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## INTRODUCTION

### *The Ethical Domain of Clients' Lives*

Laura is a middle-aged woman with two teenagers and a difficult mother who is long widowed, in her late 70s, and living in another state.<sup>1</sup> Her mother calls Laura regularly to complain about her life (her one good friend has recently died) and her increasing ailments. She criticizes Laura for how she is handling her own life, including her mothering. Laura dreads these long calls, feels guilty as an only child for not supporting her mother more, and recoils from her mother's criticisms. Increasingly torn about how to manage her mother, her self-care, and her other life responsibilities, Laura called me for therapy.

This is a garden-variety psychotherapy scenario with plenty to explore in terms of the history of the mother–daughter relationship, Laura's difficulty in setting boundaries, and other issues. Here's an additional complication: Laura is getting advice from her friends to simply cut off her relationship with her mother—"drop her," in the words of one of her friends, who happens to be a therapist. That feels wrong to Laura, but she wonders whether

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<sup>1</sup>The case examples in this chapter and throughout the book have been modified to disguise the identities of the clients involved and to protect their confidentiality.

that's because she has become codependent with her mother (an idea she got from a self-help book).

As noted, there is plenty of strictly clinical material to work with here, and in the first half of my career as a therapist, that's all I would have considered. Then I came to realize that clients like Laura have an ethical dilemma wrapped up in their personal challenges. In this case, it was about her obligations as the only offspring of an increasingly frail mother. Like many other ethical dilemmas, this one took the form of a tension between needs of self—for Laura, reduced stress and burden—and responsibilities to other people in our lives.

Later in this book, I describe how I work with clients such as Laura. For now, I want to clarify that this book is about the ethics of clients and how we work with their ethical dilemmas and not about ethical issues for therapists. There is a vast literature on professional ethical issues such as respecting client autonomy, maintaining confidentiality, and so forth (e.g., Knapp et al., 2017; Wilcoxon et al., 2011). But there is relatively little guidance for therapists on how to help clients facing their own ethical dilemmas such as to divorce or remain in a miserable marriage, to continue a secret affair or end it, to cut off or stay connected with a difficult family member, to lie or be truthful when the truth might create conflict, to keep a family secret or tell others—the list is long. And then there are ethical issues that the client may not see but the therapist does, such as a divorced parent undermining the child's relationship with a despised ex-spouse, or a client with a sexually transmitted disease who does not feel a need to inform sexual partners. Cutting across these examples is a core element of human life: the tension between personal needs and desires on the one hand and the potential harm we can cause others as we act on those needs and desires on the other.

For the purposes of this book, I use the terms *ethical* and *moral* interchangeably and define them as decisions and actions that have consequences for the welfare of others. My rationale for using these terms interchangeably is pragmatic. From presenting ideas in this book over the years, I have learned that when the term *moral* is used on its own, many therapists hear it as connoting negative judgment—it sounds like “moralistic.” Therapists seem not to have the same wary response to the term *ethical*, which is commonly used in the field for therapists' own behavior and which I am relating to the world of clients. However, I do not want to abandon the term *moral* altogether, and in fact, I review literature from the field of moral psychology. Hence, the decision to use both terms. On the definition of the moral domain as involving decisions and actions that have consequences for the welfare of others, I am again being pragmatic. There is a long tradition of

debate among philosophers about what constitutes the domain of ethics (e.g., Crisp, 2015). For reasons more fully described in Chapter 6, I come down on a practical, relational definition that focuses on clients' choices and behaviors that have a meaningful impact on the well-being of people in their lives, in particular, avoiding harming others. Ethics here deals with accountability for how we treat others.

