

The Ethical Dilemma that is Psychotherapy

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Abstract

Psychotherapy as a practice consists of a multitude of ethical dilemmas. These dilemmas stem from the concept of psychological treatment as a whole and from the therapeutic relationship that is held between therapist and client. The nature of this relationship opens itself up to more nuanced ethical dilemmas which differ from more conventional relationships within the health sector.

Although professional codes of conduct and ethical guidelines are provided by various psychotherapeutic organisations, they do not cover the more understated ethical dilemmas that emerge within the therapeutic space. As a result, the therapist must weigh certain dilemmas against these codes in their everyday practice. For the purposes of this dissertation, the ethical dilemmas which may arise shall be explored through the nature of psychotherapy itself, along with the competency of the therapist and the boundaries of the therapeutic space.

The ethics of psychotherapy are complex with no clearly defined ways to answer the multitude of dilemmas which may occur. An ethically informed therapist will approach psychotherapy by using the codes provided and by behaving in a manner which focuses on the desire of the client. There is reason for concern within the field of psychotherapy relating to boundaries of therapy and professionalism on the part of the therapist. If a therapist's idea of ethics is skewed, the client may be intentionally or unintentionally open to a form of abuse – whether emotionally or other.

The ethics surrounding psychotherapy should be challenged. This study aims to address the nature of psychotherapy and the ethical dilemmas which are inherent to it.

1. INTRODUCTION

Ethical dilemmas exist in multitudes within the field of psychotherapy. Each ethical challenge brings with it a myriad of different questions and conscientious reasoning. Stefanazzi (2012, p. 1) provides an explanation of ethics through the eyes of Aristotle which states that ethics concerns itself with action – it is not just knowing the ‘truth’ and utilising intellect and knowledge, rather it is the acknowledgement that intellect and knowledge are a means to an end and not the end itself. From this perspective, there is an assumption that an ethically minded person is one who engages with moral conundrums by investigating and exploring in order to find a suitable moral resting place which hopefully will not hurt themselves or others. To be human is to be subject to these explorations of self.

When approaching any profession through the eyes of ethics, there exists a concern that if an ethical code or rule is breached then one may be subject to a fear of being reprimanded in some shape or form. Within the field of psychotherapy, this fear may act against the very idea of psychotherapy itself.

Stefanazzi (2012, p. 1) highlights the importance of ethics within psychotherapy by acknowledging it as fascinating and a valuable topic of relevance. Stefanazzi (2012, p. 1) continues by outlining that the codes of ethics which exist should be

considered from the point of view of guidelines for good practice. These codes of ethics are offered from various psychotherapeutic organisations, but first it is important to understand the nature of psychotherapy in order to fully grasp the ethical dilemmas which can arise within this practice.

The American Psychological Association (APA) gives an understanding of psychotherapy by describing it as a collaborative treatment based on the relationship between the client and therapist. Similarly, the Irish Council for Psychotherapy (ICP) describes psychotherapy as a process in which a psychotherapist, who is trained specifically to relate to someone in distress attempts to treat the client within the therapeutic space – in which the relationship between therapist and client is integral. The nature of psychotherapy is based around the relationship that is established between the therapist and the client. This co-created relationship offers room to facilitate the client to go through a therapeutic transition. The therapist's actions are integral for this to occur.

The nature of the relationship between the therapist and the client brings with it certain assumptions regarding ethics. For the purposes of this dissertation, the research on ethics will be applied to the humanistic tradition of psychotherapy rather than psychoanalysis. The reasoning behind this decision is the differences in the nature of the therapeutic relationship between humanistic psychotherapy and psychoanalysis and how the

therapist is sustained in that position. Psychoanalysis differs from psychotherapy in this instance as the analyst takes on a different relationship with the client. To the analyst, the patient is not just another person as in the humanistic tradition. The analyst takes up the position as an agent that is there to provoke what is unconscious in the subject. In order to do that, the agent must subscribe to a certain set of principles, their understanding of the unconscious and their relationship with knowledge. That is what sustains him/her in this position – the desire of the analyst.

