

Spring 2012

Context, content and reflexivity: Aspects of psychotherapeutic understanding

Rick Reinkraut

Follow this and additional works at: <https://digitalcommons.lesley.edu/jppp>

Recommended Citation

Reinkraut, Rick (2012) "Context, content and reflexivity: Aspects of psychotherapeutic understanding," *Journal of Pedagogy, Pluralism, and Practice*: Vol. 4 : Iss. 4 , Article 5.

Available at: <https://digitalcommons.lesley.edu/jppp/vol4/iss4/5>

This Article is brought to you for free and open access by DigitalCommons@Lesley. It has been accepted for inclusion in Journal of Pedagogy, Pluralism, and Practice by an authorized editor of DigitalCommons@Lesley. For more information, please contact digitalcommons@lesley.edu.

Context, content and reflexivity: Aspects of psychotherapeutic understanding

Rick Reinkraut

I still remember the first philosophy course I took as a college sophomore and the amazement and unease I experienced in considering the notion with which the professor presented us: imagine that at birth green contact lenses were implanted in your eyes and ever after you saw a greenish world. My classmates and I were challenged to examine the bases upon which we made assumptions about the world and the understandings and meanings that followed. I was confronted by the concept that the world I saw, as a sighted person, was a filtered 'reality'. My understandings were not of an 'objective' reality as I had assumed them to be. The content of what I believed I knew was framed by and screened through a filtration system not of my choosing in consequence of which my understandings and meanings emerged. With broad brush strokes this vignette of epistemological enlightenment from years ago foreshadows matters of particular relevance to the work of psychotherapy.

The ranges of understandings that are helpful to the work of psychotherapy are legion and growing as knowledge increases and clinical wisdom expands. There are three aspects of therapeutic understanding that I am going to discuss: first is the context of the life experience of the client as viewed from an interpretive/hermeneutic perspective; second is the content of the life experience of the client looked at from the vantage point of narrative identity, and lastly is therapist reflexivity viewed in response to and in relation to the client's life story and the therapist's own life story.

The context of lived experience

In seeking to understand the context of an individual's life, Cushman's (1995) perspective in *Constructing the self constructing America* is informing:

I will use the terms *social constructionism* and *philosophical hermeneutics* in order to refer to the perspective that guides this book.... it stands for: a determination to focus on the everyday, lived *context* of whatever, or whoever, one is studying. This approach focuses on situating one's object of study in the cultural and historical context in which it is embedded. People and things exist only within a certain political and moral context, and they are not understandable outside of it....Individuals and their context form a dialogical, interpenetrating *unit* (p. 16-17).

A person's life unfolds within a context of, what may be called, the *reality tales* that form the atmospheric conditions in which cultures are embedded. In her provocative and thoughtful article, McWilliams (2005) offers up a list of "omnipresent secular themes" (p. 142) in

contemporary American culture. These "themes" that are presented as aphorisms, are succinct examples of the sort of reality tales to which I am referring, e.g., "[i]f you're rich enough, you'll be happy.... [i]f you're famous enough, you'll be happy...[i]f you're beautiful enough, you'll be happy (if not, there's always cosmetic surgery)... [i]f you get enough sex, you'll be happy....[e]verything that goes wrong is somebody's fault....[p]eople are naturally mobile and can relocate easily in response to corporate needs..." (p. 141).

As Bruner (1990) has influentially maintained, a person cannot be understood apart from her or his embeddedness within a cultural/historical context. It is this context that forms the soil which roots the constituents of person-hood. There is, of course, a difference between the superficial recognition of another as a person and a deepening contextual understanding of another person's lived experience.

To understand another, in a contextually meaningful way, is a challenge to one's capacity for empathic resonance and a decentering from one's own embeddedness in the service of stepping into another's shoes with the goal of increasingly greater affective and conceptual understanding of the experience of another. Chi-Ying Chung and Bemak (2002) commented, in this regard, that "... therapeutic empathy must take into account the cultural context so that the same problem presented in two distinct cultures would warrant different, culturally specific responses" (p. 156). The way experience is experienced is dependent upon the culture that bounds and inspires the reality tales that inform and form the framing of what is involved and expected in being a person. Christopher (1996) discussed what he calls 'moral visions'. He maintained that we are each embedded in moral visions.

Moral visions have descriptive and prescriptive functions. These two functions correspond to the two dimensions of culture defined by Geertz (1973)...: world view and ethos. A world view describes reality and tells us what is involved in our reality, what reality consists of, what it is composed of, and how it works.

