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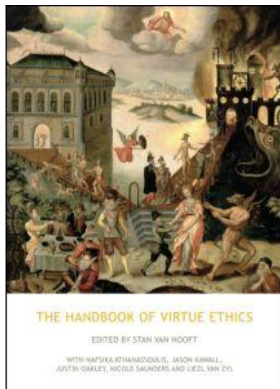

The Handbook of Virtue Ethics

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Key virtues of the psychotherapist: a eudaimonic view

Blaine J. Fowers and Emily Winakur

In a little over a century, psychotherapy has grown from an obscure and rare practice to a widely accepted and common professional treatment for psychological and social problems in contemporary Western societies. Psychotherapy is not only widely sought out by private individuals; it has also become ensconced in central institutions, including education, the legal system, health insurance and the armed services. It is practised by a wide variety of professionals, whose qualifications and practices are regulated in many countries. Nevertheless, psychotherapy is not at all unified, with dozens of theoretical approaches that specify a vast array of techniques.

The expansion and professionalization of psychotherapy has raised many questions and critiques. One very general and long-standing debate has been about whether psychotherapy is a science or an art. This issue is particularly important because it contains within it the question of whether psychotherapy is demonstrably efficacious. A related set of questions involves the sources of therapeutic benefits: are psychotherapeutic outcomes due to the techniques or the therapist as a person? Perhaps the deepest set of questions regards what we mean by good psychotherapy. Is it simply a set of techniques that produce specific, measureable outcomes (e.g. symptom reduction), or do people engage in the activities of psychotherapy for the sake of a deeper or richer end that can be described in eudaimonic terms? Various models of therapy have proposed personal growth, maturity, highly specific behavioural changes (e.g. more frequent positive self-descriptions) and symptom reduction. These questions about the nature of psychotherapy, the role of the psychotherapist, and the appropriate aims of therapy are intertwined, and the answers to them are mutually dependent.

In this chapter, we present a virtue perspective on the role of the psychotherapist and on how therapists foster improvements in clients' lives. We discuss some key therapist virtues that make successful therapy possible, focusing on authentic commitment, trustworthiness, and mentoring friendship. Our approach to therapist virtues will be eudaimonic, meaning that we understand virtues as the character strengths that make it possible to

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successfully pursue human goods. We show that the eudaimonic framework provides an integrative approach to the central questions about psychotherapy, allowing us to bridge the dichotomies of science versus art, technique versus person, and broad versus narrow aims of psychotherapy.

We begin by outlining a general eudaimonic viewpoint that frames the practice of psychotherapy in terms of virtue and the human good, followed by a discussion of the empirically demonstrated therapeutic factors, which we interpret in virtue terms. It would be easy to give a general description of psychotherapy that would show how such virtues as honesty, loyalty and courage were important qualities for a therapist. However, we believe that it will be more valuable to begin with what we know about good psychotherapy on the basis of scientific research and then to show how this illuminates some specific virtues of the psychotherapist. We see this as preferable for three reasons. First, this linkage will provide a shared, empirically developed basis for a virtue analysis rather than relying on an idiosyncratic portrayal of psychotherapy that we would "custom-build" for this purpose. Second, there is a very significant focus in the research literature on what are called "common factors", which are those features of psychotherapy that all approaches to psychotherapy have in common. A virtue account of these factors will be more generally valuable than one that is tied to any particular therapeutic approach. Third, a reinterpretation of the scientific literature on psychotherapy can be illuminating to researchers as well as clinicians. For these reasons, we ask readers to bear with the discussion of psychotherapy research that we believe will lead to a more productive account of the virtues of psychotherapists.

A EUDAIMONISTIC VIEWPOINT

In the first paragraph of the *Nicomachean Ethics* (*NE*), Aristotle makes the central claim that all human activities are aimed at some end or good. He discusses many ends throughout his works, including wealth, pleasure, justice, and friendship. Aristotle taught that the ultimate human end is eudaimonia, which can be translated as "happiness", though the term human "flourishing" captures it better. We view eudaimonia as a complete life in which one is consistently in touch with characteristic human goods such as knowledge, friendship and justice (Fowers 2005).