From a humanistic viewpoint, and one which will be used for this dissertation, there is an assumption that the desire of the client will be put before all else in the therapeutic space. With this in mind, it is important to explore what type of person is drawn to becoming a psychotherapist and how they operate under the ethical codes provided to them from a humanistic standpoint. As previously stated, ethical dilemmas exist in multitudes within the field of psychotherapy. Vyskocilova & Prasko (2013, p. 1) highlight that as these dilemmas are dynamic and highly complex, the most frequently cited ethical concerns in psychotherapy are related to professionalism, therapeutic boundaries and confidentiality. For the purposes of this dissertation, the ethical dilemmas which shall be explored involve one's surrounding

- a) The nature of psychotherapy
- b) The competence of the therapist

c) The sexual and non – sexual boundaries of the therapeutic space

The aim of this dissertation is to address the nature of psychotherapy, and the ethical dilemmas which emerge from it, by using examples from the above listed as a focal point. This will be explored from the viewpoint of humanistic and integrative psychotherapy.

2. ETHICS AS A MORAL PHILOSOPHY

Ethics as a moral philosophy relates to how we as human beings treat one another, and how one organises oneself within society. Aristotle (2004, p. 3) in his text named *The Nichomachean Ethics* begins by addressing that every action and pursuit is considered to be aimed at some good. MacIntyre (1998, p. 55) highlights that the ethics as described by Aristotle shows us what form and style of life are necessary for happiness, and what set of institutions are necessary in order to make this form of life possible and to safeguard it. MacIntyre (1998, p. 56) continues by asserting that that the idea of ‘good’ is defined by Aristotle in the outset in terms of a goal or aim to which somebody moves. Similarly, Spaemann (1989, pp. 68-69) comments that from Plato and philosophers throughout antiquity and the middle ages acknowledged that human beings are in the search for good and value. Stefanazzi (2012, p. 2) echoes the Aristotelian way of thinking by highlighting that the practical expression of ethics is acting rightly. In terms of psychotherapy, it is important to acknowledge this idea of the pursuit of good.

The humanistic prerogative is that human beings are essentially good. In this context, if humans are essentially good, then why is ethics necessary? Are humans born ethical? The nature of ethics within the humanistic tradition is based on the

idea of protecting one from another in a fashion. As the humanistic tradition is based on the concept that humans are born as essentially good, therein lies a paradox as to why ethical codes and guidelines are necessary.

Greek philosophy to Western is rich with recommendations on how to live within a society and the pursuit of good by offering accounts of character and consequences of actions on the individual and society. Out of this is the basis from what we now have as codes of ethics for psychotherapy. The codes of ethics, which are described by the governing bodies of psychotherapy, suggest what it is that practicing therapists need to adhere to in order to safeguard both the therapist and the client.

2.1 ETHICAL CODES FOR PSYCHOTHERAPY

The ethical codes of conduct provide a therapist with established guidelines from which they must operate in order to behave in an appropriate fashion. For the purposes of this dissertation, the ethical codes of conduct provided will be those from two different sources in order to provide a wider scope of what is expected from a psychotherapist. The codes in themselves cover a variety of examples, however the ethical codes shall be pared down to the ones most relevant to the topics explored in this dissertation. The two organisations used to explore these ethical codes are the American Psychological Association (APA), and the Irish Association of Humanistic and Integrative Psychotherapy (IAHIP). The ethical codes of conduct are outlined clearly on their websites. It is important to objectively view these ethical codes in order to understand these organisations, and the impact they have on practicing psychotherapists.

Beginning with the APA (2010, p1-18), this organisation aligns itself to ten ethical standards. The ethical standards which are relevant to this dissertation shall be highlighted below.

Beginning with article 2, which highlights the importance of competence. This article on ethical standards states that within this framework, there is established an appropriate ethical conduct.