Each culture's world view determines what constitutes a person, what a person's resources and faculties are, where the boundaries of the person are, and so on.... In prescribing what a person should be or become, moral visions correspond to the other aspect of culture that Geertz called ethos...'A people's ethos is the tone, character and quality of their life, its moral and aesthetic style and mood; it is the underlying attitude towards themselves and their world that life reflects'.... Ethos guides our assumptions about how we ought to behave, interact think, and feel....world view contributes to the descriptive understanding of the person, the ethos adds a prescriptive or normative element. (p. 18-19).

Christopher, following Geertz, is emphasizing that any culture is characterized by how it maps reality and how it values the elements of the reality that it has mapped. The descriptive and the prescriptive are interpenetrating aspects of the wholeness that is a culture.

An ever-increasing understanding of the lived world of a client is an abiding challenge for the work of therapy. Martin and Thompson (2003) wrote: "A basic contention of hermeneutically-inspired scholars and practitioners of psychotherapy is that human existence unfolds within an historically established sociocultural life world.

Because life always is lived with others, human activity within the life world is an inherently moral phenomenon" (p. 1). In so saying Martin and Thompson are asserting that the therapeutic engagement is invariably one that involves a recognition that a person's lived experience is always lived out within an inherently moral context. Colleagues and I have noted through the years that in our clinical experience clients consistently make it known that they are concerned about the kind of person they are and the kind of person they hope to be, and the issues that get in the way. As Miller (2004) noted:

.... the practical problems of life that are brought to psychologists are moral problems - problems of what to do, how to act, how to treat others, or how one is being treated by others. The questions that are brought for answers to the psychologist's or psychotherapist's consultation room have to do with the difficult choices and decisions of life and the emotional concomitants and sequelae of those decisions...(p. 18). Miller (2004), in common cause with others (e.g., Aponte & Winter, 2000; Cushman, 1995; Doherty, 1995; Prilleltensky, 1997; Reinkraut, 2008; Sugarman, 1995) critiqued and dismissed the view "that both science and practice must be kept free of moral value judgments..."(p. 21).

How to deal with the moral dilemmas that living presents is often central to or included in the concerns that are brought to therapy. The moral context of a person's lived experience is inseparable from the cultural reality of the moral vision within which one has lived. The nature of the moral framing, the articulation of a person's moral issue(s) will be informed by the cultural environment within which the issue surfaces and the cultural ethos that informs the moral viewpoint from which the issue is regarded.

As noted, the hermeneutic viewpoint makes a central feature of psychotherapeutic understanding that a person's experience takes place within a historical moment. Were a clinician to regard a client's expressed concerns as, somehow, ahistorical, this would deprive the client's experience from having a situated place in time in the moral landscape of lived experience. The view of people as a 'black box' is familiar in the history of psychology. What is less familiar is the recognition that the theories that inform psychology are, as Martin and Thompson say, "competing moral stands on what it is to be human, what it is to be healthy, the nature of the good life, and so forth..."(p. 10).

The hermeneutic view challenges the scientific view that psychology describes and deals with an objective reality rather than a construction of reality that reflects a time and place in history that accounts for the world in a particular way. As Howard (1991) said: "Every theory represents a different story that purports to explain (or make understandable) the known

facts in the domain of interest. The word *facts* is highlighted to acknowledge the inevitable theory-dependence of empirical findings" (p. 188).

The hermeneutic perspective challenges us to recognize that there is no stepping onto an epistemic platform that is ahistorical, acultural, amoral. This outlook challenges a clinician to continually seek to be involved in a shared interpretive process with a client to increasingly make meaning of and expand the shared understanding of the impact of the historical, cultural, moral vantage point - the moral vision - in which the client is embedded.

The relevance of philosophical hermeneutics to the work of psychotherapy is in its address to the centrality of situatedness in grounding the conditions for understanding. For a therapist and a client to be addressing the issues of concern to a client, it behooves the therapist to deepen the understanding shared with the client regarding the meaning of the client's concerns within the context of the client's lived experience. Therapy is an encounter between persons whose understandings emerge from the epistemic contexts that determine each person's way of making meaning. To achieve a shared understanding, as Cushman (1995), drawing from Gadamer, frames it, involves a dialogical process of elaborating the meanings from which are constructed the cultural clearings within which each participant is situated. It is through the *fusion of horizons*, as discussed by Cushman, that the Gadamerian goals of shared and expanded understandings emerge. If the outcome of therapy is that the client has gained the tools to be effective in living in the therapist's life world, then therapy has failed. It is the client's enhanced capacity in his or her own life world to be more effective in living on his or her terms that must be a criteria for therapeutic benefit. The elaborated understanding by both client and therapist of the constituents of the contexts that inform the construction of the client's world of meanings forms the basis for a depthful appreciation of the content of the client's life narrative. Gaining an understanding of the context from which a person's lived experience emerges is no small task. A vignette from Geertz's (1974) fieldwork on the Indonesian island of Java is illuminating and cautionary:

