

Justice in psychotherapy

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Abstract

Justice is one of the fundamental concepts of right ordering of human relationships. Justice is a regulative idea for the arrangement of society preceding the law and already seen in animals; the sense of justice is observed as early as in young children. The ability to altruistic behavior, sense of fairness, reciprocity and mutual help are probably genetically determined as a disposition, which may further develop or be deformed by education. Although justice issues are common in psychotherapy, they may not be reflected and processed in the course of therapy. In psychotherapy, justice issues appear directly in what the client says (mostly about injustice), but more frequently the issues are implicitly contained in complaints and stories against a background of conflicts and problems. They may be related to the client's story, his or her problems with other people, and the therapeutic process itself, including client's selection of therapy, therapeutic relationship, and therapeutic change strategies. By increasing receptiveness to the issue of justice, the therapist may help improve the therapeutic process. Problems with justice between the therapist and the client may be revealed by honest therapist self-reflection or high-quality supervision.

INTRODUCTION

Justice is one of the fundamental concepts of right ordering in human relationships. Although it is commonly automatically connected with law, it has a broader meaning and is also related to psychotherapy; to both the content of what the client says and interpersonal behavior in the therapeutic relationship. Justice is a regulative idea for the arrangement of society preceding the law and already seen in animals and young children. It is one of the fundamental demands on human behavior as well as relationships in society. In psy-

chotherapy, it sometimes appears directly in what the client says (mostly about injustice) but more frequently, the issue is implicitly contained in the complaints and stories against a background of conflicts and problems.

The ability to altruistic behavior, sense of fairness, reciprocity and mutual help are probably genetically determined as a disposition, which may further develop through or be deformed by education. These are genetically determined probably because they allowed coexistence in a group without which humans would not have survived. In the process of natural selection, genes were

more frequently selected that contributed to tolerance among people (unfortunately, including genes associated with crime as this may have selective advantages as well). Thus, both altruistic and criminal behaviors are, to a great extent, genetically determined and passed from generation to generation (Frisell *et al.* 2011, Bijleveld & Wijkman 2009).

BIOLOGICAL PREDISPOSITION TO THE DEVELOPMENT OF THE SENSE OF JUSTICE IN HUMANS

Serotonin is more concentrated in certain brain structures. The highest densities are in the limbic structures such as the insula, cingulate, temporopolar, and entorhinal regions along with the ventral and pallidal parts of the striatum (Varnäs *et al.* 2004) and in the medial orbitofrontal cortex as well (Way *et al.* 2007). These regions participate in social cognition and decision-making in various species (Sanfey 2007, Crockett *et al.* 2009, Kiser *et al.* 2012). Polymorphisms in the serotonin transporter gene are linked to personality traits manifested as frequent aggression, neuroticism or impulsivity (Nielsen *et al.* 1994, Lesch *et al.* 1996, Mazzanti *et al.* 1998, Greenberg *et al.* 2000, Holmes *et al.* 2003, Retz *et al.* 2004, Skuse 2006). In both primates and humans, an adequate serotonergic transmission is positively correlated with prosocial behaviors such as grooming, cooperation, and affiliation, and negatively correlated with antisocial behaviors such as aggression and social isolation (Raleigh *et al.* 1980, Linnoila *et al.* 1983, Higley *et al.* 1992, Doudet *et al.* 1995, Higley *et al.* 1996, Knutson *et al.* 1998, Moskowitz *et al.* 2001, Krakowski 2003). These prosocial or antisocial behaviors may be a precursor of human morality (Stevens *et al.* 2005, Brosnan & de Waal 2012, Proctor *et al.* 2013). Moral codes usually focus on two aspects of social relation. The first suggests to take care of others and prohibit to harm them; the other relates to the nondiscriminatory dissemination of resources and reciprocity in social interactions (Haidt 2001, Graham & Haidt 2001). Concerns about harm and injustice play a central role in moral codes across cultures (Rochat *et al.* 2009). Harm aversion infuses moral judgments (Haidt 2001). People tend to judge hurting an innocent individual as immoral. Even when doing so would ultimately achieve a greater welfare, such as scarifying one person to save many others (Greene *et al.* 2001, Cushman *et al.* 2006). Negative emotions, such as disgust, increase the likelihood of harm-averse judgments, even when these emotions are not related to the dilemmas under consideration (Schnall *et al.* 2008, Ugazio *et al.* 2012). Neuroimaging studies have shown that harm-averse moral judgments are associated with involvement of brain regions previously connected in emotional processing (Greene *et al.* 2001, Greene *et al.* 2004, Schaich Borg *et al.* 2006, Shenhav & Greene 2010). People with the strongest physiological reaction to witnessing violent acts were