The principal argument of this book is that because we humans are ethical creatures who regularly deal with issues of right and wrong, of self-interest and responsibility to others, psychotherapy is truncated if it ignores the ethical dimension of our clients' lives. There is no separating psychological well-being from the client's sense of ethical integrity. In this light, I believe we have overlooked the ethical dimension in the lives of people who come to psychotherapy and that this neglect stems from an overly individualistic view of the human person, a view that dominates Western consumer culture. At a broad conceptual level, I propose an expanded view of the relational self, which inevitably involves responsibilities and commitments as part of the core of identity. I use moral foundations theory (Haidt & Joseph, 2007) to identify moral emotions that clients (and all of us) bring to their ethical decisions and dilemmas. On the ground level, as therapists interact with clients dealing with moral concerns, I offer many case examples of a set of skills using the acronym LEAP-C (listen, explore, affirm, perspective—challenge).

## **HISTORICAL NEGLECT OF THE ETHICAL DOMAIN IN THERAPY**

Despite the importance of ethical issues and dilemmas in our clients' lives and their presence in many problems clients bring to therapists, the psychotherapy literature has been nearly silent on this topic. Why do we lack explicit concepts and clinical tools for therapists to use when helping clients with ethical concerns? Partly, I believe, it's because we worry about invading clients' autonomy—pushing our own agenda—if we venture too far into ethics-oriented conversations. I recall a seasoned therapist who treated a lonely, older man whose wife was in a nursing home with advanced Alzheimer's disease. The client was considering dating another woman but agonized about betraying his wife and his marriage vows. After listening and empathizing with the man, the therapist responded, "I'm a therapist, not a priest. Why don't you talk to your priest about this?" Years later, the therapist still did not feel good about his response, but he could not see an alternative approach. As we unpacked the story, he realized that he thought he needed to be an ethical expert to help his client. Because he was not an ethicist and

believed that prescribing the client's decision would be contrary to ethical therapy practice, he felt paralyzed and turfed the client to a priest.

At a larger level than therapist discomfort, the neglect of the ethical side of human life is rooted in the historical origins of our field. Freud (1961), the founder of talk therapy, placed morality in the superego, not the ego, and thus outside of the focus of psychoanalytic treatment. The sociologist Phillip Rieff offered a powerful analysis of this issue in two important books published in the mid-20th century: *Freud: The Mind of the Moralist* (Rieff, 1961) and *The Triumph of the Therapeutic* (Rieff, 1966). Rieff (1966) articulated four "character ideals" that have dominated eras of Western history: the political person of classic antiquity, the religious person in Judaism and Christianity until the Enlightenment, the economic person (the Enlightenment through the early 20th century), and then the psychological person whose goal is self-satisfaction and personal insight. "Beginning with Freud," according to Rieff (1966), "the best spirits of the 20th century have thus expressed their conviction that . . . the new center, which can be held even as communities disintegrate, is the self" (p. 10). For Rieff, if the moral realm is reduced to the self, which is the domain of psychology, therapists become de facto moral teachers who focus only on navigating the interests of the self. In other words, the ethical realm disappeared into the clinical realm. Similar critiques have been offered by social scientists and social critics such as Robert Bellah et al. (1985), Lasch (1979), Michael Lerner (1991), and Michael and Lise Wallach (1983).

This idea of the unfettered, self-made person made its way into mainstream culture by the 1970s, as reflected in the words of the popular writer Gail Sheehy when she wrote about "the mid-life journey" in her best-selling book *Passages*:

You can't take everything with you when you leave on the midlife journey. You are moving away. Away from institutional claims and other people's agenda. Away from external valuations and accreditations, in search of an inner validation. You are moving out of roles and into the self. If I could give everyone a gift for the send-off on this journey, it would be a tent. A tent for tentativeness. The gift of portable roots. . . . For each of us there is the opportunity to emerge reborn, authentically unique, with an enlarged capacity to love ourselves and embrace others. . . . The delights of self-discovery are always available. Though loved ones move in and out of our lives, the capacity to love remains. (Sheehy, 1976, pp. 364, 513)

On a personal note, I was inspired by words like Sheehy's when I read them at the time. I was in graduate school, and many of us were breaking away from what felt like rigid cultural constraints. But after I witnessed the fruits of so many disposable relationships, I became sobered by the one-sidedness

of an emphasis on personal freedom without personal commitments. I came to know Gail Sheehy in the years before her death in 2020 and collaborated with her on a project to promote a broad social good. I never asked her about what she wrote in the mid-1970s, but I would not be surprised if she had tempered her enthusiasm for the gift of tentativeness. We are all products of the collective stories we tell ourselves at different moments in history.