In this opening paragraph, Aristotle also delineates two orientations to action that are distinguished by the type of end one is pursuing. The first action orientation is instrumental, in which means and ends are separable. In instrumental action, the end is what is valued and the means is only worthwhile if it succeeds. Looking for one's misplaced keys is an example because successfully locating the keys is what counts, not how one searches. In the second form of action, which we term constitutive, the means and ends of action are inseparable because the means constitutes the end. An example is looking at a sunset, because the activity of looking is both what one does and what one aims to do. More importantly, the good of justice can only be pursued through just actions, because just actions are what constitute justice.

Aristotle presented a hierarchy of goods in the *Nicomachean Ethics* in which instrumental goods such as wealth are infrastructural, supporting the individual's pursuit of constitutive goods such as personal development, knowledge and friendship. Being in

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touch with constitutive goods in an ongoing and vividly appreciative way is what constitutes eudaimonia (Brewer 2009). Seen in this way, instrumental action is necessary and important, but clearly insufficient for the best kind of human life. In this hierarchy, flourishing is the ultimate constitutive good.

"Instrumentalism" is the view that all human action is instrumental (Fowers 2010). There is a very strong instrumentalist theme in psychotherapy theory and research where terms like "technique", "strategy", "outcome" and "mechanism" predominate. This is frequently portrayed as hard-nosed science, through which the causal relations between interventions and outcomes can be discovered. The view that psychotherapy is more art than science is a relatively inarticulate way to resist the bleak vision of therapeutic relationships as just instrumental cause (intervention) and effect (outcome). We see a eudaimonic understanding as a third way of conceiving psychotherapy.

Which kind of good is the practice of psychotherapy designed to pursue? The psychotherapy research literature would suggest that psychotherapeutic interventions are techniques that are designed to achieve instrumental outcomes such as symptom reduction or changes in highly specific behaviours such as better grooming or decreased procrastination. Such outcomes are beneficial and very amenable to psychotherapy research because they can be quantified. Such outcome measurement is also useful for tracking client progress. The danger that lurks in a tight focus on highly specific outcomes or products of therapy is that we can come to fetishize them, believing that outcomes such as a lower score on an anxiety or depression measure, somewhat more effective interpersonal behaviours, or an increase in self-care behaviour are the ultimate goals of therapy. Such a focus can obscure more eudaimonic aims. It would be strange indeed if individuals and societies engaged in all of the expense, labour and pain of psychotherapy for the sake of such narrow instrumental gains. These outcomes are certainly welcome, but we see them as merely steps along the way towards a higher quality of life for those who seek psychotherapy.

We reinterpret the specific and measureable outcomes favoured in the psychotherapy literature as steps along the way towards an increased capacity to live more fully rather than as the ultimate goals of therapy. Reduced anxiety means that an individual is capable of more fully experiencing his or her life and of pursuing desires and goals that were obstructed by that anxiety. In short, we are suggesting that psychotherapy is ultimately about helping individuals to lead better, fuller lives: that is, to come closer to flourishing as human beings. Psychotherapy itself cannot produce flourishing humans, but it can help people to resolve the pain and conflicts that prevent them from living more fully. Because we make frequent reference to a literature that emphasizes the instrumental pursuit of measureable outcomes, it is essential to keep in mind that these outcomes are sought for the sake of a better overall life for clients. Our project is to reinterpret the technique and outcome language of psychotherapists by subsuming it in a eudaimonic framework in which these outcomes are sought in the service of constitutive ends, which can comprise a flourishing life.

In the eudaimonic perspective, whether applied to clients or to therapists, virtues are the personal characteristics that make it possible to pursue constitutive goods. For example, the virtue of honesty is necessary in the pursuit of genuine knowledge. This is because when ostensible scientists present falsified data, for example, they are not just introducing error, they are undermining the pursuit of knowledge itself. Virtues are enduring traits

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which lead individuals to engage in virtuous action wholeheartedly, knowingly, consistently and appropriately.