less likely to endorse sacrificing one person to save several others (Cushman & Young 2011). Ugazio *et al.* (2012) found that the negative emotion of disgust at someone's withdrawal from commitment was associated with reduced endorsement of harmful actions, in contrast to anger having the opposite effect. Pastötter *et al.* (2013) recently reported that negative emotion (anger) –induced endorsement of harming someone to save more people was considerably reduced when subjects were asked to elucidate explicitly whether sacrificing one is morally permissible.

Cooperative behavior in social dilemmas may also be linked to the serotonergic transmission. Although humans are often selfish, they care about the interests of others. They tend to be willing to incur costs to achieve fair outcomes, punish unkind behavior and reward good behavior (Gächter *et al.* 2008). Such social strategies may have played a significant role in human evolution and may have led to the choice of fitness in social situations (Fehr *et al.* 2002, Andreoni & Miller 2003, Rand *et al.* 2009).

One study found that after 2 weeks of treatment with citalopram, participants were significantly less probable to behave in a selfish manner in condition of an adapted version of the prisoner's dilemma that permitted participants to act selfishly, cooperatively or charitable (Tse & Bond 2002). Low levels of serotonin in the brain led to the opposite effect on cooperation (Wood *et al.* 2006). These results suggest that serotonin role is associated with positive social preferences or positive evaluation of others' outcomes. However, social dilemmas as measures of social preferences are limited by their complexity. Preferences for positive reciprocity undoubtedly motivate cooperation in the prisoner's dilemma, but the cooperative behavior is also sensitive to other factors, particularly on subjects' beliefs about whether their partners are likely to cooperate. Participants more often cooperated if they believed that their partner would also cooperate (Fehr *et al.* 2002).

As stated above, preferences for negative reciprocity and fairness have been extensively studied using the ultimatum game. It involves two actors, a proposer, and a responder, who must approve a system to share an amount of money, or none will receive anything. The proposer must offer a division of the sum to the responder, who must make a conclusion to either accept or reject the proposal. In case the responder accepts the offer, both players get the reward; if he or she rejects, none gets it. Perfectly selfish responders accept any nonzero offer, but responders preferring fairness and reciprocity will reject offers perceived as unfair, usually less than 30% of the total (Camerer 2003). Some studies have investigated the relationship between serotonin function and behavior of responder in the ultimatum game. Emmanuele *et al.* (2008) stated that platelet serotonin levels were inversely correlated with responders' rejection rates. A more recent investigation found that the density of serotonergic transporters in the dorsal

raphe nucleus, a proxy measure for serotonin function, was inversely correlated with responders' rejection rates (Takahashi *et al.* 2012). Although these findings suggest an association between serotonin and preferences for fairness and reciprocity, it is probably only the part of a possible complex of biological relationships. Rejection of unfair offers in the ultimatum game may be explained by either preference for fairness or preferences for reciprocity. Crockett *et al.* (2013) joined drug operations with functional neuroimaging to study how serotonin modifies each of these favorites distinctly. Previous neuroimaging studies validated that fair social exchanges stimulate activity in the ventral striatum and medial prefrontal cortex (Tabibnia *et al.* 2008, Tricomi *et al.* 2010, Zaki *et al.* 2011). This suggests that activity in these areas may be linked to preferences for fairness. Crockett *et al.* (2013) studied the influence of serotonin depletion on responses in the ventral striatum and medial prefrontal cortex after acceptance of fair offers in the ultimatum game and found that serotonin depletion blunted responses in these regions. Serotonin levels positively correlated with preferences for fairness. Negative Reciprocity was associated with activation in the dorsal striatum. The dorsal striatum is also activated during retaliatory actions following both reception and observation of unfair behavior (de Quervain *et al.* 2004, Strobel *et al.* 2011). Additionally, the magnitude of striatal dorsal activity is correlated with the amount the subject is willing to pay to punish the violator. These results suggest that the dorsal striatum signals the instrumental value of negative reciprocity (O'Doherty *et al.* 2004).

