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Accountability as a Key Virtue in Mental Health and Human Flourishing

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Abstract

We propose that accountability plays an implicit, important, and relatively unexamined role in psychiatry. People generally think of accountability as a relation in which one party is held accountable by another. In this paper we examine accountability as a virtue, drawing on philosophy, psychiatry, and psychology to examine what it means to welcome being accountable in an excellent way that promotes flourishing. When people manifest accountability as a virtue, they are both *responsive to* others they owe a response, and they are *responsible for* their attitudes and actions in light of these relationships. Psychiatric treatment often aims to correct disordered forms of accountability, including difficulties with empathy and self-regulation. Both the process of treatment and the practice of professionalism depend on relationally responsible accountability. We examine accountability as an overlooked complement to healthy autonomy. Whereas acting autonomously in congruence with one's values is characteristic of mental health, accountability that is interpersonally responsive and responsible is vital to successful treatment as well as professionalism in psychiatry. We review components of accountability and developmental aspects of the virtue; highlight the role of accountability in healthy functioning; and describe implications for psychiatric assessment, treatment, and professionalism. We aim to catalyze awareness of accountability as intrinsic to mental health care and human flourishing.

Key Words: Accountability, Virtue, Flourishing, Mental Health, Autonomy

Introduction

In recent decades, psychiatry has expanded its focus beyond pathology and its neurobiological underpinnings to consider the health and flourishing of the whole person (Peteet, 2018; Jeste et al., 2015). Fourth wave approaches in psychiatry including positive psychology interventions draw on evidence that many facets of well-being are associated with character strengths and virtues that are focused beyond oneself such as gratitude, forgiveness, and self-transcendence (Witvliet, 2020; Witvliet & Root Luna, 2018; Seligman & Csikszentmihayli, 2000; Jankowski et al., 2000). At the same time, autonomy – understood as both individual mastery and freedom from pathological constraints – remains a principal objective of dynamic, behavioral, and cognitive-behavioral therapies. To date, clinicians have lacked a clear way to relate autonomy to the relational and moral dimensions of mental health and flourishing that include meaningful relationships and a sense of purpose (VanderWeele, 2017a). We propose that there is a virtue, which we choose to call "accountability" that may fulfill this needed role in psychiatry (Witvliet, Jang, Berry, Evans, Johnson, et al., 2019).

We propose that welcoming accountability to others and incorporating their input to fulfill responsibilities in those relationships plays an often unacknowledged yet key role in psychiatry. Although psychiatry has yet to feature the value of accountability, other professional fields have begun to do so, such as nursing (Krautscheid, 2014), physical therapy (American Physical Therapy Association, 2019), and social work (Banks, 2013). Within psychiatry, we view accountability as supporting the implicit ethics that undergird both patient care and professionalism (Scher & Kozlowska, 2020). More specifically, accountability is fundamental to the clinician–patient relationship, effective patient utilization of mental health treatment, and

clinician professionalism. Patient accountability centers on the capacity to fulfill relational responsibilities for social and occupational roles. Clinician accountability involves fulfilling responsibilities for effective patient care, adhering to professional ethics codes, completing licensing expectations, and living out the mission of one's health organization and department.

Our aims are to uncover the implicit and key role of accountability in psychiatry drawing on philosophy and psychology. We first offer a brief introduction to accountability as a virtue. We then review components of accountability and developmental aspects of the virtue; highlight the role of accountability in healthy functioning; and describe implications for psychiatric assessment, treatment, and professionalism. We then indicate how openness to growth within a larger relational and moral context can support fourth wave therapies, other relational virtues, and flourishing with a sense of meaning and purpose.

Accountability as a Virtue

It is obviously important to distinguish being in a relationship involving accountability from the virtue possessed by one who *embraces being accountable*. Still, the virtue must be understood in the context of the relation, because it is in that context that the virtue will manifest itself. We will refer to the person who is in the role of being accountable to another as the *accountee*, and the person to whom one is accountable as the *accountor*. We recognize that this usage is somewhat innovative, but there is some precedent for this usage (Bergsteiner and Avery, 2003), and standard English seems to have no established terms for the individuals who play these roles.