Back to the therapy world: Around the same time as Rieff's work, psychologist Perry London (1964, 1986) wrote a scholarly broadside about the neglect of the moral domain in the major models of psychotherapy. In a book clearly ahead of its time, *Modes and Morals of Psychotherapy*, London was the first "insider" in the psychotherapy field to argue that the major models of therapy have implicit moral codes, most of which are about the primacy of individual agency to experience the life a person wants to live. For what he called "insight therapies" (e.g., Freudian, Rogerian, existential), social roles are external to the individual; they are chosen or discarded, as opposed to being core elements of what it means to be a person. Although relationships, of course, are important for individual development and happiness in all models of therapy, London (1986) observed that insight theorists "say that sociality is good for self, but they don't say how the good self, once fulfilled, is good for society" (p. 87).

London's book stood out because the entire vast literature on ethics and psychotherapy had dealt almost exclusively with the ethical practice of therapists in their professional role. Later exceptions that dealt with ethical issues in the lives of clients are Lageman (1993), Nichols (1994), Richardson et al. (1999), Peteet (2004), and more recently, Davis et al. (2021). Like London, these authors offered insights into the moral dimensions of therapy. However, their focus was not on the specifics of how to practice ethical consultation with clients (a goal of this book). In the field of family therapy, Ivan Boszormenyi-Nagy based his "contextual therapy" model on the concept of justice and intergenerational ethics (Boszormenyi-Nagy & Krasner, 1986). In addition, Fowers (2005) insightfully used virtue ethics to critique psychotherapy for ignoring moral agency, character, and moral commitments. He proposed "social goals" for therapy beyond the recovery or healing of the individual clients, goals that include stakeholders such as the client's family, social network, community, and even the larger society (Fowers et al., 2015). I return to this theme later in the book.

Backing up to my own earlier work, I argued in my 1995 book *Soul Searching* that therapists in the first century of the field may have felt they could afford to ignore the ethical realm because they could assume that clients came with an overly rigid moral code (Doherty, 1995). The job of the therapist was to

help them find an authentic self in the midst of conventional prescriptions for behavior. For example, when divorce was rare and stigmatized, a therapist could assume that the client took marital commitment seriously and then focus on the other side of the ethical dilemma: the need of self for a satisfying relationship. This point echoes James Q. Wilson, a public policy scholar, who noted the historical context of Freud and other early 20th century intellectuals and artists who rejected conventional morality: “[They] could take the product of a strong family life . . . [and good conduct] . . . for granted and get on with the task of liberating individuals from stuffy conventions, myopic religion, and political error” (Wilson, 1993, p. 15).

What may have seemed appropriate for the early decades of psychotherapy became a poor fit later. By the time psychotherapy went mainstream in the last 3 decades of the 20th century, the culture was vastly different from the world of “stuffy conventions” blindly adhered to. Personal freedom was the mantra, along with political and cultural changes in the direction of emancipation from traditional restraints (Berkowitz, 2006). A popular wedding vow substituted the traditional “until death do us part” promise with the phrase “as long as we both shall love.” The famous Gestalt Therapy Prayer penned by Fritz Perls showed up at wedding ceremonies I attended:

I do my thing, and you do your thing.  
I am not in this world to live up to your expectations,  
And you are not in this world to live up to mine.  
You are you and I am I,  
And if by chance we find each other, it's beautiful.  
If not, it can't be helped. (Perls, 1969, p. 4)