We will discuss four components of virtues that will structure our discussion throughout the chapter. First, virtues have an emotional/motivational component through which a virtuous person is genuinely moved to proper action. This means that when one enacts a virtue, there is no gap between what one sees as the proper action and the action one wants to undertake. Second, there is a cognitive component, in which the individual understands what it means to enact a given virtue and recognizes its relationship to the good. Third, virtues are behavioural in that virtues must always be enacted. Consistency in action is necessary because constitutive goods can only be pursued over time, never simply as one-time achievements. This behavioural consistency is particularly necessary in psychotherapy because psychotherapy is a process that is extended in time, dependent on trust and hope, thereby making the therapist's consistent participation indispensable. The virtues of therapists are defined by what makes it possible to pursue the goods of psychotherapy. Finally, Aristotle saw each virtue as accompanied by a vice of deficiency and a vice of excess. For example, the virtue of courage has cowardice as a deficiency and rashness as an excess.

COMMON FACTORS IN THERAPY

With our eudaimonic framework in place, we are now in a position to explore the virtues of psychotherapists. We have chosen to discuss the therapist's virtues that show up in psychotherapy research because this provides the strongest available justification for claiming that these virtues are important for therapists in general. In particular, we review some of the key "common factors" that have been shown to facilitate positive outcomes across different theoretical approaches to psychotherapy. As we will see, many of these common factors are therapist traits or trait-like stances that facilitate a therapeutic relationship. We then discuss such virtues as authentic commitment, trustworthiness and mentoring friendship that make it possible for therapists to assist their clients towards living richer and more complete lives through the therapeutic process.

One of the primary questions raised by the growing popularity and expense of psychotherapy services was whether psychotherapy is effective. Given the importance of the question, hundreds of studies have been devoted to answering it. In general terms, the answer was positive, but doubts remained because simply tabulating positive versus negative results did not satisfy the many doubts about each study and its methods. Because there were so many studies, a quantitative approach to integrating them was developed by Smith and Glass (1977) called meta-analysis. Following that initial application, meta-analysis has been applied to a vast array of social science and educational research topics. Smith and Glass collected nearly four hundred psychotherapy outcome studies and found that a typical psychotherapy client was better off than 75 per cent of those who did not receive treatment. Since that time, many meta-analyses have found similar results (Lambert & Ogles 2004).

Although this general positive consensus is heartening, it has proven extremely difficult to determine which specific elements of psychotherapy foster positive change. In particular, specific conclusions about which theoretical approaches to therapy and which

techniques are most beneficial have been extremely elusive. This has led many psychotherapy researchers to focus on therapeutic factors that cut across therapy theories and may undergird the value of particular techniques.

Rosenzweig (1936) began the common factors discussion by suggesting that successful psychotherapy is less a matter of theoretical correctness and more a matter of general factors that foster good outcomes. His factors were catharsis, the personality of the good therapist, and "the formal consistency of the therapeutic ideology as a basis for re-integration" (*ibid.*: 415). Rosenzweig famously referenced the dodo bird from Lewis Carroll's *Alice's Adventures in Wonderland* when he suggested that different therapeutic orientations are equally efficacious: "Everybody has won, and all must have prizes."

Frank (1971) concurred with the "Dodo Bird Verdict" but suggested six common factors, the first of which was an emotionally intense and trusting therapeutic relationship. Frank believed that this factor was a necessary condition for therapeutic change because it made the other five factors he mentions possible. For example, if the client did not trust the therapist and believe her capable of effecting change, then Frank's second factor, the client's buy-in of the therapeutic rationale, would be difficult to achieve. The therapeutic rationale, Frank further argued, needed to convincingly address both the reasons for the client's symptoms and the logic behind the treatment. Frank also suggested four other factors: the provision of new information, the client's confidence in the therapist's competence and knowledge, the provision of "mastery experiences" in which the client would feel successful, and the facilitation of emotional arousal.