To understand this, imagine two people, A and B, who have a relationship in which A is the accountee accountable to B the accountor. (Obviously accountability relationships can involve relationships between more than two people, but for simplicity we shall take a dyadic

case as a paradigm.) If A is accountable to B, then B (as accountor) has what we shall call standing to expect or require certain things from A, including the right to ask A to give some account as to how A has fulfilled these expectations. What the accountor can expect from the accountee is not just an account. Rather, there must be underlying expectations of actions that the accountee is expected to account *for.* The standing the accountor has relative to the accountee is always limited to a particular domain, and even within the domain is limited as well. A departmental chair has the right to ask a teacher to change his or her pedagogical approach perhaps, but not to change his or her parenting approach. B is said to hold A accountable by rendering some kind of evaluation (in some cases including sanctions) as to how A has fulfilled those expectations that B rightfully has.

There are many different kinds of accountability relationships, which involve various kinds of standing. A common form of accountability is a relationship in which the accountee answers to the accountor who has a higher rank in some respect. For example, the accountor could be a supervisor, mentor, manager, shop foreman, or teacher (where the accountee is a student), or parent (where the accountee is the child of the accountor). In many such hierarchical relationships, the accountor has the special kind of standing philosophers call "practical authority," which means that B can give A reasons to act in certain ways by giving commands, orders, or assignments.

Although accountability relations that involve a higher rank are common, it is very important to recognize that there are other kinds of accountability than from someone with a lower rank to someone with a higher rank. Even when the relation does have a hierarchical character, accountability relations usually have a reciprocal quality. Although an accountor may have practical authority to expect certain things from the accountee, in many cases the accountee

also serves as an accountor with standing to expect certain things from the original accountee. For example, if A is B's student, B can require A to carry out various assignments, such as taking exams and writing essays, and B has the responsibility to evaluate A with respect to those. However, A also has standing as an accountor to expect B as an accountee to give assignments that are fair and to provide timely and fair feedback and grading on those assignments. Hence it is also true that in certain respects B is accountable to A, and A may rightly request an explanation from B as to why an essay was graded as it was. In many accountability relationships the two parties both play the roles of accountee and accountor.

Reciprocity is even easier to recognize in accountability relationships between peers—with each person answerable to the other for fulfilling responsibilities in light of the relationship. Each person in such a relationship is mutually accountable to others. Members of a 12-step group, for example, commit to holding each other accountable by virtue of their membership in the group. Two friends may commit to holding each other accountable with respect to some goal. For example, the friends may want to exercise more to improve their health and commit to holding each other accountable for working out. Marriage, at least an egalitarian marriage, may also be viewed as a relationship in which there is mutual accountability. In such relationships all parties are both accountors and accountees.

In addition to the accountability that is constitutive of various kinds of special relations, philosophers such as Stephen Darwall (Darwall, 2006) have argued that all human beings are members of a moral community, and that this gives all humans standing to hold other humans accountable for certain things. Even if two people are strangers, each has a right to expect that they will not be harmed by the other (e.g., from assault, intentionally stepping on, or invading the personal space of the other, and so on). In the event that one is responsible for harming the other

through actions or failures to act when expected (e.g., by law or cultural norms), the person harmed has a right to ask for an account from the person responsible.

The term accountability is most often used to refer to *holding* someone answerable in some way, determining when and how people should be held accountable, or the effects of doing so. This is important, and we should pay attention to the excellences or virtues that best characterize those who play the role of holding others accountable. However, we want to propose that systematic attention should also be given to understanding the role played by those who *are accountable*. Our view is that people who play this role well *welcome* accountability, and they thereby have a *virtue* or excellence that promotes flourishing. Here, the virtue of accountability refers to the welcoming of one's responsibilities both *to* others and *for* their impact on others. Accountable people are open to input from others in legitimate roles, take responsibility for their own attitudes, thoughts, emotions and actions, and work to improve or correct their responses to have a positive impact.

When we hold others accountable, our activity has a backward looking direction; we hold people accountable for what they have done. However, the virtue of accountability, like other virtues, has a forward looking temporal direction. The person with this virtue values being accountable to others, believing that this will foster growth and improvement.