Given the reach of the movement toward personal liberation, a pendulum swing was inevitable. Even Rollo May, the prominent existentialist psychologist and public intellectual, whose early writings indicted inauthentic living by conventional social roles and obligations, was reevaluating the role of psychotherapy by the 1990s:

We in America have become a society devoted to the individual self. The danger is that psychotherapy becomes a self-concern, fitting . . . a new kind of client . . . the narcissistic personality. . . . We have made of therapy a new kind of cult, a method in which we hire someone to act as a guide to our successes and happiness. Rarely does one speak of duty to one's society. Almost everyone undergoing therapy is concerned with individual gain, and the psychotherapist is hired to assist in this endeavor. (May, 1992, p. xxv)

Despite these calls for a rebalancing of psychotherapy from an individualistic perspective to a more relational, contextual one, I believe that we have not advanced far, in part because we lack a detailed, clinically grounded

road map for engaging with clients in an ethically sensitive way—sensitive to both the ethical domain of clients' lives and the ethics of our profession.

## SHIFTING FROM INDIVIDUALISM TO A RELATIONAL FOCUS

In this book, I show how it's possible to respect the autonomy of clients while engaging them in therapeutic conversation about how they can balance their personal needs (self-interest) with their sense of responsibility to and for others. Two fundamental assumptions of this book are (a) humans are fundamentally moral and ethical beings in relational webs of mutual responsibility from birth to death and (b) that, like it or not, therapists are ethical consultants to our clients. But lacking an articulated framework for this ethical consultation work, most therapists just make it up as they go, generally defaulting to an individualistic orientation ("What do you need to do for you?") that downplays the role of responsibilities and obligations to others and community.

To engage in moral consultation, therapists do not have to dictate moral rules or claim to have all the answers. Rather, our role is not so different from how sociologist Alan Wolfe (1989) described the role of the social scientist when dealing with moral issues: "to locate a sense of moral obligation in common sense, ordinary emotions, and everyday life. . . . to help individuals discover and apply for themselves the moral rules they already, as social beings, possess" (pp. 214–215). Although many moral philosophers and some moral psychologists engage in hypothetical (and sometimes strange) ethical dilemmas to tease out ethical general principles, there is nothing esoteric about the ethical challenges discussed in this book: family commitments, fidelity versus affairs, truth telling versus lying, self-interest versus harming others, and obligations as citizens. A fundamental premise is that because clients don't separate the psychological and ethical aspects of their lives—"What am I feeling" is not separated from "What should I do?"—we owe it to them to become more skilled at ethical consultation.

This book draws inspiration from my 1995 book, *Soul Searching* (it's almost completely rewritten). My own journey on ethical consultation began a decade earlier when, in 1985, I read the landmark book *Habits of the Heart: Individualism and Commitment in American Life* (Bellah et al., 1985). I still remember how troubled I felt as I read this book's sections on psychotherapy as a cultural force. The authors argued that most psychotherapists were unwittingly promoting a form of "expressive individualism," which is a cousin of "utilitarian individualism." Utilitarian individualism, which they saw

dominating political culture in the United States, is the idea that if individuals are free to pursue their private economic self-interest, the whole society will benefit. (Hence, there is little need to attend to the welfare of society as a whole.) Expressive individualism follows the same logic in the area of emotional well-being: Focus on yourself and the well-being of your family and community will follow.

