

Ethics and ethos as essential elements of professionalization of body-psychotherapy

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Ulrich Sollmann

Ethics in the field of (body) psychotherapy is an indispensable guideline. The implementation of ethical guidelines and appropriate treatment in dealing with violations of these guidelines must be an indispensable component in the psychotherapeutic field. Be it in concerted therapeutic practice, the therapist-patient relationship and in therapeutic science. However, an impartial ethics practice is also necessary in relation to the management of a therapeutic organisation. However, especially in smaller organizations a conflict of bias can quickly lead to abuse of power. Psychotherapy is on the one hand a certain form of helping people in personal need. On the other hand, it is a profession, a service. The development towards a profession includes the development of certain quality criteria, structures and regulations for the training as well as the social anchoring of the activity and the recognition of it. But it also includes professionalisation. This is to be understood as the development of a general ethic and personal ethos. Both are value systems that give orientation to both the therapist and the patient. Professional and personal (self-) reflection are indispensable for this. The development of an ethics code also has an effect on the sustainability and credibility of psychological science.

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

In the last 30 years, "helping work" with people has not only developed rapidly, but has also become a sociologically and legally regulated profession. It therefore makes sense to look at what is meant by occupation/professionalisation, professionalisation in detail and that the development of ethical guidelines is a necessary further step to look at what and how one does things in detail, but also to shed light on the basic attitude with which one is active oneself.

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

- special fields of activity, special qualifications (skills, competences)
- systematic vocational training with recognised qualification (accreditation, certificate)
- more or less high professional prestige (social position in company and society)
- characteristic mobility paths (ascent ladders, further education and training)
- the person's inner attachment to the profession (professional socialisation and identity, values).

While in the beginning, whether in psychotherapy or counselling, the focus was put on qualification and the development of quality standards, in the context of professionalisation this was condensed into generally applicable standards and competence characteristics that were 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, standardisation, 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. This is characterized, among other things, by the fact that a professional career is appropriate, combined with certain access requirements and qualifications, development opportunities, goal formulation, ethics, etc. 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, unique, they require value decisions and cannot be fully described (Buchholz p.193ff.). They require permanent (self-) reflection.

Finally, a professionalization occurs through the development of appropriate organizational structures, structures, which guarantee the training, the professional practice, the examination of the same and the development of the professional practice. This also includes professional regulations. Such forms of organization in the counselling and therapeutic field can be professional associations, psychotherapists' chambers, training institutes, university training courses, etc. 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 organisations. This is due to the social development in general as well as part of 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 own consciences when determining ethical conduct. (USABP, Code of Ethics)

If one compares the ethical guidelines of individual institutes, there is a "common sense", a general agreement with regard to central aspects such as: no sexual relationship with the patient. Many ethics codes define their guidelines more normatively by defining concrete boundaries of relationship, behaviour and influence. Others emphasize the definition of ethical guidelines and a 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. This embodies a basic ground of cultural professionalism in Europe, as a space where very many and 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 the relation to science is an indispensable dimension. The German Psychological Association puts the responsibility which derives from this among others into the following policy (This policy can be regarded as typical to 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 organisations;

(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 on the basis of 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. This 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>)

There are three perspectives of ethics: Normative ethics deals with the basic norms of human behavior. Meta-ethics corresponds to the theory of science and descriptive ethics explains or describes 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 delegated to science. At the same time, this implies an important distinction for the field of psychotherapy-science. Do we understand each other more scientifically or more in the humanities? And what implications does this have for the concrete ethical actions 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 wants to understand and define itself as ethical, it refers meaningfully and necessarily also to science. To refer to this is therefore always also a personal/subjective decision and positioning, as one relies, for example, on the scientific or a spiritual-scientific perspective.

It is a fact that the therapist always reveals himself through this and reveals his own values, his ethical point of view and his attitude to important things. This aspect correlates with basics of humanistic ethics.

