

Ethics and Ethos as Essential Elements of Professionalization of Body Psychotherapy

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ABSTRACT

Ethics are essential guidelines in the field of (body) psychotherapy. The implementation of ethical guidelines, and appropriate repercussions to address violations of these guidelines, must be a key component in the psychotherapeutic field, whether it be therapeutic practice, the therapist-patient relationship, or the science of psychotherapy. However, an impartial ethics practice is necessary in relation to the management of a therapeutic organization, especially in smaller organizations. Conflicts in bias can quickly lead to abuses of power. Psychotherapy is, on one hand, a specific form of helping people in personal need. On the other hand, it is a profession, a service. The profession's development includes the development of specific quality criteria, structures, and regulations for training, as well as the social anchoring and visibility of the field, which includes professionalization. This is to be understood as the development of a general ethic and personal ethos. Both are value systems that give orientation to both therapist and patient. Professional and personal (self-) reflection are crucial for this. The development of an ethics code also affects the sustainability and credibility of psychological science.

Keywords: ethics guidelines, morals, body psychotherapy, psychotherapy, professionalization, therapist-patient relationship, power struggle, science, quality criteria, sanctions

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In the last 30 years, “helping work” has not only developed rapidly, but has also become a sociologically and legally regulated profession. It therefore makes sense to take a close look at what is meant by occupation/professionalization. The development of ethical guidelines is a necessary step to take a detailed look at how one operates, and to shed light on the underlying attitude through which a therapist is active.

Occupationalization characteristics are according to Kalkowski (docplayer article: “Beruflichung und Professionalisierung”):

- Particular fields of activity, special qualifications (skills, competences)
- Systematic vocational training with recognized qualification (accreditation, certificates)
- Greater or lesser professional prestige (social position in a company and society)
- Typical mobility paths (ascent ladders, further education, and training)
- The practitioner's inner attachment to the profession (professional socialization and identity, values)

Professionalization

In the beginning, in psychotherapy or counseling, the focus was on qualification and the development of quality standards. In the context of professionalization, this was condensed into generally applicable standards and competence characteristics shared by the majority of the people involved. According to Kalkowski's scientific literature, the profession is rather reserved for academic professions. This leads to quality improvements, standardization, and ultimately to an improvement in the results, and a corresponding comparability of results up to and including scientific research. "In return for the autonomy granted by society, professionals are expected to perform outstandingly and to commit themselves to professional ethics, which reward society with high prestige and income." (Kalkowski)

The better *professionalization* succeeds, the better known it becomes in society, the sooner a profession can develop. It is characterized, among other things, by the fact that a professional career is appropriate, combined with specific access requirements and qualifications, development opportunities, goal formulation, ethics, and others. It is part of the nature of the challenges facing the profession "that knowledge cannot be regarded as "stable" in a given situation, that one must rather "swim" in it, and that the description of a situation includes the professionals" (Buchholz, p. 139). The situations that characterize professional practice are complex, uncertain, unstable, and unique; they require value decisions and cannot be fully described (Buchholz, p. 193ff). They require permanent (self-) reflection.

Finally, professionalization occurs through the development of appropriate organizational structures, which guarantee the training, professional practice, examination of these areas, and the development of professional practice. It includes professional regulations. Such forms of organization in the counseling and therapeutic fields can be professional associations, psychotherapy offices, training institutes, university training courses, and others. In my opinion, professionalization aims at the interplay between occupational and professional development within the framework of specific institutionalization, organization, or structures.

The code of ethics is an essential element of psychotherapy organizations, and is due to social development in general, as well as the development of psychotherapy in particular. "These principles and standards represent a cumulative lived wisdom in the field of body psychotherapy. They are not meant to be all-inclusive. The principles in this ethics code are intended to be aspirational, while the standards are directive. Members of the USABP seek consultation with health care and other professionals and consider cultural and contextual factors, other certification and licensure regulations for their professions, state and federal laws, and the dictates of their consciences when determining ethical conduct." (USABP, Code of Ethics)

If one compares the ethical guidelines of individual institutes, there is a general agreement regarding central aspects, such as no sexual relationships with patients. Many ethics codes define their guidelines more normatively by defining concrete boundaries of relationship, behavior, and influence. Others emphasize the definition of ethical guidelines, and the practice of implementation based on it. Others, such as the USABP, understand its ethical guidelines and implementation as a continuous process that is culturally and contextually conditioned. It embodies a fundamental ground of cultural professionalism in Europe, a space where many different cultures meet (EABP, Code of Ethics).

Ethical Ambiguity in the Field of Psychological Science

Body psychotherapy is based on the science of psychology, insofar as its relation to science is an essential dimension. The German Psychological Association puts the responsibility that derives from this into the following policy (this can be regarded as typical of other psychological associations):

1. The professional actions of psychologists are based on the findings of psychology as a scientific discipline.
2. Psychology:
 - a) Provides insights into psychological, psychophysical and biological processes in humans and animals;
 - ...
 - d) Promotes knowledge of social processes between people in relationships, communities, and organizations;
 - e) Develops strategies to support people in their development towards self-confident, self-determined and self-responsible living in freedom and in respectful and responsible coexistence.
3. Psychology as a science generates its findings based on humanities, social, and natural science models with scientifically recognized methods and controlled research strategies.
4. Theories and knowledge in psychology are based on different basic understandings of human beings. It must be taken into account in the interpretation and professional adaptation of individual approaches from different backgrounds.” (<https://www.dgps.de/index.php?id=85>)