The synthesis of experimental findings points to an important role of serotonin in both harm aversion and social preferences for fairness and reciprocity. The question is whether these two seemingly contradictory aspects of morality could reflect a single underlying dimension. Serotonin depletion increases negative social preferences under conditions of disadvantageous inequality while serotonin enhancement diminishes negative social preferences in this setting. Supposing that people are predisposed to cooperate in social dilemmas (Rand *et al.* 2009), serotonin augmentation should make people more cooperative (Tse & Bond 2003) while serotonin depletion should make people less cooperative (Wood *et al.* 2006).

Taken together, processes underlying the moral decision making and fairness are generated in a broad brain network cooperating with other brain areas and producing complex and unique human capacities. Feng *et al.* (2015) used a coordinate-based meta-analysis on functional magnetic resonance imaging (fMRI) studies using the ultimatum game with the aim to provide an further level of evidence for the neural structures involved in fairness-related decision making. They demonstrated a convergence of reported activation foci in brain networks associated with these unique capacities, presumably reflecting a reflexive and intui-

tive system (I) and a reflective and deliberate system (II). The first (anterior insula, ventromedial prefrontal cortex [PFC]) may be connected with the reflexive and intuitive reactions to norm violations, signifying a motivation to discipline norm violators. Those intuitive reactions conflict with profitable self-interest, encoded in the dorsal anterior cingulate cortex (ACC), which may involve cognitive control from a reflective and deliberate system to resolve the conflict by either suppressing (ventrolateral PFC, dorsomedial PFC, left dorsolateral PFC, and rostral ACC) the intuitive responses or overriding self-interest (right dorsolateral PFC).

It is important to understand human decision making and complex behavior as an extraordinary complex set of events where different domains (social, cognitive, emotional) interact and influence each other in a very comprehensive way.

PSYCHODYNAMIC PERSPECTIVE OF CONSCIENCE AND JUSTICE

Freud (1997) was probably the first investigator focusing on the development of personality, stressing the role of early childhood in the shaping of an individual's character. In psychoanalysis, the Superego represents parental values or society's standards. Conscience, according to Freud (1971), is a mental instance constantly assessing the relation between the actual I and the ideal I. A child gradually internalized the patterns of behavior that the parents approve into his or her Ego-ideal and those disapproved into their conscience. These two sub-systems of the Superego reward the child with feelings of pride for approved behavior and feelings of guilt for disapproved behavior. Later, we may identify with teachers, athletes, singers and other figures. We usually do not realize our *identifications*; in particular, we do not know which rules, patterns or moral commands were assumed automatically and which were not. The original parental control is replaced by self-control. One of the fundamental values learned by the child from the parents is justice.

A person's ethical attitudes are under constant social pressure. According to Kępiński (1986), people never grow up from childhood to the extent they seek support and affection from the social surroundings. The more people depend on value judgments of the community; the more difficult it is to be themselves and the less they follow their own attitudes. Typically, they need to be assured that their actions are correct or wrong. Rejection is followed by moral anxiety. To a dependent person, the feelings of moral condemnation are so unbearable that they may manifest, in a sublimated form, as symptoms. The role of a patient is a role of someone not fully responsible for his or her actions. By escaping into this role, a person may get rid of the oppressive feelings of remorse. Moral anxiety leads to splitting of the subject into evaluating and acting subjects, with the evaluation itself being subject to further

evaluation. However, the self-evaluation itself not only depends on the correct acceptance by the surroundings but also contains internalized values of important persons as well as patterns contained in the cultural tradition (Matousek 1986). Thus, conscience and character develop through upbringing. However, they do not result merely from upbringing. Humans are not only products of upbringing but are also actors in this process (Ruzicka 1984). Conscience means not the only reflection of one's actions to others but also a reflection of one's relationship with the self. Apart from an immediate link between empathy, altruism and justice, there is capacity for empathic effect and feeling of justice, for putting oneself in another's place – this leads us to follow moral principles.

PRACTICAL PSYCHOTHERAPY AND JUSTICE

Psychotherapy usually does not explicitly lead to justice, but justice is contained in many internal and external conflicts of clients. Because of this fact, reflection of attitudes to justice in both the inner and outer world is needed, otherwise there is a risk of unreflected internal conflict manifested by tension, dissatisfaction or other symptoms (Miller WR & Rollnick 2012). Justice as a theme tends to be contained in individual models of psychotherapy, but it is usually not explicitly discussed. However, there are conflicts apparently related to the issue of justice, such as: "Should I lie to my friend not to hurt her, or should I tell her the truth even though it may be very painful for her, and she may even stop being my friend?" or "I can no longer take care of my mum. After all those years of her being immobile, I am exhausted, but I do not have the power to send her to a hospital as I fear that she would die there. When I was a little girl, she took care of me, and that continued into my adulthood, so I cannot do that to her. On the other hand, I neglect my adolescent children as my mom takes all my energy." Psychotherapy should also be fair because otherwise it would present a distorted picture of the world.