We have already noted that accountability relations—whether they are lateral or hierarchical—involve reciprocity. This makes it possible for the accountable person to act autonomously. The accountee has the ability to see that it is right to do what the accountor justifiably expects, and to do so *because it is right*. If this is correct, then welcoming accountability is not a diminishment of autonomy, but one way autonomy can be exercised. The person who has the virtue of accountability is acting autonomously.

Where should we categorize this virtue in what we might call the geography of virtues? First, it is a relational virtue, similar to interpersonal forgivingness and gratitude, in that it is exercised in a relationship. We think that the virtue of accountability is best understood as a sub-virtue of the personal virtue of justice, classically defined as the disposition to "give to others what is their due," a definition taken from Ulpian, endorsed by Cicero and included in Justinian's *Digest,* which made this view of justice very influential in the medieval period in the West (*Stanford Encyclopedia of Philosophy*, 2020). Justice as a personal virtue is a broad quality with several sub-virtues that we find it useful to name and recognize, such as gratitude and honesty. We propose that accountability is another such sub-virtue. Given the importance of accountability relations in human life, it seems plausible that the quality or qualities that allow one to play the role of being accountable well (such as empathy and self-regulation) will be important to consider. Although we believe there is an identifiable virtue of accountability, it is of course possible that accountability will turn out to be a cluster of virtues rather than a single quality. To argue the matter is beyond the scope of this paper. Even if there is an identifiable virtue of accountability, we recognize that it will certainly work together with a number of other virtues. Moreover, even if accountability were to turn out to be a cluster of virtues, it would still be pragmatically useful to have a single name for the cluster.

Components of Accountability

In conceptualizing accountability as a virtue, we see that it involves both a relational component (we are accountable *to* others within relational contexts) and a responsibility component (we are accountable *for* fulfilling responsibilities appropriate to the relationship). From the perspective of the Big Five personality traits, the responsible component of accountability has led to the prediction that the virtue would be associated with

conscientiousness. Yet, beyond responsibility (which can be carried out in isolation), accountability is relationally receptive and responsive suggesting an association with agreeableness. Accordingly, evidence has shown that accountability is directly correlated with conscientiousness and agreeableness, yet goes beyond them to predict flourishing (Witvliet, Jang, Berry, Evans, Johnson, et al., 2019; Keyes, 2002). Similarly, accountability values the perspective of the accountor reflecting empathy, a teachable quality of humility, as well as the capacity to adapt to input and make corrective improvements through self-regulation (Hayden et al., 2021). We further suggest that welcoming responsibility to others for fulfilling our responsibilities in a way that is mindful of our impact on others intersects with four critical aspects of mental health: connectedness, proportionality, responsiveness to others, and persistence. Notably, these roughly correspond to the four core dimensions of personality functioning measured by the Level of Personality Functioning Scale (LPFS): intimacy, identity, empathy and self-directedness (John et al., 2008; Bach & Hutsebaut, 2018). While these play a key role in understanding psychiatric conditions, discussion of the neurobiological correlates for each of these is beyond the scope of this paper.

A unique contribution of accountability is found in the fact that welcoming responsibility to and caring about one's impact on others is basic to making personal relationships work over time. Without accountability, resentment and withdrawal from relationships would ensue. Accountability is also critical to the trust and cooperation needed for effective work with and for others. Most people believe they are accountable to uphold moral principles, and many see themselves as accountable to God or a higher power for how they live their life (Witvliet, Jang, Berry, Evans, Torrance, et al., 2019). Actively knowing to whom (whether other people or a transcendent guide for living or both) and for what one is accountable connects one's relational

responsibilities with one's identity, direction, and sense of purpose. Thus, as both a relational and moral virtue, accountability extends beyond any of its prerequisite and constituent traits in ways that are vital to human flourishing (Evans, 2019).

Developmental Aspects

Having a sense of responsibility in relationships involves moral emotion. A useful comprehensive framework for understanding moral development is that described by Stillwell et al. (2006), which incorporates earlier models such as those proposed by psychoanalysts and theorists such as Kohlberg. By this account, individuals become morally capable as they develop perspective taking, acquire impulse control, and incorporate input from admired exemplars. Taken together, these moral capacities tied to empathy and self-regulation are prerequisites for achieving the virtue of accountability as well as others characteristic of a healthy moral life.

