



### Introductory Notes on the Principles of Ethics

All codes of ethics need to balance the need for clarity and simplicity with the need to reflect the underlying principles associated with ethics. In TA there is a tradition of emphasising Eric Berne's edict... "Do no harm", while promoting intimacy in relationship, and spontaneity.

[The EATA code of ethics](#): (click to download the full document as a pdf file).

The EATA code of ethics is a wonderful document, which is based on the declaration of human rights from the UN, itself a wonderful document, which sadly most of the world seems to ignore.

EATA ethics grid – this grid is at the core of the EATA ethics guidelines and is used to guide ethical thinking. Asking – who is being impacted by the ethical issue, and is the question one of respect, empowerment, protection, or relationship. Each element of this grid is explained in detail, along with the guiding values.

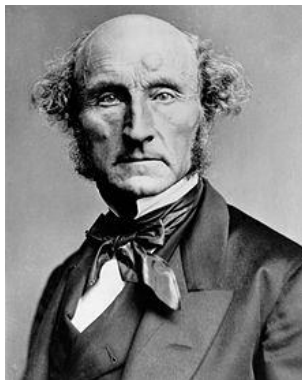
EATA Ethics Grid	Target group to address				
	Clients	Self as Pract.	Trainees	Colleagues	Community
Respect					
Empowerment					
Protection					
Responsibility					
Relationship					

**Ethical Principles:** What constitutes an ethical principal?

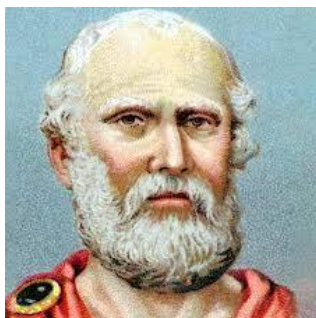
**There are 3 main frames of reference when thinking of ethics:**



1. Emphasis on motivations of actions not their consequences ... (Kantian ethics) - Categorical imperatives are principles that are intrinsically valid; they are good in and of themselves; they must be obeyed in all situations and circumstances, if our behaviour is to observe the moral law. The Categorical Imperative provides a test against which moral statements can be assessed.



2. **Utilitarianism** – John Stuart Mill - Prescribes actions that maximize happiness and well-being for all affected individuals. The rightness / wrongness of actions is to be judged by their predicted consequences.



3. **Plato / Aristotle / Confucius – The ethics based on Virtue – the virtuous life:** Emphasising the character of those making the virtuous judgements. You need to pick your prophet well!



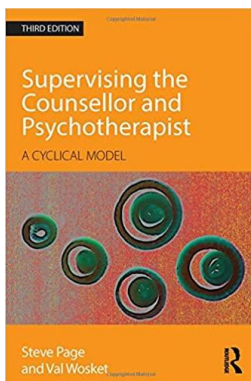
### Ross – the right and the good: 1930

In attempting to draw these strands together Ross (in *The Right and the Good* (1930) which was written for the UK medical profession) created a model of ethics which considered the morality of an action and its outcomes.



Ross described the following 7 categories of duties by which "We are morally governed".

1. Fidelity, being faithful to promises made.
2. Reparation, making a recompense for a wrongful act.
3. Gratitude, making payment for that which is received.
4. Justice; ensuring fairness to all.
5. Beneficence, working for the benefit of others.
6. Self-improvement, work for the benefit of self.
7. Non-maleficence, no harm to be done to others.



**5 Guiding Principles:** Steve Page and Val Wosket; *Supervising the Counsellor* (1994) suggest adding one more. Autonomy and reducing the others to four principles.

1. **Non-Maleficence.** Prevention of harm to others, dilemmas can arise in therapy for example when a client confides that they know of sexual abuse occurring, however they are too frightened to report it... The therapist has to decide who she / he must act to protect.
2. **Fidelity.** Being faithful to promises made. Contracts agreed upon must account for what is realistic. For example, a therapist may say. "I am available to you when you are feeling scared" The limits to this availability must be made explicit. Other examples of areas of conflicts are the need to break confidentiality for supervision and for protection of the client in emergencies.
3. **Justice.** Ensuring that people are treated fairly. For example, in a group when one client is facing a crisis, they may apparently receive more direct attention than others in a group.