Therapist's competence

The first question concerning justice in psychotherapy is whether the therapist is competent to practice therapy with adequate abilities and skills. This issue should be answered by one's training or supervision. The feedback may be an assessment of one's work by the clients and colleagues. One should not perform psychotherapy unless having adequate personal traits. These include intelligence, ability to empathize with others and understand them, altruism, kindness and tolerance, optimism, ability to understand oneself and reflect one's own behavior (without compulsive search for culprits outside), ability to withstand failure and criticism, ability to regulate one's affect and impulsiveness, patience, stamina, ability to tame the lust for power and control

over others and to manage one's anxiety. Some of these properties may be developed or reduced in psychotherapy training but probably not changed completely.

Selecting clients for therapy

The selection of clients for therapy may be burdened with numerous ethical questions related to justice. Decision about admitting a patient for therapy, as well as consideration whether therapy with the particular client should or should not be started, or whether the client should be referred to someone else, necessarily involves considerations about fairness of such a decision. It would be fair to clarify whether the therapist can work with the particular client and if the client will be helped and not harmed. Also, it should be clear whether the client can be treated under the given circumstances (insurance company, direct payment, and the amount paid, times available, possibilities of the center). This should be fairly discussed with the client as part of the contract. Here, however, justice may be threatened – the therapist easily succumbs to satisfaction of his or her needs preferred to the client; thus, for example, need for more money, less effort, success, control over others, pleasing others or compliance with the organization are preferred to openly discussing all conditions with the client. Usually, the preferred clients are those with less severe problems, without a personality disorder, paying well, being young and attractive. This is unfair to customers with more serious problems often needing psychotherapy more urgently, such as those with personality disorders, poor, rebelling, elderly and unattractive. Without supervision and honest self-reflection, the therapist may be unable to recognize these motifs in himself or herself.

Case conceptualization

Case conceptualization is concerned with the way how the client's problem is manifested, how it developed in the past and what it maintains. The client's story upon which conceptualization is based contains numerous real or alleged injustices the client handles in various ways. These are mainly feelings of injustice from one's upbringing in childhood, partnership, relationships among other children or adults. The most important questions are concerned with the way the client was treated as a child (security, acceptance, appreciation) (criticism, punishments, responsibility, requirements, limitations, manipulation, abuse). The examples may be involving the child in alliance against the other parent, abusing the child for showing off, pouring out one's anger, securing oneself from the partner or satisfying one's sexual needs. Clients also perceive as unfair that their parents did not take their needs and emotions seriously, did not provide them with enough feelings of security, did not provide them with sufficient guidance and assurance, did not praise them for being handy, did not promote their self-confidence. Such injustice in children may lead to excessive lifetime search for

mistakes of both themselves and others, or constant doubts about whether people will treat them fairly in adulthood.

Clients' current problems also comprise numerous feelings of injustice that bother them. Partners do not help them, dislike them, even criticize or reject them. At work, bosses favor their colleagues, their salary is low, the job is increasingly stressful, there is too much work for too little money, both co-workers and bosses are often unjust, do their job badly or slack and yet enjoy privileges. "I try hard, and they take it for granted and do not appreciate it at all." "I have sacrificed my life for her, and now that she has her family she is no longer interested in me." It is common that someone else's behavior is usually considered as unfair. It is exceptional to have adult clients who want to be helped in that they behave unfairly, for example towards their young child as they cannot control themselves or love the other child more. Problems with justice are also often associated with a lack of self-criticism and self-reflection, excessive criticism of others or self, most frequently linked to perfectionism, emotional instability, and perceived or real criticism from others.

Functional analysis

Functional analysis focuses on the effects of problems in functioning and experiencing clients' life in various important areas (relationships, job, and leisure time). Justice plays a significant role in assessing clients' current relationships. They consider many consequences of their problems as unfair and perceive the unjust behavior of others towards themselves. They usually pay less attention to their own unjust behavior towards others. This leads to frequent interpersonal conflicts.