Stillwell and colleagues identify five domains of conscience functioning, each related to a different aspect of human experience: attachment, emotion, cognition, volition, and moral meaning making. Conceptualization of conscience is considered the anchor domain, with others—moralization of attachment, moral-emotional responsiveness, moral valuation and moral volition—representing the contributory moralization of each of these aspects of experience. Their development is traceable through the stages of moral development: external conscience, brain-heart, personified, confused, and integrated. Although Stillwell et al. do not use the language of virtue or of accountability to describe mature moral functioning, their description of knowing when one is responsible and welcoming it is consistent with the central role that accountability to others for one's responsibilities in relationships plays in emotional, interpersonal, and work/professional life, as informed by a healthy, developed conscience.

Accountability and Mental Health Assessment

Accountability *to* others *for* one's responsibilities offers a useful framework for assessment, with implications for therapy. Psychiatrists and other mental health clinicians have not traditionally named accountability as a virtue but have identified four constituent aspects of personality functioning as important elements in an assessment because they illuminate how one relates to the self, others and the transcendent. A good clinician—in addition to diagnosing a mental disorder and constructing a biopsychosocial formulation of its impact—will want to actively listen in the process of taking a personal history for the relational and responsible qualities of patients and follow up with appropriate queries. For example, a clinician will attend to the following: *What is the nature and the quality of the patient's relationships? How does the patient see himself or herself in relation to others and the world, and with how much capacity to reflect or engage in perspective-taking? How have his or her experiences with authority figures influenced his attitudes and behavior in relation to others? To whom does he or she feel most committed, and for what?*

Important relational resources include the connections a patient has to communities of support, such as involvement in a therapeutic or community group, congregation, or a Twelve Step program. For those involved in a supportive community, the clinician will notice: *What ideals does that community hold as a vision of the patient's best self? What resources does the community offer that foster the patient's movement in a good direction? How does the individual understand what has led to a failed relationship with another person, or a strained relationship with God or a higher power?* These questions are implied in the taking of a basic life history.

When the history suggests significant problems in relationships with others, it can help to explore more explicitly the individual's receptivity and responsiveness to appropriate input

from others. *How open is he or she to feedback—is it received as a threat or as potentially helpful input from others? Does he or she engage in perspective-taking that shows regard for the person providing feedback? Does the person see his or her own capacity to adapt and make needed corrections or improvements? Does he or she have an accountability partner? How consistently has he or she been able to live out his or her obligations?*

If the individual is engaged in therapy, the clinician will want to note: *How does he or she respond to the frame of therapy—the basic agreement to talk and not act out, to call if needed, to manage the schedule and the fee (which is not to be confused with economic barriers beyond their control), and to respect other boundaries in the therapeutic relationship?* Answers to these questions have practical implications for treatment. For example: *Will the patient be willing and able to trust in a relationship with a mental health professional who has expectations of him or her? Does he or she feel accountable enough to himself or others to follow through when therapy becomes difficult?*

Research is currently underway to develop instruments for measuring and further studying the virtue of accountability and its relationship to mental health. For example, scales to measure accountability to other people and accountability to the transcendent/God shows initial strong psychometric properties (Witvliet, Jang, Berry, Evans, Johnson, et al., 2019; Evans, 2019). As with other virtues such as humility, investigators face the challenge of determining when self-reports are valid. We have described above ways that a clinician can assess accountability in the process of an initial psychiatric evaluation. Evidence for the benefits of focusing on accountability in the treatment of conditions with disordered or low accountability such as narcissism, sociopathy or obsessional rigidity awaits future study.

Accountability and Mental Health Treatment

We suggest that accountability is relevant to the aims of psychiatric treatment, the treatment of conditions with low or disordered forms of accountability, the process of treatment, and the character of the therapist.