...Only when you have seen, as I have, a young man whose wife - a woman he had raised from childhood and who had been the center of his life - has suddenly and inexplicably died, greeting everyone with a set smile and formal apologies for his wife's absence and trying, by mystical techniques, to flatten out, as he himself put it, the hills and valleys of his emotion into an even, level plain ('That is what you have to do,' he said to me, 'be smooth inside and out') can you come, in the face of our own notions of the intrinsic honesty of deep feeling and the moral importance of personal sincerity, to take the possibility of such a conception of selfhood seriously and to appreciate, however inaccessible it is to you, its own sort of force....(p. 34)

Geertz's vignette presents a person experiencing his experience in the way that reflects the worldview and ethos that together, as Geertz (1973) wrote, form the culture in which this man is imbedded and from which his self is formed.

That this man believes "that is what you have to do" speaks to a particular cultural belief system in which he is embedded and from which he has emerged - a belief system quite different from the one that would be normative in American culture. Grief, in American culture, has a voice whose dialect reflects the ethnic heritage of the individual as expressed in ways that are informed by how one has acculturated to the subculture of one's American life. To the extent that Geertz's young man's experience is not understood in an experience-near manner, his behavior, from a conventional American perspective, would likely be regarded as reflecting problems in dealing with grief, and acknowledging feelings.

In his ethnographic vignette, Geertz shows the limitations one potentially confronts in presuming to understand another's lived experience. In the absence of having the kind of relationship within which access is granted that allows an appreciative understanding of the nature of the world as viewed from another's vantage point, the comprehension of another's meanings would likely be an inaccurate endeavor.

The content of lived experience

It is by being privileged to hear another person's story that we come to an expanding knowledge and understanding of who another person is, what the content of another person's life is, who a person experiences her or himself as being. McAdams (2006) expresses his view of the narrative nature of identity evocatively in saying:

...When it comes to human lives, storytelling is sense-making. I cannot understand who you are and what your life might mean unless I have some sense of the story you are working on -- the way you see your life as a plot enacted over time. I cannot understand who I am if my life forms no narrative for me, if I am unable to see my own life as an intelligible story that makes sense to me now and would make sense if I were to tell it to you tomorrow. More than anything else, stories give us our identities (p. 76).

It is the willingness of a client to engage in the storytelling of her or his life that makes psychotherapy possible. It is in the telling of their stories that a person becomes increasingly figural both to themselves and to their audience. All of us who do this work recognize that a part of our responsibility is to be the trusted *storykeeper* of the client's stories of life.

In speaking of the aim of psychotherapy, Miller (2004) wrote "...our ultimate purpose....is to help people find a way to come to terms with personal suffering and make a life for themselves that they can regard as worth living..."(p. x). As has been noted, the life world is a culturally embedded world and suffering occurs within the lived experience of the person. To grasp with increasing depth and resonance what the nature of another's suffering is and how that suffering is experienced depends on the nuanced quality of one's conceptual and empathic understanding.

Following is an example from my clinical experience that illustrates the influence of context, content and reflexivity. Some years ago I engaged in counseling with a woman from an African country who was studying in the United States for an advanced degree. She spent the academic year in America relying on her husband's oversight of the woman caretaker who watched over her two latency-aged children. She sought therapy because of distress she was experiencing. As she reported to me, she was concerned that her husband was having an intimate relationship with the woman caretaker. Over the weeks that we worked together I focused with her on the, as it were, facts of the situation which were unfolding through communications she was having with members of her extended family as well as communication she was having with her husband. It became more and more evident that the rumors that had fueled her distress were baseless and that indeed, her husband, while apparently enjoying a cordial and mutually respectful relationship with the woman was not engaging in a romantic and/or sexual relationship with her. I was perplexed to find that despite all the information that convinced her of her husband's faithfulness, she continued to be significantly distressed. It was only as she shared with me in response to my inquiries more about the norms of her home culture and the shame that associated with being the object of gossip that her distress became understandable to me, and thereby became a concern the content of which came to have a contextual meaning. Her sharing of this contextual information ameliorated my embarrassingly slow realization that I was understanding her distress through my cultural lenses rather than exploring with her the cultural norms from within which she made meaning of her experience.

