneutic circle' (Gadamer, 1999). A hermeneutic concept of understanding is characterized as a circle in order to help dismantle the artificial separation which often characterizes the relationship between the 'subject' or self and the 'object' or world. One can only understand an individual self with reference to the bigger whole (the culture or world that one inhabits), and one can only understand that whole with reference to its parts, the articulations of our beliefs and values mentioned above.

Shweder (1991) argues that the concept 'person' is a social construct that varies across cultures. The notion of 'personhood' displays marked differences depending on the social-ethical structure of a given society. Nietzsche linked such differing views of personhood or selfhood to the religious/philosophical beliefs of a tradition. Such (often erroneous, he thought) beliefs reinforced certain views of the 'subject' (or self) through the language and the development of a particular grammar. Nietzsche (1886/1989), whose intellectual background was formed as a philologist, and who gave careful attention to the structure of language in the historical development of certain philosophical and ethical ideas, suggested that one's view of the world would likely differ greatly depending on whether or not one's language emphasized the 'subject', the 'I'. Likewise, Shweder (1991) notes that language and, more specifically, the social thought of a culture display crucial differences depending on whether or not a culture thinks in 'abstract' or 'concrete' ways about the relation between the individual and human action. In certain cultures where the abstract mode of social thought dominates (such as in the West), a separation is generally made between the self or subject and the role that one plays within society, subordinating the latter to the former. In cultures that are characterized by the 'concrete' mode of thinking, the social role often trumps the notion of the autonomous individual standing behind that role. Individuality, if we can call it that in

this context, is only understood in terms of the role one plays in society. Actions and individuals are understood more naturally as forming a 'unit'. Each person has a 'role' to play that largely determines his or her identity.

Shweder (1991) makes a further distinction, following Dworkin (as cited in Shweder, 1991), between rights-based and duty-based societies. This differentiation tends to parallel the distinction made above between individual- and social-oriented societies, but now on the plane of ethical consideration. Rights-based societies tend to focus on that to which the individual is entitled. Duty-based societies, on the other hand, focus on the obligations of the individual to society as mediated by the moral code of that culture, which is often a religious code. Even Immanuel Kant, perhaps the most famous advocate of a deontological or duty-based approach to ethics, is often thought to have been more under the influence of a Christian concept of duty rather than having derived his concepts from 'pure reason', as he had thought (Nietzsche, 1889/1987). We do not mean to suggest that all cultures fit neatly into either a rights-based or duty-based model. Ethical life evolves in rich and multifarious ways. Virtue or narrative models may more adequately characterize certain cultures (Kitchener, 1996; Pettifor, 1996). Even within the North American experience we have various competing models for ethical life. We have decided to look at the notions of rights and duties because they characterize two dominant, identifiable general attitudes towards ethics which differ in their emphasis on individual and group concerns.

Our work with Azorean immigrants to Canada and the United States has revealed certain characteristics of a duty-based culture, which emphasizes moral obligation, through our examination of a culture-specific syndrome called *agonias* (James, 2002; James & Prilleltensky, 2002). Although the participants of our study were asked a non-relational question, 'What is the cure for *agonias*?' many participants responded with a narrative of moral obligation, 'When someone has *agonias* I give them ...'—and then they listed the cure. The cures varied greatly but the most frequently cited remedies were 'to give water or water with sugar in it', 'teas' or 'just listening to others' problems'. At first the variety of cures was confusing, but later we realized that the common thread uniting all of their narratives was compassion. In contrast, in North America, when a depressed person is asked what makes them feel better and they respond 'St John's Wort tea', there is no moral obligation of the questioner to buy and prepare the tea for that person.

The way that one comes to understand the world, one's notion of what is or is not real, is shaped largely by the belief environment in which one's self develops. If, for example, a person is raised in North America, where the conception of the individual is one that is abstracted from the rest of social and empirical reality through the constant re-enforcement of the conceptual and grammatical structure of the 'I' or 'self' (as demonstrated by the various

ways of expressing this: self-awareness, self-reflexive, self-improvement, self-conscious, etc.), then she or he will come to give that self a central place in our thinking. The 'I' or self then becomes a dominating reality in such a culture. This notion of personhood cannot help but affect one's value structure. If the 'I' is of central or great importance, then this value will be reflected in the wider ethical/moral life-world.