The growth of fourth wave therapies in psychiatry—which draw on positive psychology and aim beyond improvement of symptoms and functioning to the promotion of growth—reflect increasing awareness of the role of virtues in psychotherapy and human flourishing (Peteet, 2018). As the philosopher Eric Matthews points out, psychiatric treatment "involves a certain vision of what a satisfactory human life ought to be like, a way of interpreting what is 'wrong' with clients as deviation from that 'moral vision,' and a way of treating clients aimed at showing them ways of achieving that moral vision in their own lives" (Matthews, 1999). Duff Waring goes further: "Virtues are revealed in therapeutic goals that stress the desirable and stable traits of character that mentally healthy persons have and that patients who want to restore lost selves ought to strive for. Hence the idea that mental health amounts to a virtuous state" (Waring, 2016). Waring argues that the realization of certain virtues (e.g., self-love, self-respect, and empathic concern and respect for others) are plausible psychotherapeutic goals for some patients given the problems they present. Their cultivation and attainment as sufficiently stable states amounts to positive mental health. Accountability—given that it is basic to responsible and responsive communal life and is correlated with other measures of human flourishing (Witvliet, Jang, Berry, Evans, Johnson, et al., 2019) —is a virtue basic to psychotherapy. Without a willing commitment of both parties to one another and to the work, the cooperative project to achieve mental health falters.

The relevance of accountability as an appropriate treatment goal is indicated when patients show impaired or distorted relationship patterns reflecting difficulty with fulfilling responsibilities to and for others in healthy ways. As suggested above, from a dimensional rather than a categorical or prototypical (e.g., DSM-based) perspective, disturbances in core dimensions of personality functioning can be usefully conceptualized by the Level of Personality Functioning Scale, along the lines of four core domains: Connectedness (domain of intimacy); Proportionality (domain of identity); Responsiveness to others (domain of empathy); and Persistence (domain of self-directedness; (Josefsson et al., 2013). In many (but not all) virtue theories, virtues are construed as the golden mean between a vice of excess and deficiency. In the case of accountability, an individual overly concerned with responsibilities might suffer from obsessional perfectionism, whereas an individual deficient in responsiveness to others might suffer from psychopathy or narcissism (both would suffer from a lack of proportionality). Consider some of the ways that accountability can be distorted within each of these domains.

Intimacy. Some individuals lack the ability to connect with others generally. This may be for a particular period of time, such as when actively ill with depression or psychosis, or as a more pervasive and enduring quality, such as fearful and avoidant personality disorders.

Empathy. Other individuals have difficulty caring about the needs and desires of others, due, for example, to impaired theory of mind capacities in autism spectrum disorders. Others may see the value of others as inferior to oneself in narcissistic ways, or as merely instrumental to achieve one's own ends as seen in antisocial or psychopathic traits.

Identity. Some may acknowledge responsibility to others but have difficulty assessing proportionality, due to an overly harsh "inner critic" (conscience), as in the case of some

individuals with OCD, scrupulosity, anxiety or depressive disorders. A distorted sense of responsibility for others may lead people to engage in "co-dependent" behavior.

Self-directedness. Some individuals may have difficulty following through on responsibilities to others because of impulsivity, impaired insight, or difficulty sustaining attention and self-regulation as in the case of ADHD, or substance-related disorders or other addictive patterns.

Overlapping domains. Some individuals may have difficulty relating appropriately to authority (human or transcendent) as a result of trauma, as in complex PTSD. Expecting those in a position of authority to be malevolent or abusive, they may react with anxious, paranoid, angry or overly submissive responses.

Overall, a framework of accountability provides perspective on dysfunctions within their relational, moral, and existential context. Further, a focus on accountability highlights capacities needed for full recovery, thereby informing the goals of treatment. As the neuroscience of personality functioning and dysfunction advances, including through the Research Domain Criteria (RDoC) project, such formulations may also come to include specific biological targets for therapeutic intervention.

Case Examples

Next, we provide brief case examples to illustrate the clinical relevance of impaired or distorted forms of accountability in terms more familiar to mental health practitioners. The case example of Complex PTSD highlights the role of a focus on accountability in relation to traditional treatment approaches.

Narcissism. Narcissistic and psychopathic personalities often need to develop accountability to counteract crippling selfishness that damages relationships.

