

## *What have I done?*

### **Some reflections on UKCP ethics draft proposal**

Many, if not most, members of the College are registered members of the UKCP. UKCP have recently drafted a new ethical code for consultation with its constituent member organisations, with some significant changes compared to the old code. One of the main features of this new code is a marked shift away from prescriptive rules, typical of other registering organisations, towards a broader and more encompassing notion of a ‘character’. To quote from the draft document itself [slide 2], it clearly states that the code **‘attempts to create a clear, decisive ethos or character for psychotherapy’**. Building on this idea of ‘character’ it then stipulates that this idea of character is founded on **‘virtue ethics’**, of something that operates in the realm of ideals essentially, with a certain resemblance to a ‘code of honor’ I will go onto suggest. The primary goal of this new code is to promote certain **‘habits and behaviours’**, along with character dispositions, that embody and ideal. This ideal is all about ensuring a certain end is achieved, namely the good of all! Or more specifically, of psychotherapy being **“a public and personal good”**. From this founding proposition it lays out the manner in which we should achieve this desired end. If I can lift some key sentences from the draft document:

“In virtue ethics, traditionally associated with Aristotle, a good end is sought and then individuals and groups are required to train and educate themselves in the habits and behaviours that will ensure that this end is achieved. To attain the good, a certain kind of character has to be developed, a person who will habitually behave in certain ways as a matter of course... the draft Code refers to an approach to ethics as engaging with a process of developing particular habits and attitudes of mind and character... Virtue is a commitment to particular ends... ‘good people’ (i.e. professionals who engage in trying to shape their character, thinking and practice habitually in ways directed towards a good a good end) will do ‘good things’ without necessarily having to have lots of rules to consult or to guide them minutely in the specifics of every situation. This contrasts with other more legalistic approaches to ethics which emphasise control, punishment and sanction, almost pre-supposing that professionals and others start from a position of being untrustworthy and liable to run quickly off the ethical rails.”

What’s most notable in this passage, amongst other things (including a certain noble tone), is the contrast it draws between a more legalistic approach and one based purely on the notion of ‘character’. It assures us that we will no longer have to consult a rule book to know where we stand on various issues since an internalized set of ideals, the foundation stone of good ‘character’, will inform our deeds and actions and keep us on the aforementioned ethical ‘rails’. By committing ourselves to this set of ideals we will inevitably be directed towards ‘good’ therapy, and by the same token prevented from falling off the tracks towards ‘bad’ therapy. Put in these crude terms, bad therapy might be seen as a loss of faith, a kind of fall from grace. This raises obvious problems however. Since it presumes an agreed answer on

what the goal of therapy might be, and how we should achieve it. I will leave this problem aside for the moment and return to it later, but for the time being I will introduce the main features of the draft code, which is divided into 3 main sections:

- A. A Vision of Good Psychotherapy**
- B. Principles for Ethical Practice**
- C. Questions & Issues**

These sections are broken down thus (my italics added):

**A: Vision of therapy [*the image of the ideal*]**

- What is a good outcome
- Qualities a good therapist should possess
- 

**B: Principles [*to be honoured*]**

- Be honest
- Be open (candour)
- Be competent
- Respect human rights
- Don't harm people (beneficence)
- Be accountable

**C: Questions & Issues [*that supposedly test the above*]**

- using the internet
- contracting,
- care over time
- winding down a practice
- responsibilities to other professionals
- fitness to practice,
- promoting diversity
- using/providing supervision

However, despite what the authors claim this new code is hardly new. In many ways it resembles another code designed many years before by the BACP (the British Association of Counselling and Psychotherapy), by far the largest registering organisation overlooking the psy professions in the UK, with roughly 43,000 members and rising (UKCP has just under 3000 incidentally). BACP was founded in 1977 as the British Association of Counselling, only adding the word 'Psychotherapy' word much later in 2000. This is worth noting, since the fact that we find its origins in the 'counselling movement' has some bearing on what I'll proceed to talk about.

