Ethical dilemmas of psychotherapists

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explore the difficulties of psychotherapeutic work.

THE ethical basis of psychological practice has received increased attention in recent years. For example, recent Presidential addresses to The British Psychological Society (Lindsay, 1995), the Irish Psychological Society (McGee, 1995) and the Canadian Psychological Association (Pettifor, 1996) have addressed ethics and values. Also, the European Federation of Professional Psychologists Associations approved a meta-code of ethics at its General Assembly in 1995 (EFPPA, 1997), whose requirements all aspiring member associations must meet.

In an earlier article, Lindsay and Colley (1995) argued that there were limitations in the traditional approach to devising ethical codes — namely, an expert committee working on the basis of principles, and devising ethical codes or standards of behaviour. Lindsay and Colley (1995) studied ethical dilemmas identified from their own practice by a sample of Society members, replicating a study by Pope and Vetter (1992) of members of the American Psychological Association (APA).

The Society study identified two broad kinds of ethical dilemma. The first consisted of dilemmas that fitted the traditional form of ethical codes for professionals such as psychologists (e.g. confidentiality). A second category concerned tensions between the psychologist's preferred practice, and constraints imposed by the organisation within which the psychologist works (e.g. the National Health Service).

Further evidence on the usefulness of researching ethical dilemmas empirically — to identify important aspects of ethical practice, and the content of ethical codes — has been provided in an international collaboration. This evidence was presented to the 1997 European Congress of Psychology (Wassenaer & Slack, 1997; Sinclair, 1997; Antikainen, 1997; Odland, 1997; Colnerud, 1997; Lindsay, 1997).

In the present article, we report an extension of this approach to psychotherapists. In the UK, the title 'psychotherapist' (as well as 'psychologist') is not protected, and both the United Kingdom Council for Psychotherapy (UKCP) and the British Confederation of Psychotherapists (BCP) recognise a number of training routes. Many recognised psychotherapists are, or are eligible to be, Chartered Psychologists, but others have alternative professional qualifications.

Vetere *et al.* (1997) have described the stage reached in the development towards Society accreditation of psychologists specialising in psychotherapy. We were interested to discover whether this professional group (psychotherapists) would have similar ethical dilemmas to those identified by groups exclusively of psychologists.

TABLE 1
Ethically troubling incidents — a comparison of UKCP, BPS and APA samples

Category	% UKCP	% BPS	% APA
Confidentiality	31	17	18
Dual relationships	12	3	17
Colleagues' conduct	9	7	4
Sexual issues	8	6	4
Academic/training	6	3	8
Competence	6	3	3

The study

The present study comprised a survey of a random selection of 1000 psychotherapists on the UKCP register. The survey form asked respondents to reply to the following:

> *Describe in a few words, or more detail, an incident that you or a colleague have faced in the past year or two that was ethically troubling you.*

The covering letter asked respondents to state their psychotherapeutic orientation, but not to include any other information which could identify themselves or anybody else. They were asked to reply, even if they had no dilemma to describe, and a reply paid envelope was enclosed. This was an exact replication of the previous APA and Society questionnaire.

Replies were received from 213 psychotherapists, a response rate of 21 per cent. This compares with a response rate of 28.4 per cent for the survey of Society members (Lindsay & Colley, 1995). Of these, 47 (22.1 per cent of respondents) said that they had no ethical dilemmas to report, compared with 37 per cent of the Society sample. However, while the psychotherapists are all likely to be practitioners, to varying degrees, the Society sample was drawn from the total membership, not all of whom were practising as psychologists. Others were unable to comment for reasons including retirement and having undertaken little practice during the previous two years.

Consequently, 156 psychotherapists reported having had at least one dilemma

(73.2 per cent), and presented a total of 254 ethically troubling incidents. These were analysed by the two authors independently, and each was allocated to the same 23 categories used in the studies of APA (Pope & Vetter, 1992) and Society members (Lindsay & Colley, 1995).

Inter-rater agreement was high, but all ratings were jointly reviewed by the two raters to agree a single category for each. The six most frequently reported categories of dilemmas are presented in Table 1, together with the results of the APA and Society surveys of psychologists for comparison.

Confidentiality

The largest category (31 per cent) of the ethically troubling incidents reported was confidentiality, and could be grouped into the following:

- risk to third parties — sexual abuse, other child abuse and neglect, threatened violence, HIV;
- risk to the client — threatened suicide;
- disclosure of information to others — particularly to medical agencies, other colleagues, close friends, relatives;
- careless/inappropriate disclosure — by the psychotherapist or others.