Hoshmand (2005) illuminates the above example in saying: "...The narrative understanding of human experience.... involves a part-to-whole process, referred to as a *hermeneutic circle*.... The interpreting agent revises such understanding against a cultural context and changing background of knowledge that is both cognitive and affective" (p. 179). The term *hermeneutic circle* describes a dialectic of understanding whereby the whole is informed by the parts which thereby expands the understanding of the whole which gains further understanding by increased examination of the parts and on and on and back and forth. By virtue of this dialectical and dialogical process, understanding as a concept becomes one that is by its nature tentative and partial and always open to further elaboration. A person, then, is understood in dialectical relation to her or his culture, and the culture over time is impacted and changes by the dialectical relationship in which it exists with its members.

The work of therapy, like the experience of living, addresses the figural nature of meaning-making in the lives of people. As Geertz (1973) stated: "...the imposition of meaning on life is the major end and primary condition of human existence" (p. 434). It is through the narrativizing of one's life that one, as McAdams said above, becomes known to oneself and gains boundary and dimension. Through the elaboration of the meanings of the stories of one's life, who I am to me and who I am to others gains definition. MacIntyre (1981) wrote: "We enter upon a stage which we did not design and we find ourselves part of an action that

was not of our making. Each of us being a main character in his own drama plays subordinate parts in the dramas of others, and each drama constrains the others" (p. 213).

This leads to the recognition that we each find ourselves in relation to hermeneutic circles which deepen and expand in varied realms of meaning and understanding. How I regard an event at 20 years old versus how I regard it at 60 will in no small measure be affected by the way in which that event is placed in a narrative context that reflects my view of experience from a particular vantage point. The relationship of the part to the whole reflects the emergent dialectic of the hermeneutic circle of my life. In this way we each are continuous with the person whom we have been and will become. That continuity, however, is not necessarily reflected in a sameness in the way events are regarded and given meaning at varied temporal points in one's life journey.

From the narrative perspective life is an aspirational journey. James and Foster (2003) spoke to this point in saying: "The narrative model for understanding selfhood gives the individual a framework for creating a meaningful existence. To see the self as a story or narrative means that one projects one's self into the future - that is, one plans future-oriented projects which shape the self that they will become." (p. 74). People make the decision to seek therapy when they are faced with difficulties. People engage in therapy with the hope of alleviating distress. A challenge for a clinician in order to be helpful is gaining an understanding of the conditions that led to the person being at this point in their life. Understanding the salience of events and concerns in the life of the person is a necessary condition for being helpful.

Bruner (1990) wrote: "...stories have to do with how protagonists interpret things, what things mean to them" (p. 51). To be the recipient of disconnected facts is to be deprived of a context for making meaning. The recounting of a life story can serve many ends, amongst them is for the teller to have the experience of how the hearer receives what is being told. If I, as the hearer, consistently respond to plot points that are irrelevant to the teller, or respond to plot points in ways that suggest a valuing that is incompatible with the teller's valuing, it is likely, as it should be, that the client will quickly become a former client.

In the context of a perspective on psychotherapy that regards identity as a narrative construction, an issue of moment is the subtlety that is brought to the understanding of the story of identity, the story of living that the client brings forth. The client selectively chooses what to tell a clinician based in part on the experience of how the clinician has received what has heretofore been revealed. The growing experience that the therapist is on one's side, moves the client from a place of distressed isolation to a place of hopeful connection. The issues are not thereby resolved, but the chance of being helped becomes regarded as more possible.

Through the exploration with the client of their identity story there is the opportunity to gain a shared understanding of the nature of the client's aspirational journey regarding the person

whom the client aspires to be in the world. This exploration, to serve therapeutic purposes, must be consistent with agreed upon therapy aims and be consistent with the client's interests, thereby providing the occasion to draw connections between life goals and the context out of which those goals emerge. To the extent that the client is seeking to have broader options regarding life choices, it is a benefit to have an expanding awareness of the sources, the context from which current ambitions arise. It does not follow that the client will choose to change her or his ambitions, but it certainly may make a difference to recognize the embeddedness of aspirations in the cultural context from which one emerges.