Therapeutic relationship

The good therapeutic relationship is essential; without it, therapy is hard to provide. As far as justice is concerned, numerous questions arise. What happens in the therapeutic relationship? Does it help the client? Does it not harm the client? Is it fair? Does the therapist, either consciously or unconsciously, not abuse the client for his or her purposes? Does the therapeutic relationship provide sufficient support to the client and enough stimuli for him or her to solve the problem? Alternatively, does the quality of the therapeutic relationship inhibit the client's progress? The therapist may ask for unfair charges for services provided to the client. However, the client may also ask the therapist for excessive time and internal investment (Concerning other customers, the therapist's family and the therapist himself or herself).

The issue of justice in the psychotherapeutic relationship may involve many other aspects related to the respect of the client and the self-reflection of the psychotherapist (Vyskocilova & Prasko 2013). Does the client receive adequate psychotherapy, concerning both the needs and price? Does the client have the

same right of choice as the therapist? Is the therapist able to discontinue the therapy if he or she sees that it is not successful and to refer the client to another specialist who might be more successful? Another issue is the therapist's fee. Fair fees are proportional to the therapist's performance (as well as long-term effort, experience, etc.) but are also influenced by subjective criteria (greed, current need to make money), the market society, or needs of the therapist's family or workplace. Demanding inappropriate fees is an ethical problem. For the client, it becomes an example of injustice leading to dissocial attitudes when dealing with people who are dependent on him or her. However, some fees may also be a safety strategy; low fees may protect against feelings of guilt about one's inadequate competence or may be a dumping strategy in competing with other therapists. Excessively high fees prevent clients from coming and may also protect the therapist from anticipated failure, may serve as an advertisement or a selection strategy aimed at gaining only wealthy clients with insignificant problems. The effectiveness and price may be an important ethical issue in therapy for other reasons as well. If prolonged therapy is provided to a client in whom a short-term approach would suffice or if therapy has no effect, and the client needs a different approach, but the therapist would lose his or her earnings and thus continues with the therapy, it is a serious ethical problem even in case the therapist rationalizes the necessity of prolonged treatment by the theory of his or her psychotherapy school of thought (Adshead 2004). It is even sadder and ethically more dubious when the therapist does not refer the client to another therapist who would be more beneficial to him or her just because of competitive or political reasons. It is similarly dubious not to prescribe medications to the client even if it is apparent that the suffering or risk associated with not prescribing it are high.

Goals of psychotherapy

The goals of psychotherapy more or less concretize where to get during psychotherapy, who (the client himself or herself, partners, entire family) and what is affected by the goals for a particular client, their extent (getting rid of symptoms, learning new behavior, changing deeper personal attitudes) and importance for the client (improving adaptation, fulfillment of important values, sense). Goals of psychotherapy are often associated with correcting perceived injustice; however, it is important that they do not cause more injustice. Injustice may be related to the past, the present, and the future. To achieve change, it is necessary to increase self-understanding and self-acceptance so that other people's situation may be better understood and to learn to articulate this understanding in a way that others can accept. For one's self-acceptance, it is necessary to deal with injustice in the past; for self-confidence, one has to be convinced that humans can act fairly; and for self-assurance, one has to be convinced

that he or she will resist exploitation and stand up to injustice. Psychotherapy is concerned with subjective appraisal of the self and life events, focusing on better coping with one's past and present life, and urgently needs to facilitate understanding of other people as the client has lived, lives and will live among them. Justice in relationships is a prerequisite for long-term adaptive coping with life without excessive stress and suffering.

Therapeutic strategies

Therapeutic strategies either take place during sessions with the therapist or are assigned as homework (typical for CBT). Each psychotherapeutic school has its strategies in which, many alleged or real injustices have to be endowed with deeper understanding. Some clients need to learn how to accept what happened and not to dwell on it. Others may be taught how to face a current injustice or repair a past injustice, either in reality or in their imagination.

The first step is to create a safe atmosphere and to provide the client with feelings of acceptance and appreciation in the therapeutic relationship. Only then it is possible to work on deeper self-reflection and clarify whether perceiving a situation as an injustice is more related to the situation itself or prior expectations, deeper wounded attitudes, and excessive needs that cannot really be satisfied by the other person. Another step is better understanding of the other party, without imputing intentions, mind reading and selecting facts. Many unjust events have to be discussed in detail or replayed during a session first, then used in imagery rescripting or role-play with changing the roles, and only then the other person's potential needs and attitudes may be mentalized. After rescripting, many experiences lose the connotation of injustice because it allows their understanding in a broader context.