In ethics, there are three perspectives:

1. *Normative ethics* that deal with the basic norms of human behavior
2. *Meta-ethics* that correspond to the theory of science
3. *Descriptive ethics* that explain or describe moral phenomena in the concrete social space

The interaction of these three perspectives makes it clear that ethical responsibility cannot and must not only be relegated to science. This implies an important distinction for the field of the science of psychotherapy. Do we understand each other more scientifically or more humanistically? What implications does this have for the concrete ethical choices of the psychotherapist? In any case, it becomes clear that there is no such thing as “science.” Instead, there is scientific localization. If psychotherapy/psychotherapeutic action wishes to understand and define itself as ethical, it refers meaningfully and necessarily also to science. To refer to this is always a personal/subjective decision and positioning; one relies, for example, on the scientific or spiritual-scientific perspective. Therapists always reveal themselves through this and reveal their values, ethical points of view, and attitudes to essential things. This aspect correlates with the basics of humanistic ethics.

In his book *Psychoanalysis and Ethics*, Erich Fromm distinguished between humanistic ethics and authoritarian ethics. In authoritarian ethics, an authority determines what is good for a person, while in humanistic ethics individuals determine what is good for them. If humanistic ethics focus on what is “good for a person,” it can be concluded that humanistic ethics is the applied science of the art of living. Meta-science-wise, this touches on the need to deal with the theoretical science of humans.

Ethical Relevance of Touch in Body Psychotherapy

The following is a relevant example, especially in the field of body psychotherapy. It is about touch in a therapeutic context. In the 1970s, the German psychoanalyst Tilmann Moser described the space of psychoanalytic teaching analysis as a “contactless space” in which the teaching analyst suffers from lonely lack of contact. Moser, therefore, pleads for touch that is offered in a disciplined way and oriented towards the training of intuition, the therapist's self-awareness, and the model scenes of interaction between mother and child that have been highlighted in infant research.

Another essential feature of the EABP ethical guidelines is their specific reference to the meaning and relevance of touch in body psychotherapy (Young, eabp.org). Young, an expert in the mental health field, co-writer of the EABP ethical code, and member of various professional associations, is convinced that explaining the role and function of touch in psychotherapy is not influenced by a specific ethical or political agenda. His primary interest is to promote better considerations of professional, ethical touch in psychotherapy. His paper on professional touch suggests that it is important to ensure “that (i) we know what appropriate or ethical touch is, that (ii) we have a very clear idea what inappropriate or unethical touch is, and also that (iii) we be very clear and open with those we work with, those we train, and with our professional colleagues, about the times and the ways that we, or they, might transgress these boundaries. It is important to note that working in the field of body psychotherapy does not necessarily require physical contact or touching a client. This increased clarity need not constrain us as professionals from research or experimentation in the field of touch. It behooves us to carefully examine whatever boundaries we happen across and see whether the ‘rules’ in existence are still valid as blanket rules can be inappropriate in changing times and circumstances. In general, we do not truly learn significant things unless we make mistakes, and if we do have the urge to wander or experiment, then we must be sure that we can correct our transgressions quickly, with proper controls, like adequate training, clear awareness and self-awareness, and regular supervision or professional direction.” (Young, www.eabp.org)

Young states that specific clarity is needed to avoid being like a sailor without a map or compass, sailing blindly into unknown seas in search of continents that may not even exist. He refers to the history of body psychotherapy in the last 50 years, calling to mind that for a long time, there was no clear common ground, at least in Europe, for what is appropriate: touch or ethical touch within the profession.

I personally cherish his openness and honesty, especially when he refers to the development of body psychotherapy over the last 50 years. It reminds me of the history and development of touch in psychoanalysis. Initially, there was touch, and nowadays touch is strictly no longer allowed.

In order to deal honestly with the topic of ethics in psychotherapy, it is necessary to have a clear view of the development of psychotherapy, body psychotherapy, and touch in psychotherapy and the surrounding context. This is also essential in order to develop an ethical understanding, which is not (only) based on normative rules. After all, it is precisely the development-related, always historically conditioned approach to the subject that is necessary.

The body-psychotherapeutic space, therefore, is a space of the possible, the allowed, and even the requisite touch. To fill this space carefully, sensitively enough and respectfully, i.e., ethically with life, could be a characteristic of the body-psychotherapeutic relationship with the patient.

Role and Function of Professional Ethics and Ethos

The better the acceptance in society of this occupationalization professionalization succeeds, the more likely it is that the professional ethics developed in each case will have an effect. Professional ethics can be understood to mean personal values that are important in the exercise of the activity. There is also the totality of the values and norms of the respective occupation, the profession, which are to be absolutely observed in its practice. Professional-professional behavior, goal-oriented behavior, but also the basic personal attitude of the active agents, the service providers, are oriented towards these professional ethical principles. Compliance with this behavior is checked by organizations, associations, institutions, educational establishments, and others in question and, if necessary, warned or even punished. In 1997, Cierpka postulated four additional criteria that characterize the psychotherapeutic profession:

- *Self-observation of the therapist*
This includes the demand for a better understanding of one's self in order to achieve personal maturity, professional success, and adequate self-control. The psychotherapist can only help others heal if they are also concerned about their own health, in the sense of personal care.
- *Training and practice*
Training and consecutive experience in practice change the treatment technique and, thus, the therapist's tools of the trade. However, these changes do not remain part of the "external nature." The experiences made in dealing with people also affect the therapists and lead to personal development. This is a lifelong process.
- *Person / personal needs of the therapist*
This refers to self-reflection, integration, and corrective self-understanding. The means to ensure this are teaching therapy, supervision, the climate of ethical culture in one's professional organizations, and others.
- *Self-reflection*
This refers to an examination of the various aspects of the profession. The psychotherapist refers to empirical research, the acquisition of professional and practical knowledge, and lifelong learning. Self-reflection is and always will be an active part of the discourse of professional ethics and personal ethos. According to Willutzki (1997), however, corresponding competence development is a constructive, not an instructive process that does not function like a Nuremberg funnel.

Behavior that is based on professional ethics is an essential aspect of the quality of the respective service, as well as a relevant factor in the social acceptance of it. Ethics is in a constant, discursive process and can never be conclusively defined. Many people who work in the field of “human work,” therefore, experience ethics as the heart of the profession. On the one hand, such an impression results from the intensive and engaged arguments on the topic of ethics. If psychotherapy can be understood “as the art of understanding in a caring, helpful, interpersonal encounter” (Tibone, 2017), ethical guidelines act to protect the therapeutic relationship. In this respect, they create identity. Tibone, therefore, points out that the ethical guidelines of the DGPT¹ “usually do not list the prohibition of certain attitudes and behaviors, but rather create the positive picture of the desirable. ... Such ethical guidelines try to answer the question: ‘How can I treat well?’ They appeal to the power of the ego ideal (a realistic ego ideal) and allow — if they are really read — a strengthening, positive identification, while the notion of prohibition awakens unconscious, very widespread fantasies of punishment, which can easily be followed by corresponding internal resistance measures” (Tibone, 2017). In my opinion, such an attitude reflects something that could be described as the “heart” of one’s own “helping work.” Ethics and self-commitment are to be distinguished from pure professional (service) action based on orders and carried out. After all, the basic ethical attitude “in and towards” one’s activity is always implicitly an action designed for ethics. One can, therefore, also speak of a permanent ethical discourse, in which both the person, the service provider, and the organization as a whole must be included.

Foucault, on the other hand, finds more drastic words when he calls ethics a “battlefield.” Thus, ethics is also something fluid and dynamic, i.e., behind every moral, there is an enormous conflict between different forms of arguing for the binding. (Foucault, 2018) Ottomeyer also sees this event as a territorial struggle in the background of the practical and economic perspective of the profession. “People who have completed a psychotherapy training want to secure their livelihood..., it has to be marketed; therefore, you compete on the psychotherapy market, and of course you have to raise your own school to support the aura of the special” (Ottomeyer, S 172).

In distinction to this, but also in personal expansion, the personal ethos can be seen and evaluated. In educational terms, ethos refers to the moral attitude of a person, a community, or a special social group (e.g., a service provider) in the context of one’s professional activity. The Duden² defines ethos as “an attitude shaped by the consciousness of moral values or an overall attitude as ethical consciousness.” Ethos can (must?) also be seen in contrast to professional ethics. While professional ethics, one could almost say, shows the ethical guidelines and regulates the handling of these guidelines, ethos is more in the “synonym field of morality, personal sense of duty, sense of duty, loyalty to duty, morality, sense of responsibility, morality.” It thus also expresses itself as a professional “habit of living” as a basic personal attitude within the framework of professional activity.

¹ (Deutsche Gesellschaft für Psychoanalyse, Psychotherapie, Psychosomatik und Tiefenpsychologie e. V.)
German Association of Psychoanalysis, Psychotherapy, Psychosomatics and Depth Psychology

² Duden= Spelling Dictionary

The ethical guidelines of the European Association of Body Psychotherapy (EABP) are exemplary insofar as they were developed many years ago and have a clear and differentiated structure. The preamble defines the fundamental perspective, followed by different principles distinguished into general principles and specifications. The advantage of the EABP guidelines is the developmental background and intercultural communication. (EABP, Ethics Guidelines)

EABP represents many different psychotherapeutic schools in Europe and North America. In this respect, the differentiation of the ethical guidelines not only does justice to the topic in principle, but also offers a well-founded tool that reflects the fundamental orientation of an ethical procedure, as the result of years of communication and coordination, and implicitly encourages or requires the continuation of a clarification and coordination process.

Instrumentalization of Ethics in Power Discourse

Christof Stock (2019) offers, in his present guide for professionals in counseling and therapy, a kind of toolbox for the “practice of one’s own occupation.” After all, the relationship with clients is always a professional-personal one and therefore, also a legal one. Stock wants to describe, explain, and make useful the legal framework, which is to be pointed out. The development of occupations in the “field of helping work” leads above all to occupational associations, scientific societies, and occupational organizations, which, last but not least, also serve to represent the interests of the profession. The more these occupational organizations, such as higher education institutes and occupational associations, develop in the therapeutic and advisory field, the more they are characterized by their dynamics, and the further the organization can distance itself “from the object of its work,” the client/patient. Professional ethics, oriented towards the interests of the professionals as a professional group and those of the target groups, can act in the sense of a structural corrective, and prevent possible dangers. It includes, among other things, a discursive process of enhancing scientific rigor with a stronger inclusion of social science traditions concerning “helping work.”