4. **Beneficence.** Actions taken should do good, the question then arises who judges what is good. The client or the professional or the supervisor, or an external judge such as a religious teaching. For example, the client making a decision for autonomy may be happier following their decision which is for their benefit, but this could be detrimental to the wider community or family.
5. **Autonomy.** Each individual has the right to freely choose their own course of action and to choose what happens to them. The constant difficulty in therapy is when a client in an impasse asks for help or direction regarding how to resolve their impasse. The therapist needs to consider what course of action is best going to invite the client to be autonomous; this in itself seems to contain possible contradictions as the therapist is also free to choose their intervention autonomously. The question arises can a psychotherapist act autonomously?

In TA we seek to work within this contradiction by working relationally and contractually within the therapy process, doing with the client rather than doing to the client, all the time seeking to maintain and promote the OK – OK position. Autonomy includes actively choosing to act ethically / responsibly.

“**Values and Ethics in the Practice of Psychotherapy**” another excellent book by Fiona Palmer Barnes and Lesley Murdin: 3 approaches to ethics are described:

- **Consequential:** The outcome defines what is ethical or not, all actions are ethically neutral.
- **Dutiful:** All actions are either right or wrong... thus defining their ethicality.
- **Ethical Pluralists:** who use both approaches regarding the ethicality of actions.

They also describe various ethical principles and values underpinning ethics:

- ⇒ Utility: (The aim is to bring about the best possible outcome for all concerned.)
- ⇒ Respect for autonomy:
- ⇒ Truth:
- ⇒ Keep Promises:
- ⇒ Confidentiality:
- ⇒ Not causing harm:
- ⇒ Fairness:
- ⇒ Justice:
- ⇒ Live in accord with nature:
- ⇒ Be caring and Loving:
- ⇒ Respect rights:
- ⇒ Respect religious authority:

**Recommended Reading:** (all books are linked to)

- [Complaints and Grievances in Psychotherapy... A Handbook of Ethical Practice](#), by [Fiona Palmer Barnes.....](#) I highly recommend this excellent handbook, written by an experienced practitioner in the art of handling ethical issues for the United Kingdom Council for Psychotherapy
- [Values and Ethics in the Practice of Psychotherapy and Counselling](#) Edited by Fiona Palmer Barnes
- [Supervision in the Mental Health Professions, A practitioners Guide](#) by [Joyce Scaife.](#) A good book despite it's title! I based much of these notes on this book!

**TAJ Articles: Ethics special edition 1994**

1) Val Garfield: Ethical Principles for work in Organisations: 1993: vol 02. This article contrasts the history and rigorous requirements of traditional ethical standards governing therapist-client and teacher-student relationships with the more ambiguous and diverse standards necessary for work in training and organizational settings. Thirty-one ethical principles are proposed. The reader is invited to discover and confirm his or her personal code of ethics for organizational and training work.

2) Grace McGrath: 1994-01: Ethics boundaries and contracts, applying moral principles: Dealing with issues related to therapeutic boundaries often creates complex and difficult ethical dilemmas for psychotherapists. This article describes a method of applying moral principles (Thompson, 1990) to ethical dilemmas that can assist transactional analysts in making Adult decisions about boundaries.

3) William F. Cornell 1994-01: Dual Relationships in Transactional Analysis; Training, supervision and therapy: This article reviews the literature on and the practice of dual supervisory/therapeutic relationships in psychotherapy in general and transactional analysis in particular. Seven training and supervisory structures are delineated, and the clinical/ethical issues for each are discussed.

4) William F. Cornell 1997 – 01 Touch and boundaries in TA; Ethical and transference considerations: While Eric Berne viewed physical contact between therapist and client with considerable anxiety and disapproval, the use of touch as therapeutic invention has become common in the practice of transactional analysis. This article presents a theoretical discussion of some of the implications of intentional physical contact between therapist and client, with particular attention to ethical and transference concerns. It is the central premise of this article that the use of touch can simultaneously evoke a rich and potentially disturbing mix of history, affect, and desire.