Current situations experienced as unjust by the client have to be described in detail to see what they really are. The level of cognitive bias and importance for the client have to be discussed. Finally, alternative possibilities of behavior are imagined, and optimum variants are trained using role-playing.

During psychotherapy, the client learns how to be fair, recognize his or her own criteria for justice, distinguish them from an attitude towards what others consider as fair, and reflect various types of justice related to his or her problems.

Another issue that may occur during therapy itself is whether, in certain situations, the therapy should be continued, discontinued or whether the client should be referred for another treatment. Decisions made during therapy are usually not prepared in advance because they react to what happens in individual sessions and the particular process of individualized treatment.

Therapist's self-reflection

Therapist's self-reflection is concerned with the therapist's own experiencing related to the therapy itself – to what extent his or her own experiencing may help

or hinder the therapy. It is necessary to consider consequences for the therapist and those around. To what extent the therapy changes, either positively or negatively, relationships and experiencing (satisfying the needs, sense, good), functioning of the therapist in his or her environment?, To what extent his or her relationships and functioning interfere with the therapy itself (the issue of countertransference)? There are numerous questions concerning justice that the therapist may ask.

- *What should I do, what must I do, and what can I do? What is ideal, what is possible and what is optimal? Most experienced therapists have their ideas of what the ideal therapy is; however, they realize their limits and circumstances that do not favor ideals. It is important to be realistic. when considering what I should do because the client needs it, what I must do because otherwise I would harm him or her, and what I can do within my limits or what else I can do to benefit the client if possible.*
- *Am I able to provide the client with what he or she really needs or am I glad to have the client in therapy? The motivation for therapy may be not only helping the client but also the need to have a case report for training, to increase one's self-confidence, or inability to say no. The issues of justice are also concerned with the length of therapy related to an effort to have long-term constant income or, conversely, to get rid of the client who is difficult or little encouraging to work with.*
- *How to deal with one's possibilities? Both our possibilities and abilities in psychotherapy are limited. This results in many ethical pitfalls. For example, we promise therapy that we later have no time for or offer unrealistic goals that cannot be achieved to encourage the client. The offered possibilities are a promise leading to the client's disappointment if they are not met.*
- *Am I not dominated by countertransference? One of the most important areas of self-reflection is the awareness of countertransference. Do I punish the client or reward him or her excessively for unimportant things? Why do I do that? Am I angry at him or her because the therapy does not go as smoothly as I would like? Do I try to help him or do I need to flatter him or her so that he or she likes me? Don't I punish him or her because I am angry at my partner and need to release my tension? Don't I guide the client in the therapy to goals that I would like to achieve myself but I do not dare to do? Isn't the client my projection instead of his or her feelings being solved?*

One of the manifestations of countertransference may be prolonging therapy. This may be a problem that the therapist is aware of as he or she simply wants to continue with the therapy to keep receiving money, or a problem that he or she is unaware of. Hidden reasons

for prolonging therapy may be nourished by various types of countertransference covering a whole range of human motivations, for example, the client is attractive and nice to work with or, conversely, the client is combative, and the therapist needs to win.

WORKING WITH A CLIENT WHO PERCEIVES INJUSTICE

The first step in situations perceived by the client as an issue of injustice is a detailed description of the situation, preferably based on the last experience of this impression. What happened? What was done or said, by whom? What had the client thought about it? What emotions did it evoke in the client? How did the client behave? If the situation included a conversation, it is important to describe and replay it, preferably also with switched roles. Another step is cognitive restructuring of automatic thoughts, especially when the client understood the situation in a more or less distorted way. Then it is advisable to find out whether this misunderstanding is related to some earlier events, maybe even in the client's childhood, and to use imagery rescripting or role-play for the significant situations. The next step is returning to a recent situation, clarifying one's needs in it as well as the other person's needs. This is followed by role-playing, with the client seeking a better solution of the situation from the perspective of both participants so that it is as fair as possible. The approach is similar even if it is apparent that the client was treated unfairly. Once again, it is recommended to link the present with the unfair situation in childhood and perform its rescripting; only then, rescripting and solution of the current situation are advised.