A bright, well-educated entrepreneur in his 50's was initially successful in raising funds for development in his country of origin, then failed in his next ventures and incurred millions in family debt. Rather than accepting a reliable job to support his family, he maintained the hope that he was destined to become a leading figure in his home country, and insisted that his wife go to work to support his special vision and send their children to private schools. Treatment focused on accountability by helping him recognize his capacity to adapt his goals in light of those he professed to love.

Addiction. Individuals struggling with addiction may require help becoming accountable for persisting in the work of treatment, instead of relapsing to use. Means to this end may include time away and distance from the object of addiction, clear goal-setting with structure for establishing new routines, and models of healthy accountability with guidance and support as found in self-help groups (cf. Steps 5 through 10 of Alcoholics Anonymous).

A 50 year old real estate broker with a history of childhood sexual abuse developed an affinity for internet pornography. This caused him considerable shame. In psychotherapy, he explored the meaning of his behavior, a process of complex humanizing rather than dehumanizing/objectifying women. He was helped by clear goal-setting with practical guidance for self-regulation. By vulnerably naming his struggle with a group of men in his faith-based support group, he regularly answered to and sought feedback from these "accountability partners" as an adjunct to treatment.

Depression. Depression can distort one's perspective and lead to solipsism, which can be counteracted through healthy accountability.

A 66 year old divorced, disabled nursing assistant with stable Crohn's disease was hospitalized for a 30 lb. weight loss, and was being worked up for possible malignancy, which

she said offered her a "way out" of her life. She had become hopeless and lonely after she first lost her work, and then her car. She had not told her family about her illness, and said she would not kill herself for religious reasons (seeing it as a sin). Therapy focused on recognizing the contribution of depression to her sense of isolation and fatalism, identifying the constancy of her worth not dependent on her performance, attending to what her family and God meant to her as well as her value to them, and recovering the importance that helping others held for her. As she restored relational perspective-taking, her regard for others and sense of self in relation to others clarified relational priorities. As her energy activated, her capacity for self-regulation in carrying out valued responsibilities grew.

Perfectionism. A felt need to be perfect is common in depression, anxiety disorders including OCD, and obsessive compulsive personality disorder (OCPD). Familial, cultural and religious influences may all distort the development of proportionate accountability, resulting in unrealistic expectations, a sense of shame, and difficulty dealing effectively with moral failure.

A bright, introverted adolescent developed obsessional rituals, rigid rules for eating, catastrophic ruminations, and mood swings as an early adolescent. As the daughter of educated, somewhat emotionally intense, and religiously devout parents, she felt pressure not only to succeed academically but to be perfect for God—with proneness to be self-condemning for lapses in self-control. Treatment included stabilizing medication, cognitive restructuring, family therapy, and realistic accommodations at school. With support for the development of her own authentic identity before God and with her parents, she came to carry out her life responsibly not as a perfectionistic performer for them, but rather as a beloved daughter motivated by healthy gratitude to grow and benefit others with acceptance.

Delayed adolescent development. The transition from adolescence into young adulthood is an important inflection point in the development of relational responsibility. Consider the importance of growing in the virtue of accountability—welcoming responsibility for himself and to others—in order to navigate the transition into adulthood in a way that balances healthy autonomy and accountability in relationships.

A 22 year old college student came for treatment after dropping classes and withdrawing from his semester for the third time. His parents had become increasingly frustrated that he was wasting their tuition money and risked losing a scholarship due to smoking marijuana and spending time with his friends rather than attending classes. A family meeting led to a plan for making further financial support contingent on his regular attendance at class and at therapy, with demonstrated responsible monitoring of his drug use. These measures led to a re-examination of his life and priorities; after being forced to show he could do acceptable work at a local community college, he was able to re-enroll at his university and take pride in doing well.

Growing in accountability through appropriate responding in relationships and responsibility-taking is important for addressing functional deficits. Further, welcoming accountability involves empathic perspective-taking and valuing of others as well as adaptable and responsible change in light of input from others, which goes beyond reducing symptoms and makes flourishing more possible.

Complex PTSD. Patients with histories of chronic abuse may struggle to trust others, to navigate healthy accountability rather than subservient conformity or defensive rejection in relationships, and struggle to flourish in life.