Luborsky *et al.* (1975) presented the first empirical demonstration of the relationship between common factors and outcomes across different forms of psychotherapy. Although there is still some controversy about what contributes most significantly to psychotherapeutic change, a number of meta-analytic studies have demonstrated that psychotherapy outcomes are largely due to such common factors as therapeutic alliance and therapist characteristics (including kindness and belief in therapeutic theory). These studies indicate that common factors appear to foster outcomes more than specific factors such as therapeutic theory or technique (Wampold *et al.* 1997, 2002). Opponents of the common factors viewpoint raise concerns about study methods, arguing that certain study designs and statistical tests have obscured the true potency of key ingredients and the differences in effectiveness across treatment approaches (e.g. Hunsley & Di Giulio 2002; Barlow 2010). There is a clear consensus, however, that common factors are important and that they at least partially explain psychotherapy outcomes (Lampropoulos 2000).

Grencavage and Norcross (1990) identified five categories of common factors: client characteristics, therapist characteristics, relationship elements, change processes and treatment structure. They found that change processes were the most commonly cited common factor (41% of the factors), with therapist qualities the second most cited (21% of the factors) while client characteristics accounted for only 6 per cent of the proposed common factors. The factor most frequently cited in each category was the client's hope or expectation of improvement, general positive or benevolent therapist qualities, opportunity for catharsis, the use of concrete technique (also termed rituals), and development of the therapeutic alliance.

This research on common factors provides a starting point for identifying therapist virtues. Although the features of therapy termed "change processes" by Grencavage and Norcross were the most frequently cited factors, these processes depend on the therapist's

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qualities, as the following examples show. The top client characteristic is positive expectation, which is clearly dependent on the therapist's capacity to cultivate hope. Similarly, the opportunity for catharsis (emotional expression) is dependent on the therapist's empathic understanding and acceptance. The key relationship element of developing a therapeutic alliance with the client is equally dependent on the two therapist characteristics just cited. Some of the other change processes cited by Grencavage and Norcross are transparently activities of the therapist, such as the provision of a therapeutic rationale, feedback, provision of information, and therapist modelling.

Another way to investigate common factors is to study which psychotherapists produce more successful outcomes. Investigators have correlated therapist characteristics with client outcomes (e.g. Horvath & Symonds 1991) and compared the characteristics of effective and ineffective therapists in clinical trials (e.g. Blatt *et al.* 1996). Qualities that have distinguished psychotherapists in theoretically diverse samples who are consistently effective from those who are not include allegiance to a psychotherapy approach, skill, psychological health, interest in helping clients, and psychological-mindedness understood as the ability to reflect on one's thoughts and emotions in order to redirect one's actions appropriately (*ibid.*).

We will discuss three key common factors, which clearly lend themselves to an interpretation as therapist virtues. We limit this list because of space constraints, but our analysis can easily be extended to framing other common factors in virtue terms. We will also discuss briefly the importance of practical wisdom as central to good psychotherapy.

AUTHENTIC COMMITMENT

Psychotherapy researchers have found that the most powerful therapist characteristic in predicting successful therapeutic outcomes is the therapist's allegiance to his or her theory or method (Wampold 2001; Luborsky *et al*. 2002). This is a common factor because allegiance to *any* studied psychotherapy theory is associated with better outcomes. Luborsky *et al*. (1999) estimated that the psychotherapist's allegiance to the theory or intervention may explain as much as 70 per cent of the variance in psychotherapy outcomes. The term allegiance does not refer to mere adherence to a manual or protocol. Adherence will *not* facilitate better outcomes unless the psychotherapist has internalized the manual's treatment rationale, that is to say, unless the therapist *believes* it will be effective. Therapists' allegiance is strongly associated with therapeutic outcomes across theoretical orientations (Grencavage & Norcross 1990; Joyce *et al.* 2003). When therapist allegiance is included in the prediction of outcome, any differences in effectiveness between therapy approaches disappears (Luborsky *et al*. 2002). In spite of its obvious importance, therapist allegiance tends to be dismissed as an embarrassment in psychotherapy research because it suggests that a subjective belief is more important than ostensibly objective theory or technique.