In his book "Psychoanalysis and Ethics", Erich Fromm distinguished between humanistic ethics and authoritarian ethics. While in authoritarian ethics an authority determines what is good for man, in humanistic ethics man himself determines what is good for him and what is not. If humanistic ethics focuses on what is "good for man", it can be concluded that humanistic ethics is the applied science of the art of living. Meta-science-theoretically, this touches on the need to deal with the theoretical science of man.

Ethic relevance of touch in body-psychotherapy

Here one example that is relevant 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 lonely from contactlessness. Moser therefore pleads for touch that is offered in a disciplined way, which is 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.

Not only that. Another essential feature of the ethical guidelines of the EABP is the specific reference to the meaning and relevance of touch in (body) psychotherapy. (C. Young, eabp.org)

Young, expert in the mental-health field, co-writer of the EABP ethical code, 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 main interest is to promote greater considerations of professional, ethical touch in

psychotherapy. His paper on professional touch figures out that it is important to ensure ““that (i) we know what appropriate or ethical touch is, and that (ii) we have a very clear idea what inappropriate or unethical touch is as well, but also that (iii) we need to be very clear and open with those that we work with; those that we train; and with our professional colleagues, about the times and the ways that we, or they, might transgress these boundaries. It is also perhaps important to note that working in the field of Body-Psychotherapy does not necessarily require psychical contact with or the touching of a client. This increased clarity does not have to constrain us, as professionals, from research or experimentation in the field of touch. But it behooves us to examine carefully whatever boundaries we happen across and see whether the ‘rules’ that do exist are still valid for these changing times, or under different circumstances, as sometimes blanket rules can be inappropriate. In general, we do not truly learn significant things unless we make mistakes, and if we do have the urge to wander or experiment a little, then we need to 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 a specific caution is needed not to be like a sailor without a chart or compass, sailing blindly into unknown seas in search of continents which may not even exist. Insofar he also refers to the history of body-psychotherapy during the last 50 years. He brings the fact into memory that for a long time there had been 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 during the last 50 years. This also reminds me of the history and the development of touch in psycho-analysis. First there was touch and nowadays touch is strictly not allowed any longer.

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 necessary to get a clear view of the development of body psychotherapy and touch. This is also important 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 commanded 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 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. In addition, there is also the totality of the values and norms of the respective occupation, the profession, which are to be absolutely observed in the exercise of the activity. Professional-professional behavior, goal-oriented behavior, but also the personal basic attitude of the active persons, the service providers, are oriented towards these professional ethical principles. Compliance with this behaviour is checked by the organisations, associations, institutions, educational establishments, etc. in question and, if necessary, warned or even punished. In 1997, Cierpka postulated four additional criteria that determine the profession and profession of psychotherapist:

- *the self-observation of the therapist*

This includes the demand for a better understanding of one's own person in order to achieve personal maturity and professional success, and the adequately controlled self-control. The psychotherapist can only heal if he is also concerned about his 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 have an effect on the therapists and lead to personal developments". This process is lifelong.

- *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 own professional organizations, etc.

- *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. It is and always will be an active part in the discourse of professional ethics and personal ethos. According to Willutzki (1997), however, a corresponding competence development is a constructive, not an instructive process that does not function like a Nuremberg funnel.

Behavior 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 working 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 fact of the intensive and engaged arguments to the topic ethics. If psychotherapy can be understood "as the art of understanding in a caring, helpful, interpersonal encounter" (Tibone, 2017), ethical guidelines act as protection of 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

¹ (Deutsche Gesellschaft für Psychoanalyse, Psychotherapie, Psychosomatik und. Tiefenpsychologie e.V.) German Association of psychoanalysis, psychotherapy, psychosomatics and depth psychology

ethical attitude "in and towards" one's own activity is always implicitly an action designed for ethics. One can therefore also speak of a permanent ethical discourse, in which both the individual person, the individual service provider and the organisation 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 morality there is an enormous conflict between different forms of arguing for the binding. (Foucault, 2018) Ottomeyer also sees this event as a territorial struggle on 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 own 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 guard lines, 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 personal basic attitude within the framework of professional activity.