Hockel (1998) makes it clear, even before the Psychotherapists’ Act³ was adopted, that both medical treatment and the psychological psychotherapist are (rather medical) constructs. Humans and occupational groups create such constructs that are not primarily shaped by the target of work, i.e., the patient and his symptoms of illness. In this context, he explains that only doctors define what a sick person is. It remains open how the terms illness, medical, psychotherapeutic treatment, and “what needs treatment?” are developed in the sense of psychotherapy guidelines. The extent to which the specific interests of patients are taken into account as independent issues within the framework of psychotherapy guidelines has been the subject of constant discussion since the Psychotherapists’ Act came into existence, and the construct

³ The Psychotherapists’ Act was adopted in Germany in 1999, and it regulates the role of psychotherapists, the legal frame of occupation as well as the role and function of the professional (self-) organization. This Psychotherapists’ Act doesn’t regulate psychotherapy, but the role and function of the psychotherapist.

mentioned above has conditionally been questioned. Such discourse represents an essential corrective to the implicit power dynamics in the field of psychotherapeutic activity, training, and development.

In this context, Hockel refers to the difference between psychological and medical expertise. This difference certainly exists, and logically should also lead to a different professional ethical viewpoint. At this point, I will refrain from going into this positively useful discussion about who is entitled to practice medicine and how. If such a discourse reflects factual and ethical aspects on the one hand, it is, on the other hand, a means/instrument in a power discourse as well.

Therapeutic institutions and organizations such as training institutes are discursive places of power. Therapeutic training institutes are like a system that “contains such high oedipal gratuities, as soon as one has penetrated to the — as Kernberg (2007, p. 186) calls it — power elite ... that it is equal to a direct satisfaction of the oedipal phantasm. It is very difficult to question the system itself from the position of this gratification.” (Zagermann, p. 12) Kernberg even speaks of a “self-engendering,” “self-proclaimed,” and “self-preserving power elite” (Kernberg, 2006, p. 161; 2007, p. 186, cf. also Sollmann, 2008).

Thinking of multiple explorative relations that one has, he or she has to refer to the dimension of “power; duration of the relationship; and clarity of termination. Power can vary considerably across different persons and contexts and refers to the discrepancy between the status, influence, and control of a psychologist and his/her clients, students, and supervisees. Assuming that power increases over time and throughout the course of a relationship, the duration of the relationship in question is an important factor in assessing the potential for exploitation. Clarity of termination refers to the specifics of the agreed-upon termination, and prospect of whether there will be further professional contact at a later time.” (Gottlieb, 1993)

There is another specific aspect that is connected primarily to the field of counseling and supervision. Often the counselor or supervisor works in a multiple-relationship-system. This requires a special responsibility of care, because the network of relationships in the respective organization and the system as a whole must also be kept in view or addressed by the advisor/supervisor. It also includes the different roles someone is responsible for and the variety of role-relations.

“Multiple relationships in counseling supervision is a complex issue that involve role conflicts, power differentials, and various ethical considerations. These relationships, however, are not always controversial and can prove beneficial if a counseling supervisor is aware of the power differential in the relationship with a supervisee. This is a dynamic topic that asks counselors to consider how this relationship may ultimately impact clients.” (Heuer)

Possible role problems related to such relations occur in group therapy, marital and family therapy supervision, academia, and if a therapist has outside relationships with clients. The relationship between therapist and client is quite difficult to assess, as it contains professional elements, transference elements, and perspective-oriented aspects. Or, simply aspects of meeting the client by chance in the street.

Considering this complexity of possible problems, it becomes clear how difficult it will be to deal with such a potentially ethical incident. It also shows how vital joint analysis, clarification, and opinion-forming are in addressing an ethical case. It is critical, as emphasized by the above, for the elements of power to be involved. This can manifest itself in the immediate therapeutic relationship. It can express itself simultaneously in particular, possibly unethical, shaping of different role relationships, but also in the way in which a therapeutic (training) organization is set up either in a transparent, open, and (self-)critical matter, or not.

The necessity of addressing such power relations within the framework of professional ethics is reflected in the logic of professional ethics itself, but also makes systemically clear the paradox that exists in such an organization. Can and should this be applied not only to the therapist-patient relationship, but also to how the respective professional organization applies professional ethics to itself? Therefore, an important yardstick for the implementation of professional ethics is, one might say, the ethical climate or culture within the organization itself. It makes the application of professional ethics possible or more complicated, and is on a permanent discursive test bench due to professional ethical incidents. "Because of the real existing power gap between teacher and student, the education system in all psychotherapeutic schools is a gateway for the establishment and permanent establishment of abuse of power. ... It only becomes problematic if the training methods force infantilization and regression, and the abuse of power is institutionally anchored." (Wirth, 2007)

Zagermann, therefore, believes that it is an illusion to think "that the individual could evade this unconscious dynamic of the institution in which he finds himself." (Zagermann, S, 16) Whether an organization/institute/association has abused or anchored its power is reflected, on the one hand, in the statutes and structure of the organs in the association. Even if nowadays ethics committees are an integral part of the organizational structure as a rule, they often embody to the greatest possible extent the basic orientation of professional ethics. On the other hand, in rarer cases, there are rather only basic remarks on the process of dealing with ethical guidelines, and hardly any arbitration or mediation committees. Democratic structures in society and politics make a clear distinction between the legislative and executive branches. If this does not happen in a training institution or a professional association, abuses of power are potentially structurally anchored. At this point, I do not want to go further into specific dynamics of the abuse of power.