## **Ethics**

Ethics and morality are not concepts which can be characterized simply. These terms have a long history in which practice or narrative articulations (as in religion) often preceded theoretical conceptualization. Ricoeur (1992), whose work we will present in greater detail later on, distinguishes between these two terms in order to help clarify two major aspects of ethical theorizing. In western thinking, 'morality', by convention, has been understood in terms of duty or in terms of the rules that enable us to come to know and perform such duties. Immanuel Kant's deontological (duty-based) ethics provide us with a paradigm of this rule-based approach. Ethics, by convention, has been understood more as a quest for the good or the good life. Aristotle, in Ricoeur's scheme, becomes the representative philosopher of this approach. We will see later on how Ricoeur shows that these two characterizations (in terms of rules that forbid and the more positive aim of achieving a good life) are not antithetical, but require one another. Again, we do not wish to suggest that the only alternatives for ethical life are to be found in these approaches, but they do help to identify an ongoing (and quite dominant) dialectic which has existed in western moral thinking.

## **Culture, Values and Psychotherapy**

The practice of psychotherapy has emerged and evolved largely within a particular cultural context. This context is largely that of the European/North American experience, a culture which, as we have said, tends to privilege or emphasize individuality both conceptually and in practice (Cushman, 1990, 1995; Rossiter, Walsh-Bowers, & Prilleltensky, 2002). This fact is of great importance when considering the assumptions and value framework under which the therapist implicitly operates. We believe that the psychotherapist should be keenly aware of this framework when dealing with clients, especially those who come from a different cultural background.

In her book *The Vulnerable Therapist*, Coale (1998) addresses some of the problems that have emerged in psychotherapy as a result of not taking adequate account of the normative side of this enterprise. Not only does psychotherapy tend to reflect the moral values of a particular culture, but the

growth of the practice has also been enmeshed with the growth of professional legal and ethical codes in our highly 'professionalized' society. Coale argues that the goals of such codes are not always conducive to the goals of psychotherapy. This problem is reflected in litigation laws that are intended to 'protect' the client from abuses that may occur in therapist–client relationships as well as rules for professional conduct that tend to distance the therapist from the client. Although such rules are intended to protect the client, Coale argues that a rule-based approach to ethics diminishes the importance of the relational side of ethics and serves more to preserve the institution of psychotherapy by giving it the appearance of ethical professionalism. She sees this trend itself as ethically questionable, putting the concerns of the institution ahead of the persons that it professes to help. Other psychologists have emphasized this need to recognize the relational and dialogical dimension of ethics in a therapeutic context as well (Prilleltensky, Rossiter, & Walsh-Bowers, 1996; Rossiter, Walsh-Bowers, & Prilleltensky, 2002; Shotter, 2005). Cushman (1995) argues that the very image of selfhood which we have created and nurtured in North America through advertising, psychotherapy and other cultural practices contains many unacknowledged moral values which may unwittingly support unhealthy social institutions.

Coale (1998) may be guilty of oversimplification in her characterization of the role of professional ethical codes. While the codes may sometimes appear to be indifferent to the personal concerns of individual clients, it would seem reasonable to assume that the intent of those who formulate such codes would be to serve the needs of clients and therapists in the most ethically suitable manner. Indeed, attempts have been made on the part of the Canadian Psychological Association and the American Psychological Association to revise their respective ethical codes to meet the concerns raised by therapists based on the dilemmas and conflicts that they encounter in daily practice (Pettifor, 1998; Pettifor, Estay, & Paquet, 2002; Pettifor, Sinclair, & Strong, 2005; Pope, Tabachnick, & Keith-Spiegel, 1987; Pope & Vetter, 1992; Sinclair, Poizner, Gilmour-Barrett, & Randall, 1987). What Coale's argument does help to illuminate, however, is the inherent tendency to allow institutions, including law-like codes or even specific sets of decision-procedures, to replace careful human judgment. Human interaction requires ongoing acts of judgment or interpretation of 'human kinds' which differ from the way we act towards 'natural kinds' or entities which lack conscious awareness (Martin & Sugarman, 2001) or the capacity for 'self-interpretation' (Taylor, 1989). Developing an ethically responsible approach towards psychotherapy will involve going beyond familiarity with the relevant professional codes of ethics, and will necessitate the development of a therapist's capacity for ethical judgment. A number of hermeneutic thinkers have looked to Aristotle's concept of *phronēsis* (practical wisdom) as a model for such judgment (Aristotle, 1986; Eaton, 2002; Gadamer, 1999,