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 basic perspective followed by different principles which are distinguished into general principle and specifications. The advantage of the EABP guidelines is the developmental background and intercultural communication. (EABP, Ethic-Guidelines)

² Duden= Spelling Dictionary

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

Instrumentalisation of ethics in power discourse

Christof Stock (2019) offers in his present guide for professionals in counselling 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 it is to be pointed out. The development of occupationalization leads above all in the "field of helping work" 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 further education institutes and occupational associations develop in the therapeutic and advisory field, the more they are characterized by their own dynamics, the further this organization can distance itself "from the object of its work", the client/patient. A professional ethics, which is oriented towards the interests of the professionals as a professional group, but also those of the target groups, can act in the sense of a structural corrective and prevent possible dangers. This includes, among other things, a discursive process of scientification with a stronger inclusion of social science traditions with regard to "helping work."

Hockel (1998) makes it clear, even before the Psychotherapists Act³ was adopted, that both medical treatment and the psychological psychotherapist are (more medically) constructs. Such constructs are created by humans and occupational groups and are not primarily shaped by the object 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 is in need of treatment" are developed in the sense of the

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 professional (self-) organization. This psychotherapists- act doesn't regulate psychotherapy but the role and function of the psychotherapist.

psychotherapy guidelines. The extent to which the specific interests of patients are taken into account as independent issues within the framework of the psychotherapy guidelines has been the subject of constant discussion since the Psychotherapists Act came into existence, and the aforementioned construct is conditionally questioned. Such a discourse represents an important 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 expertise and medical expertise, a difference which certainly exists and which logically should also lead to a different professional ethical viewpoint. At this point, I will refrain from going into the discussion, which is certainly useful, as to who is entitled to practice medicine and how. If such a discourse reflects on the one hand factual and ethical aspects, it is on the other hand also a means/instrument in a power discourse.

Therapeutic institutions and organisations 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, 186) calls it - power elitethat 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 explorative multiple relations you have you have 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 psychologist and his/her clients, students, and supervisees. Given the assumption 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 which is connected especially to the field of counselling 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 treated by the advisor/supervisor. This includes the different roles someone is responsible for and the variety of role-relations.

“Multiple relationships in counseling supervision is a complex issue that involves 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 someone has outside relationships with one's own clients.

The relationship between therapist and the client is quite complex to assess, as it contains professional elements, transference elements and perspective oriented aspects. Or just 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. This also shows how important joint analysis, clarification and opinion-forming is in the treatment of an ethical case. Indispensable, and this is underlined by the above, is the necessary involvement of the elements of power. This can manifest itself in the immediate therapeutic relationship. This can express itself simultaneously in the 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 the way in which the respective professional organization applies professional ethics to itself? Therefore, an important yardstick for the implementation of professional ethics is the, one might say, ethical climate or culture within the organization itself. This makes the professional application of professional ethics possible or more difficult 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 infantilisation 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/ statutes/structure of the organs in the association. Even if nowadays ethics committees are an integral part of the organisational structure as a rule, they often embody to the greatest possible extent the basic orientation of professional ethics. On the other hand, in the rarer cases, there are rather only basic remarks on the procedure of dealing with the 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 in a professional association, abuse of power is potentially, structurally anchored. At this point I do not want to go further into specific dynamics of 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 abuse of power.

"Helpful work" in the field of tension between service, successful occupationalization and reflexivity

"Helping work" with people is counselling, therapy, psychotherapy, coaching, supervision, 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, specified and technically substantially developed over the last 30 years. In the beginning it was personal initiative, individual commitment or the endeavor of educational institutions to professionalise "helping work", to justify it scientifically and to test it or to make it verifiable, but the way was prepared for what could be called occupationalization.