So in 2003, just a couple of years after they added the term 'psychotherapy', BACP launched a new version of their code. However, with its introduction BACP abandoned the term 'code'

altogether, introducing a new term: ‘Ethical Framework’. The difference between a ‘code’ and a ‘framework’ raises some interesting issues to begin with. The notion of a ‘framework’ is couched in a language of ‘guidelines’ not rules, bringing us back to the question of ‘rails’ once again. This idea of lines and limits hinting at the functioning of the ideal image in its government of the ego.

Along with this notion of ‘guidelines’ not rules, BACP also founded their ‘framework’ on a similar three-tiered structure of: ‘Core values’, ‘Guiding principles’, progressing ultimately to a long list of ‘Personal moral qualities’. The aforementioned core values listed as follows:

- Respecting human rights and dignity
- Alleviating symptoms of personal distress and suffering
- Enhancing people’s wellbeing and capabilities
- Improving the quality of relationships between people
- Increasing personal resilience and effectiveness
- Facilitating a sense of self that is meaningful to the person(s) concerned within their personal and cultural context
- Appreciating the variety of human experience and culture
- Protecting the safety of clients
- Ensuring the integrity of practitioner-client relationships
- Enhancing the quality of professional knowledge and its application
- Striving for the fair and adequate provision of services.

Proceeded by ‘Guiding Principles’ (which have more than a passing resemblance to a virtue ethics perhaps):

- Being Trustworthy:
  - honouring the trust placed in the practitioner
- Autonomy:
  - respect for the client’s right to be self-governing
- Beneficence:
  - a commitment to promoting the client’s well-being
- Non-maleficence:
  - a commitment to avoiding harm to the client
- Justice:
  - the fair and impartial treatment of all clients and the provision of adequate services
- Self-respect:
  - fostering the practitioner’s self-knowledge and care for self

Then finally a long list of ‘Personal moral qualities’, premised by the following four statements:

- 8) Personal moral qualities are internalised values that shape how we relate to others and our environment. They represent a moral energy or drive which may operate unconsciously and unexamined. This moral energy or drive is ethically more beneficial when consciously examined from time to time and used to motivate our ethical development or shape how we work towards a good society.
- 9) 'Personal moral qualities' are a contemporary application of 'virtues' from moral philosophy.
- 10) The practitioner's personal and relational moral qualities are of the utmost importance. Their perceived presence or absence will have a strong influence on how relationships with clients and colleagues develop and whether they are of sufficient quality and resilience to support the work.
- 11) High levels of compatibility between personal and professional moral qualities will usually enhance the integrity and resilience of any relationship.

Then we have a long list of 'personal qualities' to which members and registrants are strongly encouraged to aspire to:

- Care
- Diligence
- Courage
- Empathy
- Identity
- Humility
- Integrity
- Resilience
- Respect
- Sincerity
- Wisdom

I was at a presentation when all this was launched in 2003 and remember remarking to Professor Tim Bond, the lead author of this new code, that it might be difficult for any of us to live up to such noble expectations. I woefully remarked that it resembled a code of chivalry that knights of old might have to pledge allegiance to; but I don't think he took too kindly to my remark, and was keen to insist that it was entirely workable.

It's difficult to resist the parallels though, so I've included precisely such a code (from the Song of Roland, the year is 1040) that supposedly the Arthurian knights would have pledged allegiance to:

- To fear God and maintain His Church
- To serve the liege lord in valour and faith
- To protect the weak and defenceless
- To give succour to widows and orphans
- To refrain from the wanton giving of offence

- To live by honour and for glory
- To despise pecuniary reward
- To fight for the welfare of all
- To obey those placed in authority
- To guard the honour of fellow knights
- To eschew unfairness, meanness and deceit
- To keep faith
- At all times to speak the truth
- To persevere to the end in any enterprise begun
- To respect the honour of women
- Never to refuse a challenge from an equal
- Never to turn the back upon a foe

For many years BACP have published a monthly magazine titled ‘Therapy Today’, which has a section at the rear which posts the various misdemeanors of errant members who have fallen foul of this code. While sanctions are administered, but loss of membership is rare, it seems possible that public humiliation is the underlying justification. Naming and shaming those who have fallen by the wayside, a deterrent to keep us all on the so called ‘rails’.