2001; Ricoeur, 1992; Woolfolk, 1998). What distinguishes *phronēsis* as an approach to practical matters is the relation that emerges between the theoretical and the practical. One who has developed practical wisdom (which may take many years and a lot of life experience) does not impose theory from 'above', as it were, but amends theoretical considerations according to the 'context' in which these are being applied. A sense of judgment is needed which is very similar to what the hermeneutic model suggests. We will try to illustrate the kind of ethical judgment that we believe therapists should possess more clearly when we present our case study in a later section. For now, however, we should say that some psychologists have acknowledged the importance on the part of counselors of developing the ethical virtues, including *phronesis*, so as to prepare them for making mature, moral decisions in a therapeutic context (Brinkman & Kvale, 2005; Kitchener, 1996; Pettifor, 1996). A virtue-based approach to ethics need not ignore moral rules or principles, but rather allows the counselor to develop a kind of character that helps him or her to make mature judgments on how to apply such rules. Such judgments will take into account the relational aspect of the therapeutic situation as well as the relevant moral principles.

Coale (1998) critiques the 'rule-based' approach to ethical practice that has dominated professional ethics in North America as being a substitution for difficult ethical thinking. This approach does not adequately account for individual or cultural variability and operates on certain theoretical assumptions that reflect this society's views of what is normal and good. She suggests that a 'context-based' approach better captures the dynamics of the client-therapist relationship. She tells us:

Context-based ethics facilitate ethical decision making as a *process*, not as a *regulation*, and rely on therapists' use of self in relationships. Attention to the uniqueness of each client-therapist situation and the capacity of the therapist to facilitate an ethical process is in focus. (pp. 1-2)

'Context', we are told, includes the client's family, professional helpers, behaviors, interactions and the collective meanings that emerge from these behaviors and interactions (Coale, 1998). The meanings of certain behaviors or interactions are determined by the specific context in which the behavior takes place. Applying a rule-based approach to ethics, Coale argues, does not take into account these context-based meanings and may rule out or forbid certain actions that would benefit the client.

Coale's understanding of the notion of 'context' emerges from her use of a theoretical model based on social constructivism. From this perspective, the context of meaning is established or created within the therapeutic relationship itself. Rather than imposing meanings from the 'outside', as it were, importing values developed for extrinsic purposes based on a rule-based

ethic, Coale argues that meanings should emerge in the very process of doing psychotherapy.

Although we support the idea that context is of vital importance and that ethical decision-making should not be surrendered wholly to the impersonal mechanism of a pseudo-objective professional ethical code, we believe that the notion of context must be construed in broader terms than Coale herself seems to understand it. Beyond what Coale calls a 'system of meaning' (which includes family, professional helpers, behaviors and interactions, etc.) lies a larger system, which transcends the immediate client-therapist relationship. By this we mean culture, that which links us through language, tradition, religion, history, and so on. This consideration is of vital importance to both domestic and cross-cultural forms of psychotherapy. In each case the client's 'self' can only be understood as emerging from a dialogue with others, including specific others such as family and friends, or 'representative' others (God, our ancestors, humanity itself) who inform our cultural values or moral codes (Foster, 2004). This dialogue is what transforms values in their abstract form or in the form of traditional narratives into living, meaningful, ethical sources. Indeed this dialogue can be said to be constitutive of the self at its most basic level. The self, as Taylor (1992) argues convincingly, is primarily dialogical as opposed to the monological picture that has tended to dominate major strands of western thinking beginning at least with philosophers such as Descartes and Locke (Taylor, 1989). Sampson (1993) argues that a monological conception of selfhood has dominated western psychology. Sampson, following philosopher Emmanuel Levinas, has tried to show that the self is more accurately portrayed as dialogical in structure and that this view of selfhood already gives us a basis for our ethical relationship with others. Who we 'are' is dependent on others, some of whom we will never meet or experience as a 'face' (Levinas, 1996; Ricoeur, 1992). This reliance on others suggests a debt that we in turn owe to those with whom we interact on a social or professional basis (Levinas, 1996).