Clinicians must operate within the areas that adhere to their competence level i.e. training, education, supervision or professional experience. Furthermore, the article on ethical standards number 2 from the APA guidelines state that clinicians may act in an emergency situation until appropriate help arrives, must adhere to developing and maintaining their competence levels, and their work must be based on established scientific and professional knowledge of the discipline. Similarly, this article also acknowledges the necessity of constant vigilance when delegating work to the appropriate people in order to remain ethically minded towards the client and themselves. This article addresses personal conflicts which may emerge and guides clinicians to refrain from initiating an activity if their personal problems will have an adverse effect on their competency.

This article stresses heavily that the use of supervisors or professional consultants is a must in terms of competency, as a lack of appropriate training or personal conflicts should be examined in order to ascertain whether treatment can continue or not. The judgement of the therapist is challenged, both in terms of professional suitability and the self-awareness of the therapist themselves.

The next relevant article from these guidelines is article 3, concerning human relationships. Clinicians, within their work related activities, should not engage with unfair discriminations based on age, gender etc. Similarly, this article from the APA

states that clinicians do not engage in sexual harassment – whether a single event or multiple.

Furthermore, article 10 from the APA on the ethical standard concerning the act of therapy highlights the boundaries which are in place for the therapist and client. Clinicians should be ethically compelled to avoid sexual intimacies with current clients or with relatives or significant others of the client, nor should therapists accept as clients those who they have previously engaged in sexual intimacies with.

Another example of these ethical codes is presented by IAHIP (IAHIP Code of Ethics). IAHIP align themselves to ten ethical standards. The ethical standards which are relevant to the topics covered in this dissertation will be briefly expanded upon to provide further context for the standards which are passed to practicing therapists.

IAHIP provide in article 2, their idea of the nature of humanistic and integrative psychotherapy. This article highlights that, from the humanistic point of view, it is only when both the therapist and recipient explicitly agree to enter into a therapeutic relationship does it become psychotherapy – which in and of itself should be purely non-exploitative.

Issues of responsibility are raised by the IAHIP through article 3 by providing the therapist with guidelines to adhere to. These guidelines echo what is provided by the APA and address

the need of the psychotherapist to be sensitive to the rights of the client, that the boundaries of the relationship within the therapeutic space must be set and monitored by the therapist and that the therapist must not exploit the client in any form.

IAHIP address the required competency of the therapist through article 8 of their ethical standards. Within this article it is explained that an active monitoring of competence should be undertaken by the therapist by engaging with supervision or another form of consultant support. Where a therapist's professional judgement is impaired, they must not practice and seek consultation. Furthermore, article 8 addresses the need for adequate basic training before a therapist begins to practice, along with ongoing professional development.

The ethical codes of conduct as outlined by two different organisations promote similar expectations for therapists. These guidelines and codes provide a platform from which the therapist should operate. Bond (1993, p 39) highlights that ethical framework is informed by certain elements including – moral philosophy, law, personal ethics and agency policy. Considering this point, the establishment of organisational codes of ethics can only guide a psychotherapist so far. The nuanced ethical dilemmas that arise from psychotherapy can be viewed through the points outlined by Bond. Taking personal ethics as an example, Bond

(1993, p.40) regards personal ethics as an opportunity for a therapist to experience conflict between what he or she personally believes and the ethical summary of what is appropriate for the professional role. The integration of the personal and the professional is regarded as the goal in this instance.

Pope and Vasquez (2016, p 7) highlight that ethical codes for psychotherapy and counselling tend to be abstract, general and sometimes ambiguous. There exists a multitude of complex interactions between two unique people in the therapeutic space and the codes cannot cover all variables. The codes provide guidance for therapists to practice to the best of their ability, from a humanistic perspective.

The ethical codes of conduct, as prescribed by the psychotherapeutic organisations mentioned, have their basis in moral philosophy. The therapeutic relationship between two unique people brings with it a challenge to ethics, both as a philosophy and as a code of conduct. The ethical organises this particular type of relationship in such a way as to protect both the client and the therapist. However, the personal ethics versus the professional allows ethical dilemmas to occur. Take, for example, the three principles of person-centred therapy as prescribed by Carl Rogers – which are unconditional positive regard, empathy and congruence. Rogers (1961, pp. 47-49) provides an explanation of these principles by highlighting, in his view, that the client should be held with positive affective attitude, empathic

understanding and that the counsellor's words should match his own internal feelings (congruence). This in and of itself opens itself up to ethical dilemmas. From Rogers point of view, the responsibility of this particular type of relationship falls on the counsellor's shoulders.