If you find the time to read these court reports they are indeed gripping case studies. Most offences are unintentional acts however, mistakes essentially. The inevitable product of something in the transference that caught them out. When you read these accounts more closely there is a certain naivety in the members defence, openly admitting to how stupid they’ve been in hindsight, but only after the event. As if something strange got the better of them, then they suddenly woke up to the truth of what they’ve done, as if some momentary blindness had gripped them. They are often remorseful and contrite, declaring almost: *‘What have I done!’*

I’m keen to trace the origin of such falls from grace to the peculiar emphasis given to the idea of good ‘character’ that we can find in the work of a certain Carl Ransom Rogers. Especially the idea he was keenest to promote, of the good therapeutic outcome being the product of some intrinsic quality that the therapist brings to the therapeutic encounter.

Carl Rogers was a seminal figure in the emergence of the counselling movement in the US during the 1930’s and 40’s, which trickled over to the UK by the mid 1960’s and 70’s. Born in 1902 in Illinois, Carl Rogers was the eldest son of devout Pentecostal Christians and for 2 years in his early 20’s entered a Christian Seminary before moving on to a long career in education, and the field of child guidance particularly. The US child guidance system eventually gave birth to the term ‘counselling’ as a label to circumvent the quite restrictive medicalization of the newly emerging psychotherapy professions. By his mid 40’s Rogers was starting to lay down the foundations of this newly emerging ‘counselling’ movement, built around the core principles of ‘Humanistic Psychology’, the newly emerging ‘3rd force’ in American Psychology. This outlook on the human subject was heralded as the new and

liberating post war alternative to the negative and deterministic methodologies of both behaviourism and psychoanalysis and was greeted by many with open arms.

While the counselling movement he founded made a slow start, when it gained momentum it ushered in a new era in the psychotherapies more widely, by presenting a largely positive and more wholesome view of the subject, where human agency is privileged over crippling determinism, along with a new found faith in the fundamental 'goodness' of mankind. It's just that we lost our way in life, a paradise lost; and in the post war era this must have been music to the ears of many. But more than this, this idea of the fundamental 'goodness' was raised to an even nobler level, as the agent of therapeutic change itself.

The very agency of this pro-active goodness was embodied in certain fundamental 'qualities'. Qualities the therapist should bring to the therapeutic encounter to ensure its effectiveness, and so, to quote Rogers himself "...it is the quality of the interpersonal encounter with the client which is the most significant element in determining effectiveness." A raft of empirical data has been emerged in recent decades to support this broadly popular contention, that the most significant determinant of therapeutic outcome is the quality of the therapeutic relationship. It is no accident that most of the current psychotherapy modalities have no problem with this statistic, since at heart it's a truly pluralistic statement.

And so it's from this reliance on the fundamental 'goodness' of the therapeutic relationship that Rogers went onto list what he considered the 'necessary and sufficient' conditions for 'therapeutic personality change' to occur. That good outcomes were essentially the direct product of 4 'core conditions', listed as follows:

1. TRUST
2. WARMTH
3. GENUINENESS
4. ACCEPTANCE

Rogers went produced a number of other, longer, versions of this list, though mostly in the same vein. A more recent version from the person-centred literature listing such 'qualities' emphasises Rogers' later ideal of the 'congruent' therapist:

- Positive self-regard
- Capacity for good personal relationships
- Openness to experience

- Capacity for rational and reflective thinking
- Strong sense of personal responsibility
- Ethical living

It might be worth noting that the word ‘congruence’ derives from the Latin word *congruens*, meaning ‘agreement’ or ‘harmony’, again alluding to the plane of the ideal image, that prioritises the ideal of mutual recognition over misrecognition.