From a psychoanalytical and organizational point of view, one can also understand what happens in a psychotherapeutic organization in terms of the self-idealization of the functionaries. One of the roots for this is "... the ambivalence of the idealization, of the person ... (of the school founder, the author) who consequently withdraws this idealization through a collective identification with ... (the school founder, the author), which leads to the self-idealization of ... (the person responsible for training, the author) as the guardian of the true teaching and the pure gold of ... (the respective psychotherapeutic method, the author). This is about the longing for the appropriation of the creative capacity of the founder of the ... (own psychotherapeutic school, the author) and the appropriation of the father's phallus with all the aggression

contained therein directed against the father.” (Zagermann, p. 28) Unfortunately, it is not possible for me at this point, although this is appropriate, to respond to specific dynamics of the abuse of power.

“Helpful Work” in the Field of Tension between Service, Successful Occupationalization, and Reflexivity

“Helping work” with people is counseling, therapy, psychotherapy, coaching, supervision, or mediation. In the meantime, a promising, successful, but also lucrative service sector has developed, which is used by more and more people. If the work, and by this I mean the “helping work” with people, was initially based on a specific, often personally supported motivation, it has differentiated, become more specific, and technically substantially developed over the last 30 years. In the beginning, it was personal initiative, individual commitment or the work of educational institutions to professionalize “helping work,” to justify it scientifically, and test it or make it verifiable, but the way was paved for what could be called occupationalization.

As I said before, occupationalization is characterized by, among other things, scientific validation, institutionalization, and expertise. Especially in the field of “helping work,” positive professionalization has developed to the extent that in many cases a social scientific orientation and an increase in reflexivity have become visible, or a leading paradigm. The sociology of professionalization therefore says, and this applies in particular to “helping work,” that the fact that psychology can no longer claim to offer an objective and reliable truth, but at most a plurality of transient truths, can compel one to reflexivity, which is guaranteed precisely by the social sciences. One can regard the development process of qualification, occupationalization, professionalization, and the development of professional ethics as successful, even if in individual cases there are quite different approaches that have developed in the fields of counseling, coaching, psychotherapy, and supervision. They can only be compared to a limited extent. Structurally or sociologically, however, they are subject to a similar dynamic.

This is also mirrored in the field of psychological science. One can again take the policy of the German Association of Psychology as a basic guideline:

Freedom of science and social responsibility

- 1) The fundamental right to freedom of science (Article 5, para. 3 of the Basic Law) imposes on psychologists engaged in research and teaching responsibility for the form and content of their scientific work. The fundamental right of scientific freedom is formally unrestricted.
However, it finds its limits where other fundamental rights are violated.
- 2) The freedom of research from heteronomy guaranteed by the Basic Law shall at the same time be understood as an appeal to the moral responsibility of psychologists working in research and teaching to promote democratic forms of work within the scientific community. New questions, approaches, and methods must be examined impartially, regardless of their origin.

Psychologists who are working in research and teaching endeavor to take appropriate account of all available information and counterarguments already in the research process. They are open to criticism and willing to question their findings consistently.

If research projects are subject to formal ethical approval, psychologists provide precise information about their research project.

Psychologists inform the participants in their research as soon as possible of its aim, results, and conclusions. They take appropriate steps to correct any misunderstanding that the participants may have and are aware of.

Where scientific or ethical considerations justify delaying or withholding such information, psychologists shall take appropriate measures to prevent or minimize any harm or risk.

.....

Psychologists do not present work or data other than their own, even if this source is quoted.” (<https://www.dgps.de/index.php?id=85>)

Determination and Implementation of Ethical Guidelines

The need to develop and define professional ethical guidelines arises from the special need to protect the people being helped, be they clients or patients. “Comparable to the situation between parents and children, patients are entrusted with their care and are therefore also largely unprotected against abuse of psychotherapeutic power.” (Schleu, 2018) However, it also emerges from the potential and/or structurally conditioned danger of the abuse of power in organizations. Finally, the need also arises from the fact that the persons involved are in some cases in complex dependency relationships. It is how one meets as a colleague, as a trainer, as a certifier, as an ethics officer, etc. The possible danger of narcissistic abuse of power, as well as role diffusion or overlapping, can, in principle, be counteracted by professional ethics. However, this can also be seen as an expression of the general defense against ethical discourse. (cf. Tibone, 2017)

One is the opinion that it would be sufficient to have ethical guidelines. If the ethical body of rules then lacks information on implementation, application of the guidelines, or on the structure of the procedure, there is concern that the ethical guidelines thus formulated will seem more like an announcement. A specific form of concrete defense in individual cases can be the behavior of members, namely “preferring not to learn anything about the cases and to have to vote on them at all, but to leave the decision to the board or the arbitration commission (the author: insofar as there is an arbitration commission) itself.” (Tibone, 2017) In principle, one can understand such a pattern of behavior as arising from the unconscious imagination “ethical principles and legal norms would ... be superego norms to be rigidly combated.” (Tibone, 2019) It also seems to be part of a great narcissistic fantasy that can be understood as an expression of one's own powerlessness in the occurrence of severe boundary violations.