Wampold (2001) holds allegiance in considerably higher regard, dedicating a full chapter in his book on psychotherapy research to arguing that it is a strong predictor of therapy outcomes. Psychotherapy training typically begins with an exploration of trainees' worldviews, so that they can choose a model consistent with it – one to which commitment comes naturally. Overholser, Braden and Fisher (2010) go so far as to suggest that psychotherapy begins and ends as an act of faith: "Psychotherapy can be a potent force that is

capable of promoting positive change [with] essential core beliefs that can help to promote effective therapy." The most central belief is "the therapist's faith in the treatment and the entire process of change" may come down to a belief in the power of words (*ibid.*: 187).

Davis and Piercy (2007) describe the importance of the therapist's faith as the psychotherapy process begins: "clients reported that seeing their therapist as calm when they told him or her about their problems gave them hope" (*ibid.*: 358). Clients report perceiving the therapist's calmness as a reflection of the therapist's faith in their approach. "The clients seemed to begin to feel hope … They seemed to be encouraged that there was a way out of their current situation that was achievable because their therapist has seen it before and was calm about the situation" (*ibid.*: 353).

We see allegiance as very important because psychotherapy is a lengthy and arduous process that can clearly be enhanced by the clarity and steadiness of the therapist. We will interpret allegiance as a therapist virtue, using the four features of Aristotelian virtue cited above, beginning with the appropriate degree of allegiance. Seeing allegiance as a dimension of therapy makes it clear that a deficiency of allegiance to one's approach is detrimental. Lacking faith in the approach would lead therapists to be half-hearted in their implementation and easily discouraged about their effectiveness. On the other hand, it is sensible to recognize that one could have an excessive allegiance to an approach to therapy – a form of zealotry – applying it without regard to its limitations and, worst of all, seeing clients who do not respond to it as "resistant" or "recalcitrant". The appropriate degree of therapist allegiance is authentic commitment to a therapeutic approach, in which one has a reasonable faith in the method's effectiveness, but recognizes its limitations. Authentic commitment is the virtue associated with allegiance.

Authentic commitment will be manifested clearly in the consistency of the therapist's stance and actions with her clients. This virtue is only possible if the therapist has knowledge gained through careful study and mastery of the theoretical and technical aspects of the therapeutic approach. Authentic commitment to, and implementation of, a therapeutic approach requires understanding its premises and implications. Because an authentically committed therapist believes that the approach can be helpful, she will be fully motivated to put it into practice. This motivation and emotional concordance with the approach will result in the wholehearted and clear implementation of the approach. This is particularly important in helping therapists to maintain a sensible therapeutic stance in crucial moments when clients are reacting to the therapy with strong emotions such as deep pain, despair, or anger directed at the therapist. Crucially, authentic commitment means that the therapist embodies the therapeutic approach, which transforms what are usually called "interventions" into genuine responses to the client's needs and distress. When a therapist has the virtue of authentic commitment, she does not simply use the concepts and methods of the therapeutic approach as tools; she is partly constituted as a therapist by this allegiance, and the activities for which it calls.

TRUSTWORTHINESS

Allegiance to a therapeutic approach must be complemented by being trustworthy. The therapist should demonstrate that she is worthy of trust as a therapist. Otherwise, the client will not buy into the approach. Clients who rate their therapists low on trustworthiness

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tend to terminate early and have poorer outcomes if they do complete a course of treatment (Kokotovic & Tracey 1987). Psychotherapists are taught to be trustworthy from their first introduction to the profession. Instruction often begins with professional and legal ethics, which involve key practices of trustworthiness such as maintaining confidentiality and ensuring informed consent by providing clients with a reasonable understanding of psychotherapy before they consent to participate. These trustworthiness practices are explicitly encoded in the professional culture and transcend not only theoretical orientation but also the full range of mental health disciplines. Psychologists, psychiatrists, clinical social workers and mental health counsellors are all taught these practices.