It’s not difficult to argue that the humanistic values enshrined in this model still survive at the core of the BACP right up to its current inception. But what’s most relevant at this present moment however is its transposition into the ethics of the UKCP, built around a faith in the commonly agreed, as well as the empirically supported notion, that the goodness of the therapeutic alliance is the principal agent of change. It offers a clear set of ideals that might blissfully unite, though more importantly police, the broadly humanist church that UKCP represents, and might even to pull in the stragglers from its margins. It achieves this masterfully through a celebration of the ideal human subject.

This notion of the ‘virtuous therapist’ might be seen as an effective way of engineering political consensus amongst its congregation, a useful means of uniting the Knights of the Round Table. Uplifting in its main message through its rallying call to positive human values, and much more palatable than punitive notions of duty and piety promoted by more traditional ‘codes of conduct’, couched as they often are in a language of *‘thou shalt not’*.

It’s well known that it’s easier to police the soul by rewarding ‘goodness’ than by punishing badness. ‘Bad’ merely invites transgression through the act, while ‘good’ insists on a binding fidelity to the master signifier. Or to use a more Freudian topology: The agency of the superego is built on a bedrock of neurotic guilt, generated in the first instance by the radical dissolution of a castrating other, a murdered other, that eventually gets superseded by the installation of a shining ego-ideal, to take place of this lost object... the ideal of the virtuous other perhaps? It is through this absence of an idealised object in our subjective constitution that we are forced to live our life through, or effectively ‘governed’ by. Mortal souls usually become deified after they die, this is what Freud tried to tell us in Totem and Taboo. But the bottom line is that the virtuous ideal is a much more effective means of controlling the populous than any active threat of punishment. And to this end, as Freud tells us in Civilization and its Discontents, this lies at the heart of many of society’s ills.

So how might we position Freud in relation to the figure of Carl Rogers on this question of ethics? Freud's response, like Rogers, is equally rooted in an ethical conception of the therapeutic relationship. Except for Freud this ethic was founded on a much more radical understanding of the therapeutic relationship, though a less humanistic one perhaps. Of the peculiar way in which the unconscious is inscribed within our relations with the other. Or as Freud terms it: 'The dynamics of transference'.

To clarify Freud's position I will briefly refer to two key texts. Firstly, to Freud's retrospective piece 'On the History of the psychoanalytic movement', and then to his technical paper 'Observations on transference love'. Both written within quite a short period from each other (1914), and to my view the product of specific historical contingencies.

It's worth reading Freud's '*Observations on Transference Love*' in the light of the context of the 'sanctions section' that I referred to at the back of 'Therapy Today'. In many ways Freud's brief paper was a response to the kind of professional complaint that could have easily been ended up in the sanctions section of this magazine. A disturbing eruption of the real into the clinic, an event that suddenly challenges the very aim and ethic of a treatment.

When Freud wrote his paper on transference love it's quite likely that Jung's affair with Sabina Spielrein was still fresh in his mind. Spielrein had already contacted Freud personally, pleading her side of the case. They kept up a correspondence for many years after, so perhaps it's reasonable to assume that he took her complaint quite seriously. In addition, there was Freud's historical reappraisal of the founding case of psychoanalysis, the case of Anna O, in his paper on the History of the Psychoanalytic Movement<sup>1</sup>.