The reflections of Richter (1963), Schmidbauer (1977) and Willi (1975) on the specific role relationships, diffusions, and collusions point to two typical (helper) role types. "Either the therapist seeks a substitute in the patient for an aspect of his own self (narcissistic projection), or he wants to urge the patient into a role of being a substitute for another partner (transference)." (Wirth)

In principle, it seems as if these role types could also be transferred to organizational relationship patterns. If such a role dynamic serves to stabilize the therapist's fragile self-esteem through admiring dependency, one could fear that many dependency relationships, especially in educational institutions, embody a special form of organizational dependency.

Possible differences in the formulation and design of these ethical guidelines are due to the particularities of the respective occupational group, the respective professional association, or the specific training organization or the respective level of professionalization. On closer examination of the established ethical guidelines, however, two aspects stand out, as already mentioned. On the one hand, there is often no detailed definition of implementation rules, namely a procedure for dealing with violations of the ethical guidelines. On the other hand, quite a number of professional groups, associations, and institutes find it difficult to apply and implement the ethical guidelines in practice when they are applied to individual cases. There are various reasons for this. I would like to briefly mention a few of them at this point:

- The circle of relevant, interrelated persons within the scope of the established ethical guidelines of an institute is so small (one is so familiar) that there are no representatives who would have sufficient distance, neutrality, and objectivity for the professional application of the ethical guidelines.
- The drafting of ethical guidelines, but also their implementation and handling, can often collide with internal (power) dynamics in the respective association/institute/profession. The procedure for dealing with ethical guidelines then rather reflects power interests that are expressed in the respective procedure/handling of the ethical guidelines.
- Even if there are ethical guidelines, perhaps even references to the procedure or effects/consequences, the respective ethics committees have no arbitration function. Ethics committees then tend to have a subordinate function, or fulfill orders from the superordinate (power) committees in the respective organization. It is an explosive dilemma at the latest when the higher-level body itself is part of the ethics case.
- Even if at best the ethics committee and the mediation committee are anchored in the organization's infrastructure, specific difficulties may still arise in individual cases. If no relevant solution/arbitration can be found in addressing specific ethics case, there are no regulations as to how to proceed. Which instance is then addressed, which next higher function can then help? In my opinion, the corresponding responsibility to deal with such exceptional cases must be structurally pre-defined.

“Helping Work” and Dealing with Legal Provisions

Occupationalization and professionalization, or legal regulation of professional activities, absolutely requires a legal orientation. It is reflected in the basic orientation, in a specified guideline, but also in concrete tools, in application-related toolboxes.

Christof Stock's book, *Rechtlicher Leitfaden für Beratung, Therapie, Psychotherapie in humanistischen Verfahren*,⁴ is a concrete, pragmatic, meaningful and relevant guide. Whereas in the past, according to Stock, when there was “sand in the gearbox,” one could perhaps get everything running again with a “screwdriver” or a little common sense, today it is more appropriate to go to a specialized workshop. So, why, one might ask, should one concern oneself with legal questions, even if the law seems to have become so complicated that it would perhaps be better to consult an attorney?

Stock addresses those “human-workers,” as I would like to call people who are active in helping, namely those who are active in the field of counseling, therapy, and others. This activity presupposes knowledge of where one stands as a service provider.

The relationship with clients is a professional-personal and thus also a legal relationship. In the background, there is always a legal framework to be pointed out and explained. Taking this into account is not a voluntary service, but an obligatory, binding and, if necessary, legally enforceable service.

In the first part of his book, Stock describes the legal bases on which consultants, therapists, or other professionals operate. In the second and third sections, he deals with the legal position that can be taken by an employed person in general, or in a specific occupational field. Understandably, there are apparent differences in the consulting field, in the therapeutic field, or in the psychotherapeutic field.

In the fourth section, Stock deals with the relationship between the “human worker” and the client/patient. It is, of course, characterized by trust, good chemistry, and personal circumstances, but also by certain obligations. Stock explains in detail what it means and, above all, how one takes into account how to satisfy the information requirement, how to observe confidentiality, how to guarantee digital communication, how to comply with the abstinence requirement, and other issues.

The fifth section refers to the surrounding context, the health and social system, where one learns about triangular and quadrangular relationships “which can make their contribution to the financial security of employment.” Finally, in the appendix, Stock offers sample texts that can be used as a legal toolbox.

In a nutshell:

⁴ This legal guideline for counseling, therapy, and psychotherapy in humanistic processes refers only to the German situation, and yet most of Stock's proposals can be helpful to colleagues in other countries.

The structure of Stock's book can be transferred to other areas. The concrete legal provisions of each country would then need to be added.

The book fills a clear gap in the context of the professionalization of psychotherapy, coaching, and supervision. It is a careful, detailed, clearly understandable, and experience-based book on a topic that is usually only neglected in training and practice. Stock is a proven connoisseur of the subject, having been involved for more than 25 years with the legal questions of the profession, including ethical questions in particular. His experience before all German courts, up to the Federal Constitutional Court, is reflected in the thoroughness and comprehensibility of his remarks. I highly recommend this book; it is a must for the practice of every colleague.