Understanding ethics and ethical decision-making in this way helps us to avoid the relativism that is often attributed to the social constructivist approach. 'Context' is not set adrift from the larger cultural framework but is held accountable to the moral ideals or goals of the cultural tradition. On the other hand, the idea of a context-based ethics as seen in this way helps prevent us from uncritically falling into practices based on a dead or harmful tradition, one which conceals oppressive values (Friedman, 1993). A number of psychologists have recognized, as we have, this hermeneutic 'middle ground' which avoids some of the excesses of constructivism, on the one hand, and scientific endeavours or traditions which assume a form of objectivity, on the other (Christopher, 1996; Richardson, Fowers, & Guignon, 1999; Woolfolk 1998). Paul Ricoeur (1990) speaks of a dialectic of innovation and sedimentation which is characteristic of evolving or living

traditions. Beliefs, values and practices sediment in our experience to the point of appearing to constitute a kind of objective reality. It is important, from a hermeneutic perspective, that such sedimentation is always challenged with the possibility of new innovations, while at the same time recognizing the importance of these values or ways of life in giving stability to communities. Rule-based ethics, at their extreme, represent a form of unhealthy sedimentation, one that forgets the 'positive' intention of such rules. Rules, when connected to their moral sources (Taylor, 1989), not only 'regulate' moral life, but aim at the ethical intention of providing a good life for all (Ricoeur, 1992). Professional associations for psychologists must not lose sight of this goal, especially when pressures are being exerted by insurance companies and the legal system to limit treatments to those defined in narrow but more measurable empirical terms (Bryceland & Stam, 2005).

### **Hermeneutics and the Dialectic of Rule-based and Context-based Ethics**

We said at the outset that our theoretical framework for understanding the ethics of cultural therapy would be a hermeneutical one. We are now in a position to show in what way this is so, as well as how our approach differs from traditional and constructivist approaches to applied ethics. Hermeneutics, the science of interpretation, sees knowledge or understanding (like constructivist approaches) as a 'process'. Within a hermeneutical framework, this process is seen as dialectical in nature. The general form that this dialectic takes is between the 'part' and the 'whole'. When applied to psychotherapy, we come to understand the client's self or his or her intentional world by examining the relationship that exists between his or her own subjective experiences (the parts) and the context or culture within which these experiences are formed and given their specific shape (the whole). Thus, the self is viewed as dialogical in nature, as something that emerges out of a kind of conversation between the individual and the social spheres (Richardson, Rogers, & McCarroll, 1998; Taylor, 1992).

Ricoeur, in his book *Oneself as Another* (1992), applies a hermeneutical approach to the question 'What is the self?' and to the relation between selfhood and ethics. For Ricoeur, the descriptive or epistemological understanding of selfhood is intimately tied to its moral and ethical dimension. He draws on authors such as Levinas (1996) (the original French version of this work was published prior to the original French version of Ricoeur's work) who see selfhood as established through a relationship with others (or with an 'Other'—which may represent God or the debt that we owe to those who came before us and bore the evil of slavery, violence, oppression). The relation to this Other (or others) forms the basis for conscience and self-

consciousness as we come to see our self reflected through the eyes of another or the images of otherness, or we come to see our self as an 'other' (Ricoeur, 1992).

Ricoeur further identifies a hermeneutical/dialectical relationship between morality and ethics. He sees a strictly rule-based or duty-based approach to ethics as inadequate to fulfilling what he calls the 'ethical intention' or ethical aim (Ricoeur, 1978, 1992). Something more is needed. He believes that buried beneath the rules of deontological morality lies a more positive intention, which is to create the conditions, both individually and collectively, for living a good life (Ricoeur, 1992). We establish rules and follow a sense of duty not purely for its own sake, but as a way of creating those conditions under which we can flourish *qua* human beings.

We think that Ricoeur can help us in coming to a better understanding of the ethics of cultural psychotherapy by overcoming the schism between rule-based and context-based ethics that we see in a writer such as Coale (1998). Coale opposes the excesses and inflexible nature of a rule-based approach to ethics. Her context-based approach draws on the resources of an ethics of care (Gilligan, 1993) and an ethics of virtue (Coale, 1998; MacIntyre, 1984). We are sympathetic to her concern here, but, following Ricoeur, we believe that rules need not be antithetical to this project. If we remind ourselves that the positive intention of moral rules is to help us (rather than hinder us) in attaining the things in life that we see as good (mental health, healthy relationships, spiritual health, etc.), then maybe we can begin to develop rules of professional ethics which more clearly foster these ends. Solomon (1993) has been developing a similar project in the context of business ethics. The professional ethics of business has typically reflected a rule-based approach. Solomon moves beyond this, basing his approach on an Aristotelian 'ethics of virtue'.