The *Habits of the Heart* critique changed my view of therapy. I always knew that we are sometimes ineffective as therapists, but I had never considered the possibility that we could contribute to a cultural ethos that might erode two central elements of psychological health: commitment and community. It's not easy for any group of professionals to absorb how in doing our good work, we can harm the cultural environment. I recall presenting this critique at a workshop for therapists and being challenged by a participant who argued that women have been asked too often to sacrifice their personal goals for the benefit of others. "Isn't the most important gift a mother can give her daughters," she argued, "the role model of a woman pursuing her dreams?" Before I could respond, another participant raised her hand and blurted out, "That's exactly what my mother said as she left our family." Obviously thrown, the original speaker immediately qualified her previous remark, "Oh, I don't mean pursuing your dreams by abandoning your responsibilities." Here were the two sides of the tension between personal dreams and moral responsibilities. The first audience member who spoke up was not wrong but was articulating just one side of the tension—that of personal pursuit—without explicit consideration of who else is affected. The other audience member reminded her of the ethical context of personal choice. In everyday life, choosing between personal needs and moral responsibilities is a both/and—rather than an either/or—situation, but sometimes they are in tension.

Connected with this critique of therapeutic individualism was Bellah and colleagues' (1985) observation that therapy lacked a language of ethical or moral responsibility—a way to think and talk about commitments and responsibilities to others that cannot be translated and reduced to "What do I need to do for me?" In my training, we were taught to immediately challenge clients when they used the language of "ought" or "should," and we would have been confronted by our supervisors if we had introduced such ethical language. If "I should" could not be immediately translated into "I need" or "I want," it was considered inauthentic and unhealthy. If *Habits of the Heart* challenged me to see how my profession could be part of the problem in society, the challenge was what to do about it. How do we change in our everyday practice of therapy? There I had little guidance from the therapy literature.

My clinical turning point came with a client I will call Bruce, a 40ish-year-old man whose wife, Elaine, had just ended their marriage.<sup>2</sup> I had worked with them as a couple in the past. Bruce returned from work one day to find that Elaine had tossed his belongings into his car and changed the locks on the house. Overwhelmed and depressed, Bruce called me for a session. When we met, he told me he couldn't face the thought of going back to his house to pick up his children, a 3-year-old and a 6-year-old, for a visit. Even more intolerable was the prospect of returning alone to his small apartment after bringing them back to their mother. Tearfully, he said that he could not interact with Elaine after what she had done to him, although he still loved her and wanted to salvage their marriage. To compound matters, he had been fired from his job because he had not been showing up at work.

The more Bruce talked, the more he began to sprinkle in comments such as, "Maybe the kids would be better off if I just stayed away," and "I think I might need a complete break; maybe I should just pack up and move far away. There is nothing keeping me here now." In fact, a decade earlier, Bruce had given up contact with a child he had fathered with a woman he did not marry. Now that he had no job, the prospect of "starting all over somewhere else" was appealing to him.

I felt dismayed when he talked about abandoning his children, but my training had only equipped me with responses such as, "What do you need to do for yourself right now to get through this?" The most challenging statements from the traditional therapy paradigm I could offer a client like Bruce would be something such as, "I wonder whether you have considered the regret you will feel if you take yourself out of your children's lives," or "You may not be in a healthy enough frame of mind right now to make long-term decisions." There is nothing wrong with these statements; I used them in my conversation with Bruce. But I also decided to do something decidedly non-traditional: to challenge him in ethical terms. After listening to his pain over the end of his marriage and his desire to start over somewhere else, I asked him the kind of question considered out of bounds in my training: "How do you think it will affect your kids if you leave their lives?" He answered, "I think it will bother them for a while, but they'll get over it before long." I moved into deeper water by saying, "I think it will affect them for a long time, not just a short time. I'm concerned about them." Bruce was listening. His reply—"I'm worried about that too, but what kind of father will I be if I am an emotional wreck?"—gave me an opening.

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<sup>2</sup>The description of this case is from "I'm O.K., You're O.K., but What About the Kids?," by W. J. Doherty, 1993, *The Family Therapy Networker*, 17, pp. 46–53. Copyright 1993 by the Family Therapy Network. Adapted with permission.