The most numerous were those concemed with child abuse, in particular sexual abuse. There were 17 such dilemmas, generally concerning the appropriateness of reporting to outsiders what had been disclosed in psychotherapy.

One client, herself sexually abused while living in a children's home, had had two previous children fostered owing to sexual abuse by her partner. She disclosed information that indicated a third child was now at risk. But she felt:

> *… it was safer to tell me than tell social workers, since I didn't have the power to take the child away. The dilemma concerned the need to protect the child versus the woman's need for help. If I were to break confidentiality it would destroy her trust in me.*

In other cases, clients disclosed their own abuse of children.

Respondents were concerned about the relationship between psychotherapy and the need to meet child protection requirements, and the issue of evidence. Should one 'bring allegations of sexual abuse to the attention of social services when the basis for these allegations appeared to be slender?' asked one respondent.

The dilemmas regarding risk included the male patient who chose not to tell his female partner that he had a sexually transmitted disease, uncomfortable for the man, but which could have rendered his female partner infertile before she was aware of symptoms. The psychotherapist worked with this young man for three months before he disclosed his condition to his partner and the woman had treatment.

Minority dilemmas included working with non-professional interpreters and 'the relentless pursuit by the media of high profile patients'.

Concerns about disclosure included accidental revelations by the therapist, being inappropriately in receipt of information, and the appropriate passing on of information to other colleagues, especially GPs. While some sought the client's consent, others reported instances where there was no consent or where the client may not have been in a position to give *informed* consent, when 'a borderline person's condition means disregarding their opinion and actually making a referral without their permission'.

These concerns are similar to those experienced by the psychologists in both the Society and APA samples. They represent dilemmas in a fundamental domain of practice for psychotherapists and psychologists working with clients — namely, the need to reconcile the benefits of maintaining confidentiality to ensure trust and hence effective psychotherapy and intervention, compared with the need to protect the client and others from harm.

However, there was also one report of a psychotherapist's concern that managers are, inappropriately, seeking information:

> *Working in a community child and adolescent mental health team funded by the NHS, there is ongoing pressure from third party interests — especially those who hold purse-strings — to 'know' what is happening in the therapy room … I fear that many patients, aware of this, may find it impossible to risk relating their most disturbing states of mind for fear of 'leakage' out of the therapy room.*

Dual relationships

The second most prevalent category (12 per cent) was that of dual relationships, excluding those involving sexual behaviour. The main types of ethically troubling incidents were:

- social relationships with clients; and
- working with two separate clients who have a relationship.

The former mainly comprised situations where an existing or past client may be encountered in a social setting.

> *I lead a development group in my local community which is open to any interested person. About six months ago a former training patient started to attend. My dilemma was the change in relationship, and could a person who had been a patient become a member of a group run by her former therapist?*

This may be a particular problem in small communities.

In some cases, the psychotherapist had to respond to social invitations by clients, or had encountered a client inadvertently. One met the wife of a patient he knew to be unfaithful at a social function. A person known in a non-therapeutic setting might be encountered in a professional situation. One respondent reported 'professional discomfort when a son became friendly with a female client. Boundaries were difficult to hold'.

The second set of dilemmas concern therapists involved with two clients who have a close relationship.

> *Working with two clients repeatedly who also have a personal and professional relationship. Troubling in a sense of needing to be as free as possible to work with each without distorting information and carrying inaccurate assumptions because of my prior knowledge.*

Minority reports of ethical dilemmas with respect to dual relationships include: a psychotherapist reported by a patient as wanting to enter a business relationship with the patient; whether to provide support for a colleague subject to disciplinary procedures; and how to deal with the wife of a client who was convinced the psychotherapist was undermining their marriage.

The wife had told her husband about the psychotherapist's own infidelity in her marriage — the dilemma was 'sticking up for myself as a person about whom the truth was being vastly disturbed, versus standing in my role as a therapist' (see also Clarkson, 1995).

Conduct of colleagues

A total of 9 per cent of dilemmas fell exclusively into this category, compared with 7 per cent in the Society sample. The most prevalent type of troubling incident with colleagues concerned inappropriate

sexual behaviour and other dual relationships, each dealt with separately below. Therefore the present category represents a variety of other troubling incidents, including:

- competence;
- unprofessional comments;
- professional conflict regarding referrals;
- concern over fee charging; and
- inappropriate disclosure.