This hermeneutical approach transforms the opposition that we find in Coale (1998) between rule-based and context-based ethics into a complementary relationship (a dialectic, if you will) where rules play the role of guidelines rather than sacred laws, whose true intention is to assist in, rather than to deter from, the goals of therapeutic practice. Such an approach requires judgment, interpretation, but, as Gadamer (1999) reminds us, the history of rules or of law has been a history of working out the spirit of (or intention of) the law through the development of our capacity for making judgments. Such an approach forces on us a responsibility to develop our sense of judgment by not allowing us to rest comfortably in the sedimented structures of rules, on the one hand, or engaging in a relativistic approach to therapy with no criteria for choice, on the other.

We, like Christopher (1996), see a hermeneutical approach as 'one attempt to move beyond objectivism and relativism' (p. 24). Christopher sees the practice of counseling as a cultural practice imbued with a moral vision emerging from North American culture. He also rejects the excesses

of both the social constructivist and 'objectivist' models that we have discussed above:

In this [hermeneutic] view, we as counselors cannot base our moral visions on arguments for their undeniable 'objectivity' nor explain them in terms of the playful detachment associated with relativism and deconstructionism. Forging such a third way forces upon us a certain maturity. The maturity comes from accepting responsibility for our actions and their consequences, including the great effect they can have on the lives of others, especially our clients. (p. 24)

Woolfolk (1992) views the hermeneutic approach in a similar manner, telling us:

But while social constructionism embraces and celebrates relativism, hermeneutics aims to chart a middle course between the extremes of objectivism and relativism. Hermeneutic philosophy attempts to preserve a concept of truth that is meaningful, even in the face of cogent critiques of objectivism. (p. 218)

The 'truth' of the situation is not to be thought of as some absolute or foundational endeavor, but rather as that which emerges from the encounter between the therapist, the client and the cultural resources that both bring to the table. An attitude of 'openness' is required on the part of both, where their prejudices or assumptions are called into question (assumptions about what is good or about what 'healing' might mean in this particular context). To call our prejudices into question requires a critical stance, but it also requires an acknowledgement that we operate under these assumptions. That is, they provide the resources for innovation or for challenging each other's assumptions. The intention here is to bring about a fusion of horizons (or perspectives; Gadamer, 1999) in order to understand the 'truth' or approximate truth of the (historically or culturally conditioned) situation. We do not bring in solutions from nowhere, from the heavens or some objective realm. They emerge from the dialectic of innovation and sedimentation that we discussed earlier and that characterizes living tradition or cultures. There is room for innovation, imagination and creativity, but these do not emerge from a void. Useful, responsible innovation emerges in the context of a progressive history.

The notion of a 'horizon' is developed in the hermeneutic philosophy of Gadamer (1999). The metaphor of the horizon captures the hermeneutic conception of one's 'perspective'. We can only see or understand the world from the viewpoint of our own horizon, which includes our memories, experiences and the cultural background, history and language which have made these very experiences possible for us. Our horizon reflects the circular structure of understanding that we discussed earlier. Our perspective is shaped by the dialectic between our personal experiences (the part) and the way that we situate these experiences within our larger cultural framework

(the whole). No understanding exists on the basis of disconnected moments of life. The very concept of human 'experience' and 'understanding' is predicated on the notion that we can in some way connect and interpret such experience. To understand the experience of another person requires us to gain some sense of what constitutes their horizon. This will require us to call our own prejudices into question (the prejudices or assumptions that make up our horizon) so that we may be open to the horizon of another.

### **Interpretation, Judgment and Maturity in Psychotherapy**

In our discussion of hermeneutics, ethics and cultural psychotherapy, we have introduced the terms 'interpretation', 'judgment' and 'maturity'. We believe that these three notions play an important role in the process of doing cultural therapy in an ethically sensitive manner.

Interpretation, of course, plays a central role in traditional models of therapy. The therapist aims to interpret what the client is saying. The therapist tries to understand the real meaning of the client's situation, a meaning that the client is not aware of. Psychoanalytic and psychodynamic models are more explicit about the interpretations that they make. Other forms of therapy also use interpretation but in implicit ways. Family therapists interpret individual symptomatology as symptoms of family dysfunction. Cognitive behavioral therapists interpret behaviours as indications of cognitive dysfunction.