As I said before, occupationalization is characterized by, among other things, scientification, institutionalization and expertise. Especially in the field of "helping work" a 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 development of professional ethics as successful, even if in individual cases there are quite different developments that have developed in the fields of counselling, 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. There it says.

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

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 the aim, results and conclusions of their research, and take appropriate steps to correct any misunderstanding that the participants may have and are aware of.

(b) 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). But it also results from the potential and/or structurally conditioned danger of abuse of power in the organisations. Finally, the necessity also arises from the fact that the persons involved are in some cases in complex dependency relationships. This 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 of role diffusion or overlapping can in principle be counteracted by professional ethics. However, this can also be seen as an expression of the general defence against ethical discourses. (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, it is to be feared that the ethical guidelines thus formulated will have more of the character of an announcement. A specific form of concrete defence 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 behaviour as arising from the unconscious imagination "ethical principles and legal norms wouldbe superego norms to be rigidly combated" (Tibone 2019) This 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 serious border 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 in principle to organizational relationship patterns. If such a role dynamic serves the therapist to stabilize the 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 organisation or the respective level of professionalisation. 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 the ethical guidelines. On the other hand, quite a lot of professional groups or associations or institutes find it difficult to apply and implement the ethical guidelines in practice if they are applied in practice in individual cases. There are very different 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 a distance, neutrality and objectivity sufficient for the professional application of the ethical guidelines.
- The drafting of ethical guidelines, but also their implementation and handling, can often collide with the internal (power) dynamics in the respective association/institute/profession. The procedure for dealing with the 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 fulfil orders from the superordinate (power) committees in the respective organisation. This 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 structurally anchored, specific difficulties may still arise in individual cases. If no relevant solution/arbitration can be found in the treatment of a specific ethics case, there is no regulation as to how to proceed. Which instance is then addressed, which next higher function can then help? In my opinion, the corresponding responsibility for dealing with such special cases must be structurally anchored.

"Helping work" and dealing with legal provisions

Occupationalization and professionalization or legal regulation of professional activities absolutely require a legal orientation. This is reflected in a 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, it is more advisable today to go to a specialist 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 a lawyer?

Stock addresses those "human-workers", I would like to call those persons who are active in helping, namely those who are active in the field of counselling, therapy, etc. This activity presupposes knowledge of where one stands as a service provider.

The relationship with the 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 a consultant, therapist, etc. operates. In the second and third parts, he deals with the legal position that can be taken as an employed person in general, in general or in a specific occupational field. Understandably, there are clear differences in the consulting field, in the therapeutic field or in the psychotherapeutic field.

In Part 4, Stock deals with the relationship between the "human worker" and the client/patient. This is, of course, characterized by trust, good chemistry, personal circumstances, but also by certain obligations. Stock explains in detail what it means and, above all, how one takes this into account, how to satisfy the information requirement, how to observe confidentiality, how to guarantee digital communication, how to comply with the abstinence requirement, etc.

In the fifth part, it refers to the surrounding dimension, the health and social system. In the fifth part, it refers to the surrounding dimension, the health and social system,

⁴ This legal guideline for counselling, therapy, psychotherapy in humanistic procedures only refers to the German situation and yet of his proposals can be helpful for colleagues in other countries. The structure of Stock's book can be transferred to other countries. The concrete legal provisions of each country has then to be added.

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.

To put it in a nutshell:

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 experienced book on a subject that is usually only neglected in the context of 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, in particular also with questions of ethics. This 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 in 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 the 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 through 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. This 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 which develops and controls the training curricula and awards accreditation to local or regional institutes after a qualified examination of a corresponding application. What should be done in such a case? How to deal with a possible collision between ethical guidelines and possible impact on the accreditation/licence?