Considering these principles, and what has been explored through ethics as a moral philosophy, how can one as a human being take up such a position in relation to one's fellow? If there is an ethical responsibility to recognise internal states (through the idea of congruence and the guidelines prescribed by the APA and IAHIP), how does one manage that as therapist? When a therapist enters the therapeutic space with a client with regards to their emotional state, the therapist is taking up an ethical position. The therapists behaviour is ethically informed, however a therapist's personal ethics may contrast with the guiding principles of this form of therapy. As a therapist, what is it that he/she is responding to when a client is describing a particular type of trauma e.g. bullying? The therapist is existing in the moment with the client, and in relation to the client. Two things are happening within this relationship as a result of what we know from professional ethical codes and the humanistic tradition:

- i. The therapist is functioning within a professional capacity.
- ii. The therapist is equal to, and not less or more than the client.

These two states bring with it a platform from which ethical dilemmas can occur as the two states are seemingly not compatible. The competency of the therapist, based on his or her personal and professional ethical integration is required for this type of therapeutic relationship to work as best as it can, from the humanistic perspective.

3. COMPETENCE OF THE THERAPIST

Abrams & Loewenthal (2005, p 73) argue that the idea of responsibility as a formulation of value infers an ‘other’ to whom one is responsible. It is circumscribed by considerations of ethics which can impinge on the therapeutic encounter. Abrams & Loewenthal (2005, p 73) continue by highlighting that it is important to trace the development of this element as they are practiced in the therapeutic encounter.

Pope & Vasquez (2016, pp 102-104) state that ethical practice hinges on the therapist’s competence. Competence is expected of therapists from their clients, however some clients expect the solution to all problems that they face. Despite the ethical guidelines that are set, some therapists fall to the idea of being the subject who knows and, as a result, impedes the therapeutic process. Pope & Vasquez (2016, pp 102-104) continue by acknowledging that the ethical dilemmas that emerge from the therapeutic space as a failure of competency may be the result of human vulnerabilities. Temptations, distractions and numerous other forces can distort or block a therapist’s ability to be competent in certain situations, and despite a therapist’s effort to recognise problem areas, some may stay hidden from awareness for quite some time.

As provided in chapter 2, the required competencies of a therapist are based around the idea that one must operate within

the area in which they are qualified. There is emphasis placed on adequate training and a recognition of bringing impaired judgement 'red flags' to a consultant or supervisor. There is an assumption provided that the privileged position of the therapist should not be handled by persons who are not competent. However, Pope & Vasquez (2016, p105) question why this makes sense considering the complex and hard to define nature of therapy itself. Complex situations require care to determine how to respond to a client's needs while staying within areas of competence. The nature of psychotherapy is as complex as the ethical boundaries placed upon it.

3.1 THE NATURE OF PSYCHOTHERAPY

The nature of psychotherapy has evolved in its description, as well as its understanding over time in order to adhere to contemporary society, however the complexities and ethical dilemmas remain consistent.

When considering psychotherapy, one can assert that it is not in and of itself a 'natural' discourse. For this reason, a therapist requires ethics in order to guide him/her in this form of interaction when two people encounter each other within the confines of the therapeutic space. Ethics are necessary in order to organise this space because from a natural point of view, human beings are not born as essentially 'good' – rather this is a word that was attributed to actions that do not harm the individual or society as highlighted in Chapter 2. Considering this, principles such as holding a client with unconditional positive regard proves to be difficult. A therapist's personal ethics may contrast with the professional and as a result, the therapist is challenged.