A therapist adopting a hermeneutic approach understands that therapy is a dialogical process that the therapist helps to co-create. The therapist brings his or her self to the dialogue, including his or her values and presuppositions, and this greatly affects the kind of therapy performed. The therapist needs to be aware of this fact and to understand how it shapes his or her understanding of the client's problem. The therapist's conceptions of good, the good life, health, sickness and so on, will influence their interpretation of the client's situation.

Likewise, a therapist traditionally uses judgment to categorize clients according to psychiatric categories (e.g. the *Diagnostic and Statistical Manual (DSM) IV-TR*; American Psychiatric Association, 2000) and to decide what model of therapy to use. A hermeneutic model of judgment suggests that categories are not natural kinds and that people cannot be expected to fit neatly into the *DSM* categories or the various models of therapy. We believe that developing the ability to interpret and make judgments hermeneutically will also help the therapist to apply the ethical principles intended by professional codes in a culturally sensitive way.

Maturity is best displayed in counseling through the development of competency in interpretation and judgment. From a hermeneutic perspective, this means more than learning to apply a particular model of psychotherapy

well. This involves a realization that therapies were designed in certain contexts and they may not be relevant to all clients. Maturity involves being able to judge when to let go of models that do not fit the client. Maturity, in this sense, resembles Aristotle's *phronēsis* or practical wisdom of which we spoke above. The correct model or principle may only become apparent in the process of working with a client because it is only then, according to Aristotle, that we come to fully understand the truth behind the model or theory applied (Brinkman & Kvale, 2005; Gadamer, 2001).

### **Clinical Case Example**

In a previous study (Harris & James, 2002) that investigated Portuguese therapists who treat Portuguese clients, we found that although the therapists would not explicitly talk about their theoretical framework as hermeneutic, they often used techniques consistent with that perspective. The case that we are describing is one such example. A Portuguese therapist had been seeing a Portuguese client for about five months at the outpatient clinic of a hospital in an American city. The client, whom we referred to as Nildete, had recently been diagnosed with cancer and was dealing with her imminent mortality. Like many Portuguese families, Nildete's family had very few financial resources. The family had scraped the money together to pay Nildete's medical bills but she had one final wish that was not feasible because of their meager finances. Upon learning that her time was limited, Nildete desperately wanted to see her sister, living in the Portuguese Azorean Islands, whom she had not seen since childhood. Her sister did not have the funds to pay for a ticket, however, and Nildete did not have enough money for her and her husband to go to the Azores. Thus, Nildete was trying to figure out a way for her to travel alone to the Azores. Nildete's husband, however, was adamantly against her traveling alone.

The therapist presented the scenario at the Mental Health Clinic's team meeting. It seemed to us that the situation was plagued by an impassible clash of values. The traditional Azorean values of the husband, where he is the final authority on family matters, were pitted against his wife's more liberal values, probably developed from living in America, of wanting the freedom to choose how to spend the end of her life. Our opinion was that the couple would have to come to a difficult resolution that privileged one set of values over the other.

After spending more time with the client and trying to find a culturally appropriate solution for both members of the couple, the therapist came back to the team with another idea for us to consider. Her idea was that she would ask the couple if they would mind if she took up an offering among the professionals at the clinic (most of whom were Portuguese) to raise money to fly Nildete's sister to America.



The therapist had a firm grasp on the client's conception of the good. In Portuguese culture the family is paramount. A good person dies with his or her loved ones around her. The client also wanted to integrate her life, which had always been split between the Azores and America, by, in her final hours, having the two merge. This example suggests a collectivist solution, which differs from individualistic one. The therapist and client share the value of being from a social-oriented group where it is not uncommon to try to help others. In an individualist society (i.e. North America) we might try to help others to help themselves: for instance, help the clients set up a fund for her sister's trip. In a communal, or duty-based, society you do things for others rather than help them do things for themselves.