It is not always clear what to do when a psychotherapist is not competent, so leading to an ethical dilemma: '… being aware that some other practitioners are working with what I see as incompetence that is culpable and damaging'.

Several respondents noted what they considered to be unethical and inappropriate comments by other colleagues or psychotherapists, about themselves:

> *On two occasions, clients told me of a colleague of mine making undermining remarks about my clinical abilities due to my sexual orientation.*

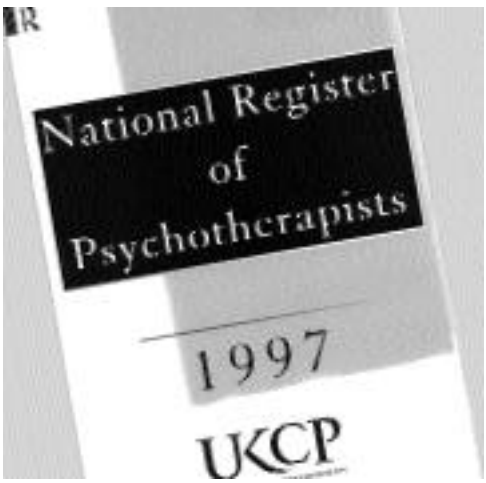
or about their school of psychotherapy:

> *Lack of respect — and denigration from colleagues from different training schools with different or same orientation towards trainees etc. Due to lack of mutual contact and rivalry and ignorance.*

Sexual issues

Concerns about sexual issues accounted for 8 per cent of the dilemmas reported, primarily the sexual relationship between a psychotherapist and a client. There were six main issues that arose with respect to these dilemmas:

- the fact that a therapist had a sexual relationship with a client;
- the type of relationship, in particular whether it was long term;
- the timing of the relationship — whether it started during or after psychotherapy;
- who was considered to be taking a lead in developing the relationship;
- the vulnerability of the client; and
- other sexual relationships.



Respondents reported a number of instances where they became aware of a colleague, or another psychotherapist, having a sexual relationship. For example:

> *I have had very painful experiences of finding out that my colleague had had sexual relations with our clients. This she did behind my back instead of asking me for help. Eventually I learned about it from others or from the clients themselves. Some people thought, of course, that it had been going on with my consent.*

and

> *Disclosure of sexual abuse of clients and supervisees by a previous therapist who is still practising and has a high profile within the field.*

In the majority of cases, no reference was made to the type of relationship; but in two instances, the respondent specifically mentioned this was long term. The timing of the relationship is also raised in this dilemma: for example, the psychotherapist may have started the intimate relationship during the period of psychotherapy, then the clinical relationship had stopped while the personal relationship continued.

The fourth characteristic was the identity of the person taking the lead in developing a sexual relationship. In all cases, either explicitly or implicitly, the respondents stated that the psychotherapist had been the active party.

Fifthly, some respondents made specific reference to the vulnerability of the client at the time of the relationship (e.g. 'a history of sexual abuse' or 'a very damaged and vulnerable woman').

Finally, some respondents referred to the sexual behaviour or orientation of themselves or clients. For example, one reported having a supervisee whose client, a teacher, was in a homosexual relationship with a 15-year-old pupil: 'The difficulty was deciding if this should be disclosed to the school authorities.'

In all of the above, the focus of the issue was the inappropriate relationship between psychotherapist and client. Other dilemmas regarding sexual behaviour included: overtly sexual behaviour by clients; or inappropriate intimacy by a psychotherapist, allegedly governed by the psychotherapeutic approach.

Academic and training issues

The fifth largest category of dilemmas (6 per cent) concerns training and supervision. The largest type of dilemma for psychotherapists within this category related to supervision:

> *Supervision of the psychotherapy of a patient who was herself in training with an organisation on the UKCP register. She was funding her life by prostitution. I felt torn between loyalty to the organisation and confidentiality.*

Other respondents reported dilemmas arising from their supervision of therapists whom they considered not ready to practise or unsuitable. While in some cases the outcome was that the client changed to another supervisor, in others the concern was that the training organisation sought no feedback on this area of training.

Competence

The final category to be considered here concerns competence, making up 6 per cent of dilemmas. This comprises a variety of instances, without clear groupings of type of dilemma.