* * * * *

Lucie describes a situation in which she felt that her boss was unfair to her. Although she was overloaded with work, he gave her an extra task to do because her colleagues have children and cannot stay longer at work. Lucie objected to that, saying that she would rather leave the job than being so unfairly abused. The boss told her to think it over but insisted that she would do the extra work.

After the description, the therapist proposes replaying of the situation.

T (in the role of her boss): I want to ask you to complete the report for the ministry today. They have just called to tell me it is urgent and has to be there by tomorrow. I know it means you will have to stay longer, but you can go home earlier tomorrow or some other day instead. Can you do that for me?

L: Why do I have to do all these things? It is always the same. Ask someone else!

T: You are right. I often want you to do urgent things. You are the only childless person here, so you do not have many time commitments. I am offering you compensation for that.

L: Just because I'm the youngest one here you all keep abusing me. I'm fed up with that. I prefer to quit the job.

T: I would be sorry to see you go as you're a good worker, reliable, and I do not want to lose you. It would be a loss for the whole company. Anyway, I want you to do the work today; I do not have much choice. We can do it together. It is my fault as well that I got the deadline confused. However, I cannot do it without you.

L: That is nice. You get confused, and I am at the receiving end... I will simply not do it. I am off! (She finishes the conversation and leaves. In the end, the report will be completed by a colleague of hers after she picks up her two kids from kindergarten and let them play in her boss's office.)

Lucie has mixed feelings about the whole situation. On the one hand, she is satisfied that she has asserted herself, on the contrary, she thinks that both her boss and her colleague are angry at her. She avoids them in the next few days.

The therapist asks Lucie whether she experienced similar situations in the past, feeling that she was done an injustice or that she was abused or that someone with authority behaved unfairly. Yes, many times in her previous job, but also at school and as a child, with her mother. Because her brother was younger, she had to do "everything". He was always protected. When something got broken or went wrong, she was punished for both of them because she was supposed to "be careful". "He was simply a mummy's boy, and she has preferred him all his life, even though he is lazy, did poorly at school, left his wife and two kids; still, for my mum, he is the best. Moreover, when I went to college, she said she did not have the money for that, and I had to earn my keep while they paid for his studies... I was like being a stranger!", cries Lucie. After empathic treatment, the therapist asks her to recall the first situation in her life when she had feelings of injustice similar to the situation with her boss. Lucie closes her eyes and remembers. "I was about five, and he was three. We were in our bedroom, and I did not want to play with him and with his car because I was playing with my dolls. He got angry, throwing toys all over the room. I ignored him and then, suddenly, he hit my head from behind with a metal car. I started to bleed so cry loud. Our mom burst in yelled at me and beat me up. Then she told me to tidy up all the toys. Even though it was my brother, who had thrown them around. I sulked, but my mom slapped me again. In the end, I had to tidy everything up."

T: What you've just described was very unfair. It must have been very painful to be punished and yet try even though it was your brother's fault.

L: I felt that everything was terribly unfair, and my mom did not like me because of what she was able to do to me.

T: This must have been very hard for such a little girl. Let me ask, was there someone in your life who would have stood up for you if he had been or come there?

L: I do not know... Nobody was there... The only person to stand up for me was my granddad... or maybe my granny,

my father's mom... They both liked me a lot. For them, I was the first granddaughter.

T: That of them would have protected you better? Who could have stopped your mom?

L: I guess my granddad would. My mom had much respect for him. She did not respect her mother-in-law, my granny, much...

T: What did you need most of all at that time?

L: To see justice done...

T: How could have your granddad helped with that?

L: He simply would not have let my mom yell at me and beat me up. Moreover, my brother would have had to tidy up the toys because he had thrown them around... Well, he could not tidy much at that time... So mom would have helped him... And my brother would have been spanked for hitting me with that car.

T: If that had happened, what would it have been like for you?

L: I think I would have felt good, that it was fair ... And that someone stood up for me.

T: You've created it well... Can you close your eyes and imagine the situation according to this new scenario? I would especially like to find the feelings in the end... That you felt good, that it was fair, that someone stood up for you. Could we try to recall it as a film until the moment when your mom bursts in and then develop the new imagination?

L: I'm playing with my dolls, and my brother shouts at me to join him in playing with his car. I'm telling him that just now I'm playing with my dolls and that he should play on his own. He is getting angry, pulling my hand. I'm resisting. Then, suddenly, he is coming behind me and hits my head with a heavy iron car. I'm touching my hair in that place and feel that it is bleeding. My mom bursts in, and I can hear her yelling and rushing to me. I expect her to beat me up... I'm stunned...