What this momentous reappraisal hinged upon was his revelation of the so called '*untoward event*', *the* irruption of desire that led Breuer to suddenly and dramatically end his famous treatment of this young woman. While Freud still remained quite circumspect about the actual details, we are grateful to Ernest Jones for the full story in his 1953 biography of Freud:

"Freud had related to me a fuller account than he described in his writings of the peculiar circumstances surrounding the end of this novel treatment. It would seem that Breuer had developed what should nowadays call a strong counter-transference to his interesting patient. At all events he was so engrossed that his wife became bored at listening to no other topic, and before long she became jealous. She did not display this openly, but became unhappy and morose. It was a long time before Breuer, with his thoughts elsewhere, divined the meaning of her state of mind. It provoked a violent reaction in him, perhaps compounded of love and guilt, and he decided to

---

<sup>1</sup> To my mind there is a direct allusion in Freud's paper to both these instances, where he clearly delineates the dilemma which his argument tries to address: "The case I mean is that in which a woman or girl patient shows by unmistakable allusions or openly avows that she has fallen in love, like any other mortal woman, with the physician who is analysing her."



bring the treatment to an end. He announced this to Anna O., who was by now much better, and bade her good-bye. But that evening he was fetched back to find her in a greatly excited state, apparently as ill as ever. The patient, who according to him had appeared to be an asexual being and had never made any allusion to such a forbidden topic throughout the treatment, was now in the throes of a hysterical childbirth (pseudocyesis), the local termination of a phantom pregnancy that had been invisibly developing in response to Breuer's ministrations. Though profoundly shocked, he managed to calm her down by hypnotising her, and then left the house in a cold sweat. The next day he and his wife left for Venice to spend a second honeymoon, which resulted in the conception of a daughter; the girl born in these curious circumstances was nearly sixty years later to commit suicide in New York."

The principal question this episode raises is the pivotal role the analyst's counter-transference plays in the outcome of each and every treatment. As Freud consistently argued, both in the history piece and then again in his transference-love paper, what needs to be weighed up each and every time is the function of the analyst's desire.

In his paper on the History of Psychoanalysis Freud felt compelled to retrospectively locate his own desire into this founding scene of Breuer's treatment of Anna O, and in effect position his own ethics in opposition to Breuer's. In essence his moral was simple: For a treatment to be successful the analyst must commit to aligning his ethics in accordance with the analytic aim.

While for Breuer it was clear that his abrupt departure to Venice signified a narrow escape from personal scandal and potential ruin, for Freud this sudden exit from this transference scene set back the cause of psychoanalysis by nearly a decade. As Freud himself put it:

"The obligation of professional discretion, which cannot be disregarded in life but which is useless in our science, makes itself felt here again and again... I have recently disregarded this matter for once and shown how this same transference situation at first retarded the development of psychoanalytic therapy for ten years."

For Freud, Breuer's cowardice in the face of this ethical challenge constituted a missed opportunity, and according to Jones, sowed the seeds for its tragic outcome. A vital truth had been missed, and his fledgling science was severely compromised by one man's selfish act. It's not hard to imagine he adopted the same position with regards to the Spielrein case; that again the sexual component was ignored, and so it reappeared in action.

For Freud it becomes our 'ethical duty' to 'read' the transference, though not necessarily provide transference interpretations. For often at key junctures transference merely serves the sole purpose of **resistance** not the 'good therapeutic outcome'. Acting, as he states in the transference love paper, like a cry of 'Fire' in the theatre as you approach the key scene in the play. As with any other symptomatic formation, it always functions on the side of repression. Counter to Carl Rogers pronouncements on the goodness of the therapeutic relation, Freud

tells us that the transference has to be handled with the utmost care, along with a modicum of suspicion – don't be fooled by it! When we reconsider all the acts that lead to a sudden departure from the therapeutic aim, like those published in 'Therapy Today', they generally operate to circumvent a certain truth that is inscribed in the transference. Hence Freud's core emphasis on the notion of 'transference-resistance', as a ciphered articulation of some hidden truth in our relation with the other.

Yet what Freud struggled to articulate with his concept of '*transference-resistance*' was a properly 'dynamic' conception of the therapeutic relation, as well as a properly 'metapsychological' one I would argue. That its sudden and deceptive manifestation in the treatment is designed to keep something hidden, on the outside rim of awareness. Since its 'intention', if I can phrase it like that, is to 'derail' the therapeutic aim. Precisely because this therapeutic aim is the very thing that resists, namely the 'unconscious'. In the moment we are blinded to its strategy, and only afterwards can we begin to deduce it's properly 'dynamic' function, in the truly metapsychological sense of the word.