Therapist reflexivity

A challenge for a therapist is achieving a receptivity in relation to the client that diminishes the assumptions made about the client and increases the curiosity one has for the client: assume nothing, be curious about everything. This is at once impossible and crucial. It is impossible because, in addition to our personal lived experiences, we come to the work of therapy with training experiences that are rooted in research, theory, and practice, each and all of which lead us to draw conclusions about what helps and what hurts others. It is crucial because then the client does not become just 'another client' but remains figural as a unique person. Saying with humility and genuine interest to a client in the initial session "I would appreciate hearing anything that you are willing to tell me that you believe would be helpful for me to know" communicates a number of messages. It says that the client owns the prerogative regarding disclosing information about her or himself. It says that I am interested in knowing about the client. It says that I want to be helpful. It is an invitation extended, not a demand made.

A commitment to reflective practice and therapist reflexivity serves to support clinicians in meeting the challenge of this kind of receptivity. In this connection the following (Richardson and Bishop, 2004) is particularly pertinent: Human lives, fortunes, and indeed the very purposes and identities of individuals (as well as cultures) are massively shaped or influenced by the situations into which people are born, the challenges and opportunities they encounter, and the exemplars and resources that happen to be available to or provided for them to make sense of and cope with these challenges, to say nothing of the good and bad fortune that befalls them along the way (p. 192).

This is relevant to both the hermeneutic understanding - the context of a life - and to the narrative understanding - the story of a life - of human experience. It is also relevant as an invitation to clinicians to remind ourselves that we are on a like-kind journey to that of the persons who seek psychotherapeutic benefit. Accidents of birth locate each of us in a particular body, in particular families (or with particular people), in particular geographic locations, in particular cultures, and in particular moments in time. As clinicians the profession we have chosen places us in a unique relationship to other people. The challenge is to meet those professional responsibilities ethically and competently. The challenge of

reflexivity reminds us that while we are, metaphorically, looking out the window and viewing the lives, the experiences of others, there is a mirror beside the window in which we can view ourselves. The client is not the 'other', the client is 'another'. To maintain our awareness of the *anotherness* of the people with whom we work clinically, our looking in the mirror becomes a professional obligation.

Given what has heretofore been discussed, clinician reflexivity is served by the articulation of and reflection on the life story that we each are in the process of telling. Where we have been, where we are, where we hope to get, the sources of our aspirations and yearnings, sufferings and accomplishments and the experiences that comprise this unfolding tale deserve nuanced attention (see, e.g., Comas-Diaz, 2010; Haldeman, 2010; Jampel, 2010; Mirsalimi, 2010; Nezu, 2010; Rubin, 2003). This is in the service of increasing the likelihood that the story that we are hearing from our clients does not get confused with the story that we are telling ourselves about ourselves. By being aware of the moral dilemmas with which we have been confronted and the choices made in dealing with those dilemmas we become that much more aware of our moral situatedness and thereby better able to recognize when we are at risk of imposing our moral views on another's ethical decision-making.

Therapist reflexivity is not only a matter of being attentive to the choices towards which one is drawn in the therapeutic encounter. It is also a matter of recognizing that the choices arise out of the meaning contexts of one's cultural embeddedness. In his classic book *Listening with the third ear*, Reik (1948) wrote, "It is not possible to help until you have understood" (p. 128). In the context of this discussion of therapist reflexivity, the kind of understanding that is needed is the therapist's understanding of the context and content of her or his life to increase the clarity regarding the similarities and differences between oneself and another. In putting forward a contextual analysis from a hermeneutic/interpretive perspective, and an understanding of identity from a narrative perspective, stories, in Howard's (1991) sense, are being offered to account for 'facts'. In an analogous fashion to Christopher's (2007) encouragement of cultural humility, I am encouraging theoretical humility. These framings serve a heuristic purpose. Through thinking in terms of context and content from the perspectives discussed, factors that account for the ubiquitous "greenish" lenses mentioned at the start of this discussion are accounted for. As well, reflexivity challenges the counselor to take seriously that the goal of therapy is decidedly not the therapist's imposition of her or his frame of understanding onto the client, not the filtering of the client's aspirations and sufferings through the veil of the therapist's epistemology and moral vantage point. Rather, a focal aim of the work of therapy, in order for it to be therapeutic, is for the therapist to be present on behalf of the well-being of the client informed by the nuanced understanding of the context and content of both her or his own and the client's lived experience.