General and Discursive Ethical Guidelines

Stock also quotes the ethical guidelines of the German Association for Gestalt Therapy. He emphasizes how important it is to develop ethical guidelines, but also to give the ethics committee an arbitration function. It becomes complicated when role conflicts arise. In order to maintain the necessary objectivity and distance, members of the ethics committee should not have any further function in the association. Furthermore, they should have no further role relationship with the persons concerned, be it through (previous) training or specific project work; if necessary, external experts would have to be called in.

On the other hand, professional regulations, laws, and ethical guidelines of a professional organization may collide. It is particularly the case if, for example, a training institute operates on a national level, but at the same time also as an affiliated or accredited institute on an international level. The latter would be expressed in the fact that there is, for example, a European or international company that develops and controls the training curricula and awards accreditation for local or regional institutes after qualified examination of a corresponding application. What should be done in such a case? How could possible collisions be addressed between ethical guidelines and their possible impact on the accreditation/licensing process?

Finally, professional ethical guidelines, in the sense of ethical goals, can have a concrete effect only if concrete criteria for achieving these ethical goals have been formulated. These can be of a general nature (e.g., prohibition of sexual relations with patients/clients). However, these should always be formulated concretely enough. They must make sense in relation to the corresponding professional context, and must also be achievable or feasible. If one understands the role and function of professional ethics in this sense, then constant review, redefinition, and change are required in order to be able to adjust to the changing social and professional realities in a process-oriented manner. What was frowned upon or even prohibited some time ago, or earlier within the framework of professional ethics, can change over time into a reorientation in line with social development. For example, in the past, the therapist may have given the patient a hand to greet him during the first conversation, only to say goodbye a second time with a handshake in the last therapy session. So today there are quite different forms of greeting. Some do it like the therapists used to do it, and others perhaps greet each other with a hug. Some say “you” to each other, and others stay with the “you” in the mutual address.

Ethics in the field of “helping work” therefore consists of indispensable, unchangeable, fixed policies (e.g., no sexual relationships), and others that have grown out of the concrete social and cultural development in each case. Finally, some codices have a processual effect in individual cases.

Beauchamp and Childress formulate six ethical principles for the permanent, fundamental ethical guidelines. They serve as a basic orientation. In addition to the “principles of respect for autonomy, care, equality and justice, truthfulness, confidentiality, this also includes the principle of non-harm.” (Schleu, p. 16) In this respect, the requirements of professional law and professional ethics go beyond the rules of the Penal Code.

The principles formulated by Beauchamp and Childress must be concretized and weighed against each other in each individual case. Thus, for example, the principle of damage avoidance in the sense of refraining from harmful interventions may conflict with the principle of social welfare. Interventions could play a role as harmful interventions, which should, of course, be avoided, especially in the case of “intervening therapies.” However, damage can also be caused in economic terms by the fact that psychotherapy can last longer than professionally indicated. Such relationships are tantamount to dependency relationships, which are not only malpractice but also a violation of ethical principles.

When we think about an unethical sexual relationship in psychotherapy, one has to refer to:

- Unethical sexual relationship in psychotherapy or supervision;
- Sexual harassment in psychotherapy or supervision;
- And/or erotic or sexual attention or intimacy (Bartell, 1990) or sexual boundary violations. (Koenig, 2004)

It is part of the topic because psychotherapy and supervision can implicitly touch unwelcome and offensive erotic feelings. Sexual harassment refers to unwelcome sexual attention in the workplace, including offensive comments about one’s sexuality or women or men in general. Legally, harassment is defined as occurring when unwelcome sexual attention is “so frequent or severe that it creates a hostile or offensive work environment or when it results in an adverse relationship.” Further on, sexual harassment can also be defined as “sexual solicitations, physical advances or verbal and nonverbal conduct that is sexual in nature that occurs in connection with the psychologist’s or psychotherapist’s activities or roles and that it is either unwelcome, offensive or creates a hostile situation.” (EEOC, 2015)

Referring to this ethical topic is essential to point to this clearly enough in the ethical guidelines. Handling an ethics case under this perspective is very difficult and needs a clear procedure in the therapeutic organization. It should specify how to deal with ethical cases and how to communicate so that this is based on trust, transparency clear and well-grounded role acting and the commitment to mutual communication and mediation as a possible means of choice.

The accusation of erotic and sexual harassment must be sensitive enough, personally respectful, but also meaningful in relation to the social and cultural view of gender and the corresponding cultural handling of it. Like many other ethical issues, it poses an exceptional challenge.

Hierarchy of Ethic Codes

Ethics codes in the (body) psychotherapeutic field are an expression of professional self-commitment. Ethical rules reflect fundamental values that play a role in work. They regulate the therapist-patient relationship, but also collegial relationships within a psychotherapeutic (training) organization. At the same time, ethical guidelines reflect social development that is shaped and controlled by law and jurisprudence. This social development is at the same time based on universal, humanistic values, the observance of which is not, or not sufficiently, guaranteed by law. It can thus lead to overlaps between ethical guidelines and law and order. However, there are also apparent differences, or differences in treatment, concerning violations of law and order on the one hand and ethical guidelines on the other.

Democratic societies make a meaningful distinction between the legislative, executive, and judiciary. Such a structure ensures the development and decision-making of legal norms, and their enforcement or sanctioning when disregard or abuse occurs.