T: You say that if your granddad had come there, he would have been able to help you. Can you imagine what he would have done?

L: My granddad comes in. He shouts at my mom – Hang on, Silva, what's going on in here? She did not want to play with me, so I hit her, my brother reports. He threw all the toys around and then hit me. I'm bleeding, I say. Let me see it, come here... Don't worry, it is nothing significant, it will heal and you'll grow into a big princess. Let's go and treat it. And you, Silva, have to be fair to your kids. Now help Ota tidy up the toys. Ota, come to me, I have to slap you because you cannot hit your sister. Look at what you've done to her. It must have hurt.

T: How are you feeling in that?

L: Very well. I'm okay. My granddad stood up for me and punished my brother and reproved my mom for being unfair.

T: Do you also feel that the situation is fair now?

L: Well... I have a bit of an advantage. I hate to admit that, but it is true... I think I'll go and help my brother with tidying up the toys because after all, I provoked him, he is a little boy...

T: Do it then... What is it like?

L: It is OK. Now I feel well, and my granddad says that I'm a good girl...

After the imagery rescripting, the therapist discusses with Lucie her feelings. Also what she feels as right and fair. Then they return to the recent situation with her boss. They replay it again but now with the roles switched. Lucie is playing the role of her boss. In his situation, she feels helpless and angry. Then the therapist lets her do a monolog of her colleague who picked up her kids and then did the work.

L: It is infuriating that Lucie has refused to do it. She has no kids and plenty of time. What will the kids do here? What kind of mom am I that I drag them to my office? Moreover, Pavel will be angry that there is no dinner, and I take our kids here. It is not the first time. However, there's no other way. If I do not do it, we will not get the grant money, and that'll be the end. The kids will be OK, and I'll call Pavel. I cannot let the boss down. As I know him, he'll be helpful when I need it. I just can't see why Lucie could not do it.

Then the therapist asks Lucie what she thinks of the situation and its solution. After realizing how the others could see the situation, Lucie is a bit ashamed that she did not do it differently. The therapist asks about needs of all people in the situation and how Lucie would like to solve such a situation next time. Lucie realizes that she is deeply concerned about justice. However, it cannot be perfectly fair with respect to the status of the others who have other needs and possibilities. They try to replay an alternative approach.

T: I would like to ask you to stay longer today and help me complete the report for the ministry. They have called to tell me it has to be there by tomorrow. You may have a day off some other time. Can you do that for me?

L: Well, that is a bit unexpected. I wanted to spend the evening with my friends... Can't you ask someone else to do that?

T: I can try but it is quite late, and the others have little kids and are less flexible.

L: That is right. On the other hand, I have a life of my own, and I do not want to step in every time nobody else is available. I might never have kids...

T: You're right. I ask you for help every time there is an urgent situation. I'll make sure that I do not overload you. However, can I ask you today? This is urgent, and we might lose a relatively large amount of money that we need for the next year. Moreover, you can have a day off any time you like.

L: I'll do it because I know it is urgent. However, I want you to know that I do not wish to step in every time there is a problem.

They are discussing the new version and how Lucie is satisfied with it. She is convinced although she retreated in the end. However, she expressed her need for a fairer solu-

tion next time. "I'll probably go to see my boss to apologize for letting him down last time and for having strong feelings of injustice. To tell him that I'll be happy to stay longer from time to time if it is not too often. Moreover, that I do not want to be the only one selected to deal with an urgent problem." And she continues: "It is been really good today. I realized how often I perceive situations as unfair, to me of course. Then I'm angry and react to others in a hostile way, not thinking much about their needs, just about mine being limited. Moreover, when things are my way, I feel bitter about it. A kind of a Pyrrhic victory. This probably stems from my childhood, when my mom was unfair to me. However, I do not have to do it now that I am an adult.

CONCLUSIONS

Although justice issues are common in psychotherapy, they may not be reflected and processed in therapy. They may be related to the client's story, his or her problems with other people, and the therapeutic process itself, from selection of the client for therapy, to the therapeutic relationship and therapeutic change strategies. By increasing receptiveness to the issue of justice, the therapist may improve the therapeutic process. Problems with justice between the therapist and the client may be revealed by honest self-reflection or high-quality supervision.

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