A 60 year old woman with a history of childhood emotional abuse, and a physically abusive marriage struggled with intermittent suicidal ideation, loss of a job, and estrangement from her children. She had been hospitalized twice, once after an overdose. She had been admitted to partial hospitalization for stabilization when more stressed and suicidal. Medication proved unhelpful, and she experienced CBT as condescending. On presenting for individual psychotherapy, she was bright and somewhat cynical, becoming angry with the therapist when he raised the painful issue of her estranged children. Although a graduate of seminary, she described difficulty believing in a God "who could leave me so damaged," and questioned the value of her life.

In therapy, she found a diagnosis of complex PTSD helpful in understanding her interpersonal sensitivity and mood swings, but needed considerable gentle interest in her experience to trust the process. She bristled at suggestions that she explore options previously important to her, such as her faith. On the other hand, she found purpose and some community through volunteering at a nature museum and eventually, a church.

The intertwined moral, relational and existential aspects of this patient's struggles required the therapist to demonstrate his accountability to her and her best interests before she could trust his attempts at skill-building or insight. As a trauma survivor, fostering her openness to feedback from others in light of realistic assessment of their trustworthiness became a central aim of the work. Eventually, her growth in these areas enabled her to use insight acquired in therapy to sustain her in adapting to different role expectations (as a friend, partner, member,

volunteer), along with the inevitable disappointments that emerged in navigating responsibilities within relationships with others in her life.

The Process of Treatment

Both therapist and patient have responsibilities in psychotherapy—to one another in the therapeutic relationship and in carrying out the work of therapeutic change. Treatment interfering behaviors, such as failures to keep or cancel appointments, to pay the fee, to behave ethically, or to respect the therapist's personal boundaries highlight the importance of these responsibilities for meaningful work to take place. As Thomas Gutheil notes, "the administration precedes the therapy" (Gutheil, 1982). Maintaining therapeutic focus includes the therapist's accountable work and the patient's accountable work—each in ways that engage healthy congruence with one's values and the ethics of the profession. Therapeutic work also requires the therapist to prioritize the patient's needs over one's own, such as engaging in therapeutic termination rather than comfortable but stagnant treatment, or in confrontation when indicated rather than support that will maintain the status quo. Both the therapist and the patient are engaged in a process of perspective-taking with openness to learn from one another and self-regulation to adapt to what is being learned. Their openness to one another is enhanced by their awareness of what each owes the other.

The Character of the Therapist

In their book *The Virtuous Psychiatrist: Character Ethics in Psychiatric Practice*, Radden and Sadler (2010) highlight virtues particularly important for the psychiatrist. These include trustworthiness, respect for the patient and for the healing project, empathy and compassion, warmth and "genuine warmth," self-knowledge, self-unity, integrity, emotional

intelligence, unselfing, realism, authenticity, sincerity, wholeheartedness, and the meta-virtue of *phronesis*—practical wisdom (Radden & Sadler, 2010). The virtue of accountability can be understood to overlap with several of these: trustworthiness, respect for the patient and for the healing project, empathy, integrity, self-knowledge, and phronesis. What accountability may add is greater attention to the aims of the work in the context of the working relationship, one's interpersonal and transcendent responsibilities, and the value of input from others along with the capacity to adapt in light of it. In this way, accountability has obvious importance to the therapist's own supervision, learning, and relationships to the organization, profession and the cultural context.

Accountability and Professionalism

Professionalism involves working and living consistently with the practices and principles of the guild—including both explicitly and implicitly held ethics with important implications (Scher & Kozlowska, 2020). Trainees, for example, are routinely evaluated on their performance in domains that include integrity, collaborating with peers, working responsibly with and for with patients, and respecting boundaries. Holding onto a performance-based identity may provide a thin veneer of accountability, but stressors of long hours, expectations for productivity and competition for advancement can lead to diminished empathy, cynicism and burnout that affect the trainee personally and professionally. Approaching such problems with a backward looking, fault-finding orientation is incomplete and misguided. A focus on accountability as a virtue is forward-looking, involving both self-care and a commitment to something beyond oneself in carrying out one's responsibilities in relationships (Witvliet, Jang, Berry, Evans, Johnson, et al., 2019). To the clinician welcoming of accountability, expectations

from supervisors or regulatory authorities will be seen first not as burdens but as opportunities for learning and enhanced practice.