Sociologically speaking, social organizations such as body psychotherapeutic organizations should also have such a separation of powers. It might include a functional unit that takes care of the development and further refinement of ethical guidelines, a functional unit that guarantees a professional process in case of violations, and finally, a functional unit that ensures the implementation of (possible) consequences/sanctions. The last two functional units can be governed by the same body. In any case, the first must be separate from the other two. (Body) psychotherapeutic organizations usually have an ethics code. This code is differently weighted, specified, and updated. Not every therapeutic organization has an ethics committee, i.e., a functional body, which can be addressed in case of suspicion of non-compliance with the ethics guidelines to examine the matter. Finally, in most organizations, there is no written explanation about possible consequences, sanctions, etc.

Body psychotherapeutic organizations, at least in Germany, which are organized in the German Society for Body Psychotherapy (DGK), have internal institute ethics guidelines, as well as through the DGK, Germany-wide valid ethics guidelines: <https://koerperpsychotherapie-dgk.de/ethikrichtlinien/>

They may overlap or differ. The DGK has no ethics commission. However, because it is the opinion that one is structurally and historically in such a way connected in the body-psychotherapeutic field in Germany that representatives of the DGK could not ensure impartial treatment of ethics cases. The DGK therefore forwards possible ethical violations to the Ethics Commission of the European Association of Body-Psychotherapy (EABP): <https://www.eabp.org/ethics.php>. This committee deals with the cases presented.

The Ethics Committee of the EABP is independent. The members have no other function within the EABP. It is independent of the EABP. There are also some possible consequences and sanctions that can be applied. In America, there is a similar structure with the US Association of Body Psychotherapy (USABP <https://usabp.org/USABP-Code-of-Ethics>) with a significant addition. If there are substantial differences in the ethics guidelines in a member organization compared to the ethics guidelines of the USABP, the higher-level ethics guidelines of the American Psychological Association

(APA) would be consulted. These are very differentiated and practical. (<https://www.apa.org/ethics/code/>) There is an independent ethics committee, and there are concrete, possible consequences, sanctions listed that can be used.

The ethics guidelines of the EABP and the USABP also clearly refer to the collegial, professional relationship of colleagues within the organization. It could be understood as an effort to apply the ethics guidelines to the organization as an organization. "Organization" then means the structure and relationship processes of people within the organization.

If I have understood the ethics guidelines correctly, this also includes the ethically responsible behavior that must be guaranteed by the teaching trainers and teaching therapists within the framework of the training. It also implicitly means that there is already an ethical violation at the organizational level if there is an irresponsible (non-transparent) mixing/collusion of roles. For example, a teaching therapist cannot be involved in the certification process at the same time. If this were the case, it would be an unethical mixing of roles. DGK and EABP also seem to have this in mind and include this in the treatment of possible ethical cases. So, there is the ethics code of a particular therapeutic organization. Then, there is a hierarchy of ethics codes (e.g., a single organization related to DGK and DGK related to EABP). The treatment of possible violations will necessarily also have to be carried out from the perspective of the hierarchization of ethics codes.

One aspect seems to me to be missing from the ethics guidelines. It refers to the structure and application of the training curricula. Such curricula are developed individually by the institutes. Within the framework of the umbrella organization of DGK, however, they are also reviewed and modified so that a cross-institute curriculum is created. Above all, the application/implementation of the curricula in the respective institutes is, of course, implicitly also based on the ethical guidelines.

In conclusion, the structure and procedure/process of implementing the curricula must be monitored at regular intervals or subjected to an auditing process. It would amount to an ethical duty of care. In Switzerland, for example, there is such an auditing process that takes both the general criteria and values into account, but which also keeps an eye on respective developments and applications, especially with regard to any new social conditions that may arise.

However, such auditing/controlling cannot and must not be carried out by the functional units responsible for the course. The functional unit responsible for controlling and auditing must be independent, similar to the Ethics Committee.

Epilog

Becoming a psychotherapist is a personal career choice. The activity relates to the concrete needs/problems of the client and takes place within the framework of professional diagnostics and indication. This activity is also embedded in a legal as well as organizational-institutional framework.

Professional ethics shapes the character of the respective "helping work" in the therapist-client or client-consultant-relationship or the relationship of colleagues within the organization. Also, ethics determines the role, function, and meaning of the activity carried out in the organizations/institutions developed within the framework of the profession.

Finally, ethos characterizes the personal attitude/conviction of the people working in the field of “helping work.”

The current debate about professional ethics and the concrete implementation/application, therefore, currently represents a central, significant challenge for each individual. To face this challenge is a permanent characteristic of one's professional activity. It accompanies one concretely, every day in the therapy/consultation process. It also corresponds to an implicit demand within the field of “helping work” to live this together with others in discourse.

Only if it is possible to develop a consistent theory independently of the founder of the school, which then triggers its own dynamic of development according to its implicit logic, can the school expand further on the subject level.

That is why psychotherapeutic organizations are considered to be the best in the relationship with the founder. Only if it is possible to “kill” the founder will the former students become adults and capable of learning. (Simon, 2008, p. 193) Psychotherapists should not lose sight of this dynamic. To face it processually seems to be both a categorical imperative (Kant, 2011) and an ethical one (von Förster, 1993).



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