One psychotherapist was concemed about junior staff having cases beyond their competence referred to them by psychiatrists. Another reported a colleague who was drinking at work and not maintaining competence. Though the colleague's contract was removed, the respondent said: 'I have always wondered if I should have informed his professional association.' One psychotherapist did take action, but as the evidence was limited, felt vulnerable.

Comparison of psychotherapists with psychologists

The ethical dilemmas reported by our psychotherapist sample were compared with those given by members of the Society and the APA. Each of the latter two samples contained several subgroups, including academics and researchers as well as practitioners of various types. However, both samples included psychologists who practised as psychotherapists. The present sample were all psychotherapists in practice, many of whom were also supervisors or teachers on training courses, and some of whom were also psychologists.

The most prevalent dilemmas reported by each group were matters of confidentiality, with similar major subtypes: disclosure of

child abuse and potential risk to others were the most frequent concerns. In each case, the respondents reporting such dilemmas were faced by the need to respect confidentiality — a keystone of professional practice — in conflict with responsibility to other members of society.

After this item, however, the ratings for the two types of sample diverged. For psychotherapists, the major dilemmas concerned dual relationships, colleagues' conduct and sexual issues. These three categories primarily encompassed inappropriate relationships conflicting with the practice of psychotherapy and would not apply to all psychologists. Sexual relationships between the psychotherapist and client, whether seen as abusive or long term, were reported as ethical transgressions.

Ethical dilemmas arising from training were relatively infrequent in the Society sample (3 per cent), but were more common for psychotherapists (6 per cent) and the APA sample (8 per cent). However, training dilemmas for the psychotherapists were also concerned with aspects of supervision, and the comparison in our analysis between the various samples is consequently problematic.

Unlike the ethical dilemmas reported by Society members, the clear preponderance for psychotherapists were of the type termed 'traditional' by Lindsay and Colley (1995): concerns which are the focus of ethical codes in psychology, medicine and other similar professions.

There were few dilemmas of the second type identified in that study, namely those arising from employers' pressure on psychologists to conform to guidelines (concerning finance, for example), rather than follow their professional judgement. Even where dilemmas concerned a client in training, the majority related to traditional questions of competence, inappropriate relationships and the like.

Consequently, the psychotherapists' dilemmas tended to be addressed by the ethical codes of professional bodies. However, as with the psychologists, this does not diminish the difficulties faced by respondents when ethical principles were in conflict. This was particularly the case with most dilemmas in the confidentiality category.

Where respondents considered harm was being caused, but they were not sure, or lacked direct evidence, some clearly felt vulnerable themselves if they reported such allegations. This raised issues regarding professional 'bystanding'(Clarkson, 1996). There was relief in one example when the psychotherapist concerned left practice for other reasons.

Finally, it is of interest that in all three studies, a significant minority of those who responded reported that they had had no ethical dilemmas. In the present study of psychotherapists this was reported by 22 per cent. While in some cases this was explained by the respondent being very new to practice, or having retired, the majority made statements such as: 'I do not consider I have had to face any ethical dilemmas.'

Is it really the case that such a large minority of psychotherapists have not faced ethically troubling incidents? This is easier to accept from the psychologist samples, which contained many respondents whose work would less frequently pose ethical challenges. Or is it unawareness, a reframing of the issue? As with this respondent:

> *I have not had any troubling ethical dilemmas in the past 10 years. But I suppose having spent 40 years as a doctor, I am used to dealing with them before they became a problem — also I have learned to keep my mouth shut! Something I know is a problem for some therapists.*

Our study has revealed ethical dilemmas that arise out of conflicts between competing ethical principles, in determining the weight to be placed on each principle as a guide for action. A second set, interacting with the first category, concerns inappropriate behaviour. Here the dilemma is whether, and how, to take action.

The first group of dilemmas may be seen as intrinsic to the nature of psychotherapeutic and psychological practice, and may indicate the need for training and supervision at both initial and post-qualification levels. Dilemmas in the second group represent, essentially, delinquent behaviour, and imply the need for clearer guidelines on procedures to be followed when transgressions are suspected or known.

The Society and the member organisations of the UKCP and the BCP have codes of conduct, but the investigatory and disciplinary procedures vary in effectiveness. The Society's progress towards the accreditation of Chartered Psychologists specialising in psychotherapy will aid its own regulatory system.

This accreditation process will not, however, offer the degree of protection to the public available from statutory regulation; hence, the Society's continuing attempts to persuade the Government to enact legislation placing disciplinary procedures on a statutory footing. The need for effective regulation of psychotherapists is also clearly shown by the present study.

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