Good supervision also plays an important role in fostering accountability, as professional growth is enhanced by a welcoming attitude toward feedback in both emerging and established professionals. When corrective guidance is offered with effective support, the evaluative culture can shift toward one that embraces learning and transformation, resulting in decreased shame and greater interest in making improvements. Humility and a growth orientation are part of translating wise feedback into more competent and compassionate practice. Mental health professionals will better fulfill their responsibilities to others by welcoming accountability to work in ways that are anti-racist and anti-oppression—living out these important values in relationship to patients, colleagues, and the profession to achieve needed personal and systemic change (Corneu & Stergiopoulos, 2012).

Accountability and Growth

In addition to supporting basic mental health and undergirding the process of treatment and professionalism, accountability opens patients and clinicians to opportunities for growth. With an orientation that values relating responsibly to others, therapeutic work can meaningfully engage the larger context of patients' lives such as through fourth wave therapies including ACT, existential and values based approaches, and dignity promoting therapies (Peteet, 2018). Patients may be more open to enhancing other relational virtues such as forgiveness and gratitude, which have been found to cluster with measures of accountability (Witvliet, 2019). They may also pursue other dimensions of human flourishing such as meaning and a sense of purpose (VanderWeele, 2017a; Witvliet, Jang, Berry, Evans, Johnson, et al., 2019). Those who find meaning in a spiritual identity are likely to find vertical, or transcendent accountability

particularly relevant in lending a frame of purpose and relational spirituality that intersects with human accountability relationships (Witvliet, Jang, Berry, Evans, Torrance, et al., 2019).

Research into accountability as a virtue is relatively new, but several considerations seem relevant to the prospect of enhancing the virtue. One's values and assumptions—for example an individualistic versus communal bias, or immanent versus transcendent frame—can shape the practical importance one gives to accountability (Taylor, 2007). Specific obstacles may need to be addressed, such as those considered here that lead individuals to feel criticized or threatened by guidance or feedback from others—whether in the context of pursuing therapeutic goals or receiving professional supervisory input. Given that those with less equity and inclusion are often held to a higher standard than those with "privilege," accountability may prove to be a more necessary virtue for those with greater power and access to resources. Two key components undergirding the relational virtue of accountability are empathy and self-regulation. To the extent that empathic concern and perspective-taking can be fostered, the relational side of accountability will be enhanced by valuing the person giving input and seeing what one can learn through feedback. To the extent that self-regulation can be strengthened, the responsibility side of accountability will be bolstered through the capacity to adapt and implement needed change. In the process of cultivating accountability through empathy and self-regulation, therapeutic and professional flourishing will be enhanced. As for all virtues, accountability requires practice, in one's personal and professional relationships.

Conclusion

As psychiatrists and other mental health professionals direct increasing attention to what constitutes and sustains human flourishing, it is becoming clear that maximizing individual autonomy is limited as a treatment goal, and that accountability has an underacknowledged yet

central place in healthy relational and moral functioning. To achieve healthier functioning, clinicians need to situate insight-oriented and skills-based therapies within the context of the patient's life goals and important relationships—that is, in how they live accountably. Accountability to fulfill one's relational responsibilities complements a vision of autonomy to act in healthy congruence with deeply held and meaningful values (Weinstein et al., 2012). This is consistent with Ryan and Deci's view of self-determination as reflective of capacities for relatedness, competence, and autonomous (rather than controlled) motivation (Deci & Ryan, 2008).

For therapies that prioritize healthy flourishing, fostering accountability—of clinician to patient, of patient toward clinician, and of the patient in other relationships—may be crucial. Otherwise, insight and skills based approaches can become narrowly individualistic, leaving the patient to struggle in relationships with others, and rather than serving as means may be seen as coming to define ends. The virtue of accountability is also an important means to a flourishing end, becoming one's best self in living a meaningful life with healthy relationships. We hope that the present paper will catalyze work on accountability in both mental health and flourishing, including factors that shape its development, and further elucidate its role within psychiatric assessment, treatment, and professionalism to equip psychiatrists and clinicians in their work of facilitating lives well lived.

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