While in other therapies there is a more acceptable version of transference love that can be exploited in favour of the therapeutic aim; or even, if we follow Carl Rogers own formulation, a form of love that is quite instrumental to the achievement of a certain therapeutic effects i.e. love as an intrinsic function of 'suggestion'. But this only exposes the fact that the therapeutic aim of psychoanalysis serves a very different purpose, as Freud discovered when he was forced to abandon the hypnotic method. That there an ethical dilemma at the heart of the therapeutic relationship, since it is both the means AND the problem to be confronted. This is pivotal to what I'm speaking about today. That there is a very different imperative that guides psychoanalysis, since at heart it has a very different *aim* from other therapies: Namely the uncovering of the obscured and well defended 'truth' of the human subject.

## **Conclusion**

To conclude I would like to set this problematic opposition in terms of two ideal, but equally tragic, images. I made a comic allusion to one of these images earlier. To the superficial resemblance between the UKCP's new code of ethics and the code of chivalry Arthurian Knights pledged allegiance to.



The most noble figure from Arthurian legend, yet also the most tragic, is that of Sir Lancelot (a rather unfortunate name I always thought). Despite his devotion to his master, Lancelot had one failing, his desire for Queen Guinevere. Lancelot and Guinevere tried to keep their love secret, but through their own efforts it became known to others and eventually brought about the collapse of the Round Table.

It all started unravelling when another knight, Sir Meliagaunt, grew suspicious and confronted Sir Lancelot in front of King Arthur and his Queen Guinevere. The perceived ‘insult’ led to a fight between Lancelot and the said knight, where Lancelot felt compelled to defend the ‘honour’ of the queen and demonstrate his allegiance to the king. While Lancelot won the fight and the truth was protected, the rot had set in. One night the rest of the knights stormed into the queen’s chamber discovering both of them, unveiling the ugly truth. The code quickly dissolved, there was infighting which led to the death of a number of knights. Lancelot ended his days as a hermit and Guinevere became a nun. The moral of the tale? One moral might be that any attempt to lead the virtuous life invariably ends in tragedy... not always a bad thing perhaps? Aristotle’s conception of tragedy was rooted in its function as catharsis, a purification of the soul. The tragic hero's powerful wish to achieve a higher goal inevitably encounters its limits. Either of human frailty, or the hidden agenda of the gods. Ultimately, the ego is not master in its own house.

But Freud preferred another tragic tale, the myth of Oedipus Rex. It is notable that he even had bookplates printed with the image of Oedipus consulting the Sphinx, along with a little inscription in Greek, saying roughly ‘*He who solved the riddle was a man most mighty*’. A number of the books he brought over to 20 Maresfield Gardens had this very image on the opening page. A statement of his aims and ethics perhaps? The great man of science solving the riddles of mankind?

What we can't lose sight of however, is the manner by which this tragic story narrates Oedipus's lengthier journey to solving the riddle of his own existence, that leads him to discover the inescapable and horrifying truth that determined his destiny. Born of a foreboding spoken shortly before his birth.



At many points on this journey Oedipus was confronted with the inscription *'Know thyself'* on his entrance to the Delphic Oracle. A warning perhaps, if we consider these words in the light of the tragic outcome of the tale. A warning Freud didn't heed however. He certainly wasn't interested in good outcomes, his published cases prove this point again and again. He was merely interested in the truth, solving riddles.

This raises more questions than answers of course. Is this our ethic - to solve riddles, and simply leave the rest to fate? An ethic that operates solely by opening things up to question, the question of desire ultimately, hence to another kind of purification perhaps? Not something guided by an ideal of the virtuous character, but the process of analysis itself, and ultimately the limits of your own analysis. The undoing of the very idea of character.

To know thyself is a question, an ethical question I should say.