This example also illustrates the difference between 'rule-based' and 'context-based' approaches to ethics. Rule-based codes do not require the therapist to act and, if anything, may even be interpreted as forbidding such action as it could be seen as creating a dual relationship with her. The therapist's actions give a good demonstration of context-based ethics, which pay attention to the client's unique situation. Codes are important but there is also a need to interpret such codes in order to capture the 'spirit' of the law or the principle involved. Hermeneutic approaches have often invoked Aristotle's notion of *phronēsis* in order to capture this idea. *Phronēsis* requires an act of judgment which can only be acquired through experience, the experience we gain over the course of our life through working with and observing others and their cultures. The correct judgment for Aristotle is not a simple matter of applying an abstract principle or rule to a given situation, but the rule itself is transformed or modified and hence made more correct or appropriate when we take into account the particulars of the concrete situation.

A prominent aspect of Portuguese culture is religion. Our research with Azorean immigrants (James, 2002) showed that 95 percent of the community are Catholic. Therapist and clients shared the same faith, so all shared that part of the horizon. This culture is one in which it is not uncommon to take up an offering (e.g. at church) to help out other people.

Our research with Azorean immigrants has demonstrated that community members help each other when they are ill. One community member said: 'As the Great Physician helps His people in a time of need, we in turn help our neighbours when they are suffering.' The priest suggested that this is a way for them to serve the Divine as Christ indicated when he said, 'Truly, I say to you, as you did it to one of the least of these my brethren, you did it to me' (Matt. 25:40, Revised Standard Version).

One might wonder if the therapist taking up a collection is overstepping the boundaries between therapist and client by treating the client as a friend. Although in some parts of the dominant North American culture this behavior might be reserved for close friends or family members, in the Azorean culture this is how one responds to anyone in need in the



community. The client and therapist shared features of their horizons by virtue of being both Azorean and Catholic, where taking a collection to help someone is a common occurrence.

When interviewed about what she did in that case the therapist said:

I think that has to do with me and that it has to do with the needs of my clients. I was always someone who likes to try different things and I like to decide on treatment based on people's need. So what I did was, basically I had to find what her need was. She told me what she wanted the most and I tried to come up with it. I mean, I am not rigid about therapy. As you know some people can be and some schools also teach that therapy has to, you cannot self-disclose, you cannot do this, you cannot do that. I think some of those things are very questionable in our days in general. People have started to question many of those things. You need to practice with your own character and your own style of being in the world and seeing what world you see yourself . . . I will question them [traditional methods of psychotherapy] and I will step out of the boundaries when I think it is in good taste. Meaning, when I think it is in the best interest of the client and it is not something that it is going to deplete me. It is as simple as that.

The therapist here is using her own judgment in a way which reflects a hermeneutic approach. She even uses the word 'taste', a word which Gadamer (1999) often refers to in relation to the task of judgment. He alerts us to the fact that prior to Kant's *Critique of Judgment*, the notion of taste carried more of a moral rather than aesthetic connotation. The therapist's judgment here reflects an understanding of her culture which allows her to appropriately interpret the 'part'—in this case the client's predicament—in light of the 'whole'—the cultural expectations and practices most suitable among the Portuguese.

Once again, our intention is not to suggest that we get rid of ethical codes and develop a relativistic ethic based solely on context (such an approach strikes us as impoverished if not empty) but rather to bring the rules to life through a dynamic structure which aims at interpreting the intent of those rules and which serves the client and their cultural group more appropriately. Such an approach may also help us to modify existing codes as well in order to account for ethically relevant cultural differences.

## Conclusion

We have tried to show the importance of understanding the complex relationship that exists between clients, their culture and the values that emerge from culture. Developing an ethical approach to psychotherapy requires that we do more than familiarize ourselves with the professional codes of ethics set out for this practice. These ethical codes and the rules that constitute them are important, but, as Coale (1998) suggests, they should not replace the difficult work of ethical thinking and judgment. Professionals in

this field should become part of an ongoing dialogue aimed at helping to develop rules or ethical codes that better serve the clients we seek to help. This exercise will require us to engage in the (often) difficult task of gaining a better understanding of a client's culture or context, including their conceptions of good, and critiquing or correcting instances where our own moral or cultural prejudices distort or compromise the therapist–client relationship.

We believe that a hermeneutic approach distinguishes our treatment of ethical codes and can add to the considerations that have been presented by constructivists as well as those who promote a virtue-based approach. A hermeneutic approach does not propose that culture and the critique of culture is to be understood in terms of a closed system, but, as we noted above, it relies on a dialectic of sedimentation and innovation. Such an approach does, however, as we have suggested, avoid some of the problems associated with relativism and objectivism.

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