Throughout the conversation that ensued, I emphasized how important he was to them, even if he didn't think so right now and even if he was not emotionally at his best. I told him I could certainly understand that he might need a short time-out to collect himself before going back to his old house and facing his wife again. But he was irreplaceable to his children, and in my judgment, they would carry a lifelong emotional burden if he simply disappeared from their lives. Finally, I reminded him that his children were not responsible for the marital breakup and that it was not fair that they should be its casualties. I made these points not in the form of a lecture but as perspectives and opinions I offered as the conversation unfolded and Bruce pondered his course of action.

I'm sure that I am not the first therapist to respond this way to clients in similar situations. We do what we feel we have to do in crisis situations. Yet, I was struck by how little clinical training I had received on the moral and ethical issues I was confronting with Bruce, and I had good teachers. What mainstream theory of psychotherapy could I look to for support? Although I was trained as a family therapist to consider the multiple perspectives of family members, as a practical matter, family therapists can lose sight of the ethical stakeholders who are not present in therapy sessions. Like individual therapists, family therapists are comfortable talking about what clients need and deserve from other family members, but they are reluctant to talk about what clients owe other family members in care, commitment, fairness, or honesty.

To some therapists, my feedback to Bruce about his parental commitment may sound starkly moralistic, but I wanted to make two things clear to him: I was not neutral on his decision about staying committed to his children, and I was giving priority to his children's long-term needs over his short-term distress. Bruce, with whom I had a bond of trust, grasped my point and quickly moved from *whether* to stay involved to *how* to accomplish it. In the end, he remained a committed father and later reconnected with his child from the previous relationship.

When I described this case to my colleagues, some suggested that I could have obtained the same result—Bruce staying involved with his children—by just emphasizing the remorse he would eventually feel if he abandoned them. I did use these appeals because I think they are valid. Parents' relationships with their children can be deeply rewarding; when a parent abandons a child, the parent too is damaged. However, in dealing with ethical decisions I think it is generally a mistake to appeal only to a client's self-interest (even if that appeal "works") because the ethic of personal gain removed from the ethic of responsible commitment erodes the quality of our clients'

lives and ultimately the quality of community life. And practically speaking, what would I say next if Bruce indicated that he could handle the remorse and maybe have more children in the future? In some situations where the client is blind to how they may be harming others, we have to be willing to go beyond appeals to self-interest.

After I made these points during a workshop, a therapist in the audience approached me with her story. She used to feel comforted when her therapist husband would say that he was committed to being sexually faithful to her not because it was wrong or would hurt her, but because it would hurt him—by violating his integrity. He couldn't live with himself, he maintained, if he broke his promise by having an affair. The wife told me that this kind of commitment felt good because it seemed so internalized and authentic—until her husband had an affair and left her for a younger woman. He apparently decided that he could live with himself after all.

To repeat, expanding the therapeutic conversation beyond the client's self-interest pushes most therapists past our training and beyond most psychotherapy literature. In most models of therapy, the lingua franca is self-speak: I want, I need, I feel, I think. Even those who also speak "systems" tend to appeal to individuals in terms of personal needs and desires. Again, I am not saying that being concerned with clients' needs is an invalid therapeutic concern. I am arguing that when that becomes our only consideration, therapy lacks moral and human depth, and therapists end up promoting a kind of trickle-down psychological economics. Nor am I suggesting that behind closed doors there are no other therapists who address ethical issues. But because we lack a conscious moral tradition that can be discussed, debated, and refined, we are left to make it up as we go.

After working with Bruce on his commitment as a father, I was changed as a therapist. I began to see more times when ethical issues are wrapped up with clinical issues. I became more aware of how I had previously promoted an ethical agenda of self-interest without being conscious of it. For the first time, I began translating the insights of social scientists such as Robert Bellah to my everyday work with clients.