References:

- Aponte, H.J., & Winter, J.E. (2000). The person and practice of the therapist: Treatment and training. In Baldwin, M. (Ed.). *The use of self in therapy* (pp. 127-165). New York, NY: The Haworth Press.
- Bruner, J. (1990) *Acts of meaning*. Cambridge, MA: Harvard University Press.
- Christopher, J. (2007). Culture, moral topographies, and interactive personhood. *Journal of Theoretical and Philosophical Psychology*. 27(2), 170-191.
- Christopher, J. J. (1996). Counseling's inescapable moral visions. *Journal of Counseling & Development*. 75, 17 - 25.
- Chi-Ying Chung, R., & Bemak, F. (2002). The Relationship of Culture and Empathy in Cross-Cultural Counseling. *Journal Of Counseling & Development*, 80(2), 154.
- Comas-Diaz, L. (2010). On being a Latina healer: Voice, consciousness, and identity. *Psychotherapy: Theory, Research, Practice, Training*. 47(2), 162-168. doi: 10.1037/a0019758
- Cushman, P. (1995) *Constructing the self, constructing America*. New York, NY: Da Capo Press.
- Doherty, W.J. (1995). *Soul searching*. New York, NY: Basic Books.
- Geertz, C. (1973). *The interpretation of cultures*. New York, NY: Basic Books.
- Geertz, C. (1974). "From the native's point of view": On the nature of anthropological understanding. *Bulletin of the American Academy of Arts and Sciences*. 28(1), 26-45.
- Haldeman, D. C. (2010). Reflections of a gay male psychotherapist. *Psychotherapy: Theory, Research, Practice, Training*. 47(2), 177-185. doi: 10.1037/a0019757
- Hoshmand, L. T. (2005). Narratology, cultural psychology, and counseling research. *Journal of Counseling Psychology*. 52(2), 178-186.
- Howard, G. S. (1991) Culture tales, A narrative approach to thinking, cross-cultural psychology and psychotherapy. *American Psychologist*. 46(3), 187-197. Context, Content and Reflexivity 20

- James, S., Foster, G. (2003). Narratives and culture: "Thickening" the self for cultural psychotherapy. *Journal of Theoretical and Philosophical Psychology*. 23(1), 62 -79.
- Jampel, J. (2010). When hearing clients work with deaf therapist. *Psychotherapy: Theory, Research, Practice, Training*. 47(2), 144-150. doi: 10.1037/a0019753
- MacIntyre, A. (1981) *After Virtue*. Notre Dame, Indiana: University of Notre Dame Press.
- Martin, J.; Thompson, J. (2003). Psychotherapy as the interpretation of being: hermeneutic perspectives on psychotherapy. *Journal of Constructivist Psychology*. 16: 1-16.
- McAdams, D. (2006). *The Redemptive Self*. New York, NY: Oxford University Press.
- McWilliams, N. (2005). Preserving our humanity as therapists. *Psychotherapy: Theory, Research, Practice, Training*. 42(2), 139-151.
- Miller, R. (2004). *Facing human suffering*. Washington, DC: American Psychological Association.
- Mirsalini, H. (2010). Perspectives off an Iranian psychologist practicing in America. *Psychotherapy: Theory, Research, Practice, Training*. 47(2), 151-161. doi: 10.1037/a0019754
- Nezu, A. M. (2010) Cultural influences on the process of conducting psychotherapy: Personal reflections of an ethnic minority psychologist. *Psychotherapy: Theory, Reserach, Practice, Training*. 47(2), 169-176. doi: 10.1037/a0019756
- Prilleltensky, I. (1997). Values, assumptions, and practices: Assessing the moral implications of psychological discourse and action. *American Psychologist*, 52, 517-535.
- Reik, T. (1948). *Listening with the third ear*. New York, NY: Arena Books.
- Reinkraut, R. (2008) Moral awareness and therapist use of self. *Journal of Pedagogy, Pluralism and Practice*, 13, 1-17.
- Richardson, F. C., Bishop, R. C. (2004). Practices, Power, and Cultural Ideals *Journal of Theoretical and Philosophical Psychology*. 24(2), 179-195.
- Rubin, L. (2003). *The man with the beautiful voice*. Boston, MA: Beacon Press.
- Sugarman, J., Martin, J. (1995). The moral dimension: A conceptualization and empirical

demonstration of the moral nature of psychotherapeutic conversations. *The Counseling Psychologist*. 23(2), 324-347