Bond (1993, pp 41-51) highlights the nature of humanistic psychotherapy while remaining within the realm of ethical considerations. From a humanistic point of view, psychotherapy is not viewed as something in which the therapist must *do* something to the client, rather it is a process in which the client is held in the therapeutic space under the three principles as established by Carl Rogers - which are congruence, empathy and unconditional

positive regard. These core principles, if followed, will hopefully allow the client to be free for personal growth and free from emotional obstacles so he/she can then move forward. Bond (1993, p 41) continues by stating that the therapist uses his or her expertise in an ethic of welfare to assume responsibility for the client's best interests in order to enhance insight. From a humanistic standpoint, the discourse of psychotherapy is one which is based in the relationship, and what is revealed from this relationship. It is the hope that within the therapeutic space, the therapist has enough emotional and intellectual competence to be ethically minded while keeping the desire of the client at the forefront.

3.2 INTELLECTUAL AND EMOTIONAL COMPETENCE

The intellectual pre-requisites for operating as a psychotherapist are outlined within the ethical codes of conduct. There are factors that the therapist may be subject to which tests these codes in terms of their competency. Pope & Vasquez (2016, pp 105-107) outline the conflicts that may arise, and the intellectual and emotional competence that the therapist must have in order to manage these conflicts in an ethical manner. Pope & Vasquez (2016m pp 105-107) acknowledge that there exists a danger for the therapist to be pulled by a clients exaggerated belief about their abilities or pushed by an innate sense of duty of care that may cause the therapist to work in an area outside his/her competencies.

Sperry (2007, p159) regards this possible incompetency as a form of negligence in which the therapist fails to exercise foresight in performing his/her service. Sperry (2007, p164) regards the competence of the therapist to be initially subject to the education and training he/she receives, however the therapist must then be intellectually aware enough to take responsibility for their own level of competency once they begin to practice. Pope & Vasquez (2016, p106) similarly call upon the therapist to have enough intellectual insight to avoid the push and pull factors of engaging in incompetent and unethical behaviour. There is a call for the therapist to not only acknowledge what he or she does not know, but what he or she knows does not work based on the

research which was done before. There exists an ethical responsibility for the therapist to recognise his/her internal states and act accordingly to them. When considering the idea of congruence whereby the words of the counsellor should be in sync with how her/she is feeling, therein lies a dilemma. The therapist could potentially experience conflict between the personal and professional and his/her intellectual insight may be skewed, leading to a possible negligence based on humanistic ethical codes.

The therapeutic relationship is one which is co-created. As a result of this, the therapist is also subject to strong emotional jarring. Pope & Vasquez (2016, p 107) outline that the emotional competence for the therapist includes self-knowledge, self-acceptance and self-monitoring. The therapist must know their emotional strengths and weaknesses in order to avoid becoming impaired by the therapeutic relationship that he/she holds. Pope & Vasquez (2016, p 110) continue by acknowledging that ethical intelligence requires continuous awareness in order to prevent compromised performance. There is a necessity, if one wishes to practice within the ethical framework supplied through the codes of ethics, to engage with personal therapy and supervision. The therapist is required to remain emotionally competent in order to see this necessity.

4. BOUNDARIES

Perlman (2009, p. 917) regards the importance of ethical boundaries within the therapeutic relationship, as well as acknowledging the nuanced dilemmas which may arise, by highlighting that the structure of psychotherapy contains inherent pulls towards the loss of appropriate boundaries – powerful emotions are provoked by two people sitting meeting regularly while one is prompted to open up about their deepest feelings. Sperry (2007, pp 130 – 131) similarly acknowledges that the nature of the therapeutic relationship is set up to promote the emotional healing of the client, not the therapist. There is a power imbalance acknowledged within this relationship, as the therapist acts from a body of knowledge to which the client defers. As a result, the therapist has a responsibility to remain ethically competent. Sperry (2007, p. 131) continues by stating that the exploitation of clients and an abuse of power show warning signs to which the therapist must remain vigilant of – however there are patterns of thought and behaviour that may make a therapist more vulnerable to boundary violations.