Later, when I wrote *Soul Searching*, I articulated a model for how therapists can engage in what I called "moral consultation" with clients in a way that expanded the purview of what was possible to discuss in therapy. After it was published, I waited for a pushback that never came. Most therapists who read the book and heard me speak about it did not quarrel with the idea that we are not value neutral and that we tend to be individualistic, but I did not see much in the way of therapists changing how they think and practice. Twenty years later, however, I began to see new interest in U.S.

therapists in interpersonal ethics and social justice, perhaps because our culture has changed. (A cultural marker of mainstream cultural interest in ethics is *The New York Times* column *The Ethicist* that was inaugurated in 1999 and continues to be popular in the 2020s.) The ethical domain is more in the public conversation, and we therapists are changing with the larger culture.

When I finished *Soul Searching*, I knew that the most conceptually unfinished chapter was the one on community. Nowadays, it's hard to ignore the public or community dimensions of therapy when issues of political polarization, social justice, racial reconciliation, and public health crises invade the therapist's office. I also find myself better able than in the 1990s to articulate the connection between the personal sphere and the civic sphere because so much of my work in the past 2 decades has been in the area of civic engagement and democracy building. I pick up this theme in Chapter 8. The ethics of everyday life is not only about the intimate sphere, but it's also about our roles as citizens of larger communities.

## OVERVIEW OF THE BOOK

As mentioned, most prior writing on the topic of this book has focused on the conceptual level as opposed to articulating how to do ethical consultation with a wide range of issues that clients present. Because I want this book to be useful to practicing therapists, students, and teachers, it will be intensely case oriented after Chapter 1, which lays out theory and research underlying my approach. In terms of that chapter, since I published *Soul Searching*, there has been quite a lot of recent scholarship on the social psychology of morality.

Chapter 2 begins the clinical application by laying out a number of basic skills in what I call "ethical consultation" in therapy. Some of these skills look like the everyday craft of therapy—listening, exploring, affirming, and offering perspective—as applied to situations when clients bring their ethical concerns to therapy sessions. The more advanced skill of ethical challenge most often comes into play when the therapist sees an ethical issue that clients don't see themselves.

Chapter 3 begins the set of chapters on application to specific ethical concerns and dilemmas. The first issue is commitments: keeping and breaking them. Chapter 4 deals with affairs in a different way from the current literature because it discusses clients currently having an affair. In Chapter 5, I address how clients deal with their experience of lying, deceiving, and

secret keeping—again, something the literature typically addresses in terms of how clients are impacted by the deceit of others in their lives rather than how they deal with their own choices in this domain. Chapter 6 directly takes on situations of harm that clients might be causing others, including intended and unintended emotional, psychological, and physical harm; most current literature deals with this issue in the relatively uncommon situation of the ethical and legal duty to warn a third party about a threat of violence (Felthous, 2006). These chapters are case oriented with practical guidelines based on the LEAP-C framework of skills.

Chapter 7 addresses the self of the therapist in ethical consultation, with a focus on both personal and cultural levels. In the individualist culture out of which psychotherapy was born, we imagine that we are being value free and morally neutral when supporting a client to mainly emphasize self-interest in the face of an ethical dilemma (if you are not happy in the marriage, why are you staying?). The ethical self of the therapist moves us into cultural self-awareness as well as personal self-awareness. Chapter 8 explores the role of therapists in sustaining and advancing civic life and democratic engagement in an era of increasing disconnection and political polarization. The book concludes with an Afterword that highlights two cautionary tales involving public figures involved in high-profile scandals—Woody Allen and Monica Lewinski—whose psychotherapists did not offer them moral consultation. These examples demonstrate that psychotherapists' responsibilities extend beyond their clients to others they interact with and to the wider public. In that regard, I still feel challenged by a book I read decades ago: *We've Had a Hundred Years of Psychotherapy—And the World's Getting Worse* (Hillman & Ventura, 1993). I believe that if we can “crack the code” on how to be skilled, sensitive, and intentional about addressing ethical issues in therapy, we can not only better help our clients but also contribute to building a more connected and just world.