Finally, professional ethical guidelines in the sense of ethical goals can only have a concrete effect 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 a constant review, redefinition and change is required in order to be able to adjust to the changing social and professional reality 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 the course of time into a reorientation in line with social development. Here is an 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, others perhaps greet each other with a hug. Some say "you" to each other, others stay with the "you" in the mutual address.

Ethics in the field of "helping work" therefore consists of indispensable, unchangeable, fixed codices (e.g. no sexual relationship) and others that have grown out of the concrete social and cultural development in each case.

Thirdly, there are codices that have a scenic and processual effect in individual cases.

Beauchamp and Childress formulate six ethical principles, which belong to the fixed, to be fixed, not changeable, ethical basic principles. They serve as 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 the 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 psychotherapies last longer than professionally indicated. Such relationships are tantamount to dependency relationships, which are not only a malpractice but also a violation of ethical principles.

When we think about an unethical sexual relationship in psychotherapy you have to refer to:

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

This is part of the topic because psychotherapy and supervision can implicitly touch erotic unwelcome and offensive feelings. It is clear that sexual harassment refers to unwelcome sexual attention in the work place, including offensive comments about one's own sexuality or about women or men in general. Legally harassment is defined as occurring when the 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 it is important to point to this clearly enough in the ethical guidelines and yet handling an ethics case under this perspective is very difficult and needs a clear procedure in the therapeutic organization 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*.

Especially 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. This, like many other ethical issues, poses a very special 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 the collegial relationships within a psychotherapeutic (training) organization. At the same time, ethical guidelines reflect a social development that is shaped and controlled by law and jurisprudence. This social development is at the same time based on general, humanistic values, the observance of which is not or not sufficiently guaranteed by law. This can lead to overlaps between ethical guidelines and law and order. However, there are also clear differences or differences in treatment with regard to violations of law and order on the one hand and ethical guidelines on the other.

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

Sociologically speaking, social organizations such as body psychotherapeutic organizations should also have such a separation of powers. A functional unit that takes care of the development and further development of ethical guidelines, a functional unit that guarantees the professional procedure in case of abuse, and finally a functional unit that guarantees the implementation of (possible) consequences/sanctions. The last two functional units can be in one hand. In any case, the first must be separate from the other two functional units. (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 in order 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 institute-internal 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 however no ethics commission, because it is the opinion that one is

structurally and historically in such a way connected in the body psychotherapeutic field in Germany that an impartial treatment of ethics cases could not be ensured by representatives of the DGK. 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 within the EABP. There are also some possible consequences and sanctions that can be used. 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 significant 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. This 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 which must be guaranteed by the teaching trainers and teaching therapists within the framework of the training. This also implicitly means that there is already an ethical violation at the organizational level if there is an irresponsible (intransparent) 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. The DGK or EABP also seems to have this in mind and includes 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. 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 for 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 organisation of the 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. This would amount to an ethical duty of care. In Switzerland, for example, there is such an auditing process which takes both the general criteria and values into account, but which also keeps an eye on the respective development and application, 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 in the relationship of colleagues within the organization. In addition, 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 own professional activity. It accompanies one concretely, everyday in the therapy / consultation process. But 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 develop 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 adult 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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The Author

Ulrich Sollmann, Dipl. rer. soc., is a Gestalt- und Körperpsychotherapeut (Bioenergetic Analysis), coach and consultant for executives in business and politics, publicist, author, lecturer and blogger. Guest Professor at Shanghai University of Political Science and Law.

He has been working and publishing internationally for many years, also in China (ethnological research approach). He is currently engaged in infant observation with regard to the development of body competence, also in ethics and professionalism.

Kontakt:

Dipl. rer. soc. Ulrich Sollmann

Guest Professor at Shanghai University of Political Science and Law

Praxis für Körperpsychotherapie und Coaching

Höfestr. 87

D-44801 Bochum

E-Mail: info@sollmann-online.de

www.sollmann-online.de