Drawing from an example from Perlman (2009, p. 918) where he states that there is almost always a set of childhood traumas which underlie a boundary violation. A theme is presented through this example whereby the therapist/child is hoping that his/her love will heal his/her unresponsive and cold mother

(the client). The hope of the therapist is that by healing the mother (client), the therapist/child will be able to help alleviate the mother's pain and find needed love and responsiveness. Similarly, Perlman explains that the client can too fall into the world of the therapist, in the sense that the client feels the need to protect or heal the therapist. This need by the client to impact the therapy can create opportunities for conscious or unconscious exploitation. This is a specific example of a type of dilemma which may occur within the therapeutic space, however it echoes the importance of the therapists need for sufficient self-awareness by way of supervision in order to behave in an ethically competent manner.

Wingenfeld-Hammond (2010, p. 135) notes that maintaining and managing professional boundaries is a very challenging ethical issue. Pope & Vasquez (2016 pp. 256-258) echo this sentiment by stating that boundary dilemmas can catch a therapist off-guard and sweep one into unfamiliar territory in which quick decisions need to be made and can have a lasting ethical impact. Pope & Vasquez (2016, p 257) continue by reiterating the importance of boundary decisions and how they must reflect strong ethical intelligence about the potential benefits and harm, the patient's needs and the psychotherapist's motives, knowledge and competence.

Although these points echo the psychotherapeutic ethical codes of conduct, it is important to note that perhaps it is not enough to simply know that it is unethical to cross a boundary with a client. In terms of relating to another person, from a humanistic perspective and keeping the core principles as prescribed by Carl Rogers in mind, how does a therapist personally relate to the boundaries that are in place? Cooper et al (2007, p. 348) explores this by acknowledging that therapists can be afraid of the boundaries that are established professionally. Cooper et al (2007, p. 348) continue by highlighting that the therapist may fear strong, negative feelings by associating them with a lack of unconditional positive regard. The clash of personal and professional ethics creates these dilemmas within this type of humanistic psychotherapy and challenges the professional side of the therapeutic interaction.

5. CONCLUSION

Ethical questions and challenges are an important part of the practice of psychotherapy. There exists a multitude of possible ethical dilemmas that can arise from the therapeutic relationship. The idea of psychotherapy, from a humanistic point of view, is the nature of the relationship between client and therapist. The therapeutic space is governed by three stances taken up by the therapist – Congruence, Unconditional Positive Regard and Empathy.

The organisations used in this dissertation outline the various forms of ethical codes from which the therapist must operate. For the purposes of this dissertation, the main areas focused on were those of the nature of psychotherapy itself, the competencies of the therapist and the boundaries of psychotherapy.

Ethics as a moral philosophy can only take the therapist so far in terms of solving the nuanced dilemmas which may arise. In this regard, it can be said that having ethical codes is certainly important for this practice, however there exists an equally valuable state from which the therapist can operate. This is one of taking responsibility for one's own level of competency in order to keep the desire of the client at the forefront of the work. The clash of personal ethics and the ethical codes of psychotherapy opens itself to conflict,

however from this research more curiosity has been stirred regarding this subject.

The integration of personal ethics and professional ethics presents itself as an appropriate solution to the conflict that exists between these two ways of being. Self-reflection and supervision have emerged as a key component for an ethically minded psychotherapist. However, due to this type of practice, there will always be endless ethical dilemmas to which there is no guideline. In order for a therapist to behave in a manner that he/she is the best they can be – as in the humanist tradition – it seems from this research that a culture of consistent self-reflection and supervision is required, along with developing a finer knowledge of ethical issues in contemporary society.

The humanistic tradition of psychotherapy follows professional ethical codes. Humans follow their own personal ethical codes, all of which have been learned and therefore did not come naturally. Ethics as a moral and a professional guide are necessary, however the idea that humans are born good conflicts with the idea of ethics as a philosophy in which humans are in the pursuit of good. My conclusion to this research has left an element of want as a result of the paradox of ethics within the humanistic tradition. Psychotherapy is and of itself an ethical dilemma. One subscribes to a certain set of professional rules, while simultaneously subscribes to a

personal set of rules. This integration of the professional and the personal makes it quite difficult for the therapist to engage without impeding the therapeutic process in one shape or another.

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