All therapists are taught basic listening skills as well, which guide the practitioner in expressing empathy towards, and understanding of, the client. Included among the basic listening skills are re-stating (putting the client's statements into his or her own words), empathically reflecting (noting the emotion that seems inherent within the client's words and expression) and clarifying (pinpointing exactly what the client intends, by asking questions to help the client refine and specify). Practising these skills well requires tracking the client's entire presentation extremely closely and non-judgementally. Many clients have never received attention as intently as they do in psychotherapy. The important thing is not that the therapist always gets it right – rather, it is that she always *tries* to get it right, which illustrates for the client her commitment to developing an accurate understanding. Thus, the basic listening skills comprise the locus of trust in psychotherapy, which over time creates a safe environment for exploring the often painful and frightening issues that clients hope to resolve.

Trustworthiness has all four of the features of a virtue discussed above. Trustworthiness requires reliably "being there" with the client through the vicissitudes of therapeutic exploration, discovery, emotional experience and resolution. The therapeutic relationship is entirely predicated on this consistent presence. Breaches in the therapist's psychological presence damage the relationship and undermine the client's confidence and trust. This means that therapists must demonstrate trustworthiness *continuously*. Years of didactic and practicum training teach therapists to understand the behaviours and dynamics of trustworthiness in therapeutic relationships. This knowledge is indispensable for clear and consistent action.

The ongoing trustworthiness therapists need would be very difficult to maintain if it were nothing more than a set of skills which required continuous effort. Skills are somewhat external to the individual, like a set of tools that one can pick up or set aside at will. In contrast, expert therapists internalize the attribute of trustworthiness and make it part of who they are. That is, trustworthiness becomes second nature for them. This means that acting in a trustworthy way is spontaneous and occurs relatively effortlessly. Trustworthy therapists are wholeheartedly motivated to act in ways that protect client confidentiality, allow them choices in the therapeutic work, and provide a safe environment for the emotional vulnerability that they experience. Such a reflexive response is central to trustworthiness because if ostensibly trustworthy behaviour seems effortful, planned or contrived, it is, *ipso facto*, untrustworthy.

A final element of the virtue of trustworthiness is that there are vices of deficiency and excess. Obviously, a therapist who is inconsistent in being reliably present and supportive of the client's self-disclosure and exploration would be deficient. Less obviously, but no less importantly, a therapist can be excessively present psychologically. This could occur if a

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therapist shares too much of her thoughts, emotions or other personal information with a client or makes herself inappropriately available to a client for outside-of-session contact. Of course, during times of crisis, therapists must be readily available to their clients, but it is not uncommon for clients to request and press for additional contact with their therapists above and beyond what is therapeutically appropriate. Therapists must use good judgement about how much they should be available in any given circumstance in order to maintain the appropriate degree of psychological presence necessary for maintaining trust.

MENTORING FRIENDSHIP

Central to psychotherapy is the collaboration between therapist and client in pursuing the client's goals, known as the "therapeutic alliance". The alliance is perhaps the most frequently invoked psychotherapy common factor and is estimated to contribute to 5 per cent of the variance in psychotherapy outcome (Martin *et al.*: 2000). Bordin's (1979) definition of the therapeutic alliance is widely used: "[W]e can speak of the working alliance as including three features: an agreement on goals, an assignment of task or a series of tasks, and the development of bonds" (*ibid.*: 253). Baldwin *et al.* (2007) focus on "the degree of collaboration and purposive work" (*ibid.*: 842) as the key element of the alliance. They found that therapeutic success is dependent on the therapist's capacity to form an alliance, not the client's ability.

Because the alliance depends on the therapist's ability to create collaboration, we discuss it in terms of the virtue of friendship. Aristotle discussed the joint pursuit of goals among friends extensively in the *Nicomachean Ethics*. For him, *philia* or friendship is a very broad term, including a wide array of relationships encompassing affiliative friendships, marriage, parental relationships and political alliances. He described friendships based on pleasure, those based on utility or benefits, and those based on character, wherein the friends see the best in each other and work collaboratively to achieve mutually valuable ends.

Therapeutic relationships are a hybrid of utility and character friendships. These relationships have characteristics of utility in that clients seek benefits from therapy and remain in a therapeutic relationship only so long as it is beneficial. They also have features of character friendships in that clients ought to choose therapists who have the character strengths (e.g. authentic commitment and trustworthiness) that make it possible to pursue the therapeutic goals. Virtuous therapists, in turn, look for the good in their clients, even when this may be difficult to perceive. Therapists seek to recognize a client's strengths, the value of the goals they seek, and the good faith of their efforts to achieve their therapeutic goals. This kind of partiality is very important for developing a therapeutic alliance. The collaborative interaction in the service of mutually valued goals that occurs between therapists and clients is also central.

We modify the term friendship with "mentoring" for two reasons. The first is that the therapeutic relationship has inextricable elements of utility friendships. The primary benefits of therapy are directed towards the client and the therapist is paid to provide them. This asymmetry of benefit is a central reality, which means that a therapeutic relationship cannot be a purely character friendship in the way that one could find in affiliative friendships or romantic relationships that are based on peer relations. Aristotle recognized that

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friendships are sometimes asymmetrical (e.g. parent–child relations). Second, there is an asymmetry of information-sharing and vulnerability. Clients divulge a great deal of personal information and become deeply vulnerable, whereas therapists generally do not share very much personal information. These asymmetries are what make therapeutic relationships mentoring relationships; the benefits are relatively unilateral and the client's needs and vulnerability place the therapist in a position of relative power.

The virtue of mentoring friendship therefore requires therapists to adopt a distinctly benevolent stance in which the client's welfare is the paramount concern. Therapists act as a psychological mentor in many ways, such as offering guidance and encouragement, promoting hope, helping clients to confront difficult emotions and issues, and so forth. The therapist acts as a mentor in guiding the therapeutic process and in taking primary responsibility for forming the therapeutic alliance through a collaborative posture.

Mentoring friendship has the four features of virtue. Good therapists will fully internalize the trait of mentoring friendship so that it comes naturally to take the appropriately benevolent, responsible role. Good therapists recognize that achieving the ends of therapy require them to adopt this stance, which gives them an excellent basis for being properly motivated to do so. Therapeutic knowledge is essential to be able to recognize the appropriate form of benevolence and guidance, and to be clear about the kinds of goods towards which one ought to guide one's clients. A therapist can be deficient in benevolence or responsibility-taking, thereby undermining potential therapeutic progress. An excess in this domain would arise from being too partial to one's client or by being overly paternalistic, either of which would reduce the benefits of therapy.

PRACTICAL WISDOM

No discussion of virtues is complete without at least mentioning *phronēsis* or practical wisdom, which guides the virtuous actor. Practical wisdom is the capacity to recognize which goods are possible to pursue in a given situation and the best ways of pursuing those goods. Practical wisdom guides therapists in knowing which virtues are most important in a circumstance, as well as which actions comprise the virtue in that situation. Particular actions can be more or less appropriate in a given situation, and getting it right is a matter of practical wisdom. Therapists and lay persons often refer to this capacity as good judgement. For example, in any given therapeutic interaction, the therapist may have to decide whether to support or to confront a client, which Scaturo (2005: 51) formulates as a fundamental therapeutic dilemma: "Too much confrontation may overwhelm and diminish the patient's sense of self; too much support without any confrontation may yield no change or movement of the patient in therapy." The important role of practical wisdom in psychotherapy has been discussed at length elsewhere (Fowers 2003, 2005), and space limitations do not allow us to describe it in detail here.

CONCLUSION

We have argued that good psychotherapy is dependent on therapist virtues. Basing our discussion on the empirical literature that identifies the common factors predicting good

therapeutic outcomes across many different approaches, we suggested that authentic commitment, trustworthiness and mentoring friendship are three necessary elements of successful therapy. These characteristics are properly conceptualized as virtues because good therapists will enact them consistently, wholeheartedly, knowledgeably, and directed towards worthwhile therapeutic ends. In our view, the degree to which therapists must internalize and spontaneously practise these characteristics throughout the course of therapy and across therapeutic work with many clients each day calls on us to conceptualize psychotherapy in virtue terms. Working well as a therapist is neither a matter of calculation and instrumental skill, as many scientifically minded theorists would have it, nor is it a matter of indescribable art as others would have it. Rather, good psychotherapists learn a way of being that promotes the client's good. This way of being can be described, learned and internalized as virtues.

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