Why ethics matter in psychotherapy

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# Abstract

The clinical practice of psychotherapy is saturated with ethics and moralities. Having an Oxford Handbook of Psychotherapy Ethics seems a necessity in a contemporary world where visions of the good seem up for grabs; subject to whomever shouts the loudest and the most often. The quiet exchanges behind (typically) closed doors, which consider what the good is for the patient, what it means, and how to secure it, seem more crucial than ever. The Oxford Handbook of Psychotherapy Ethics aims to provide the most comprehensive reference textbook of psychotherapy ethics; to offer benchmark chapters as go-to’s for a wide variety of practitioners, scholars, policymakers, and patients; to address conceptual, philosophical, cultural, and religious perspectives while also addressing everyday practice concerns; and to identify areas of ethical consensus and convention, while identifying unresolved issues as well as identifying new, problematic areas needing further analysis and research.

# Keys words

Psychotherapy, mental health, mental disorders, ethics, values, effectiveness

# Psychotherapy and Visions of the Good: Beyond Effectiveness

*Psychotherapy* – the *well-directed treatment of mental disorders by psychological methods* – has established efficacy for an array of mental disorders and psychological problems (e.g., Wampold and Imel 2015). An important starting point for the launching of psychotherapy research on a grand scale was the verdict by Saul Rosenzweig that “a therapist who has an effective personality and who consistently adheres in his treatment to a system of concepts which he has mastered and which is in one significant way or another adapted to the problems of the sick personality, then it is of comparatively little consequence what particular method that therapist uses” (Rosenzweig 1936: 414-415). This so-called *Dodo bird verdict*: “*Everybody* has won and *all* must have prizes” (see Wampold et al. 1997), still echoes in psychotherapy research. Over 50 years ago, Hans Eysenck contested the Dodo verdict through concluding that some forms of psychotherapy were not effective and could possibly be harmful (Eysenck 1952). Since then, a major aim of psychotherapy research has been to show its specific *safety* and *effectiveness* (Gerger et al. 2020).

The more important the *evidence-based approach* in health care and medicine became, the more necessary it became to adopt evidential criteria to psychotherapy outcome research in order to support psychotherapy as an empirically validated treatment (Beutler 1998; Blease, Lilienfeld, & Kelley 2016). In addition to psychotherapy outcome research, other aspects of psychotherapy research became important in the last three decades; for example, differential indication, mode of action, patient effects, therapist effects, expediency, or efficiency (Lambert 2013). However, even though this work was needed and important, another important aspect has been neglected often in psychotherapy research and practice: ethics.

Despite the release of codes of conduct by relevant professional associations and the codification of important ethical principles within the professional guidelines (e.g., American Psychological Association’s Ethical Principles of Psychologists and Code of Conduct, APA 2010), only a few scholars regularly published on *psychotherapy ethics* from the 1990s (e.g., Knapp and VandeCreek 2006; Pope and Vasquez 1991; Welfel 1998). The publication of textbooks for practitioners in the last five to ten years (e.g., Koocher and Keith-Spiegel, 2016) the increasing number of scientific papers (e.g., Curtis and Kelley, 2019; Trachsel, Grosse Holtforth, Biller-Andorno, and Appelbaum, 2015), and of article collections and special issues on psychotherapy ethics (e.g., Barnett, 2019) reflect the increase in significance and scientific knowledge within the field (Gerger et al. 2020). With the present *Oxford Handbook of Psychotherapy Ethics*, as with other Oxford Handbooks, our aim is to provide a definitive resource covering the whole range of ethical issues in the heterogenous field of psychotherapy. Although the *Oxford Handbook of Psychiatric Ethics* (2015) included some chapters on psychotherapy ethics, we had been convinced and reassured by the submitted chapters that psychotherapy ethics requires a special volume of its own, because of the scope, complexity, and various forms of psychotherapy. The present Handbook now includes 68 chapters from more than 100 authors.

# Ethical challenges in psychotherapy

With its contemporary ties to healthcare, doctoring, and medical orthodoxies, psychotherapy has always been a heterodox and culturally diverse collection of approaches, schools, and practices. While psychotherapy has been associated (and associated itself) with mainstream medicine for many years, the field is also inhabited by other healing practices which are allied to, or share features of, mainstream medicine in degrees: from many, some, to none. This diversity and heterodoxy lead to all sorts of other diversities in the field, - or perhaps, fields, as psychotherapy practices don’t exhibit sharp boundaries from other healing practices (Frank & Frank 1993). Psychotherapies are ancient and modern, suspicious and accepting, medical and nonmedical, structured and spontaneous, philosophical and pragmatic, cognitive and emotive, storied and reductionistic, mysterious and ordinary, technical and poetic, to mention a few of the many possible dualities of the field. The name of the field, referring to the mind and healing, is a duality unto itself.

These heterodoxies and other dualities undergird the many paradoxes of the psychotherapy world, which appear throughout these pages. We can mention a few of these paradoxes and appeal to the many more which lie within the pages of this collection. The matter of informed consent in clinical medicine has, for more than 50 years, been an accepted requirement for treatments (Faden and Beauchamp 1986). Yet, in psychotherapy, where informed consent surely belongs as well, its inclusion and implementation remain at issue (Trachsel, Grosse Holtforth, Biller-Andorno, and Appelbaum, 2015). Clinical medicine implores clinicians to refocus on patient-centered care (Epstein and Street 2011), yet psychotherapy relationships with patients are often entirely centered on the patient’s utterances and comportment, often becoming an issue with those selfsame patients who want their therapists to be ‘more real’ and disclose more of themselves. Similarly, the current interest in shared decision making in clinical care may seem to be implemented obviously in psychotherapy, which is all about the therapist and patient/client(s) co-constructing narratives of healing (see Kelso and Cratsley, chapter 4; Reiter-Theil and Wetterauer, chapter 18), yet therapists rarely negotiate the psychotherapy orientation, modality, and/or format with such clients, preferring to impose their own theoretical and format orientations on their patients (see Lampley and Sadler, chapter 10; Sadler, chapter 24). Psychotherapists often aspire to egalitarian power relations with patients, yet the very nature of the therapy relationship is derived from an imbalance of power: one who suffers coming to another for assistance. The power imbalance is often wrestled with by patients and their therapists by alternative terminology for service-seekers: patient (Latin *patientor*, one who suffers), client, service user, consumer, peer, even survivor. Other examples of these paradoxes are evident throughout this collection.

An even larger set of challenges frames this *Oxford Handbook of Psychotherapy Ethics*. Mental health care in general, and psychotherapy most intimately, is presumably about helping people to get better and/or to live better lives. However, what counts as 'better' lives is rarely considered in the field's publications, and likely, even less commonly directly addressed in therapy relationships. Instead, the aims of therapy are typically symptom reduction or removal, or improving one's interpersonal relationships, or perhaps aid in contending with a major life transition (divorce, death, disability, custody of children, for example). Some psychotherapies aspire to some variation on Maslow's concept of 'self-actualization' (Daniels, 1982). Some therapies address ambitiously one's goals or purposes in living, and this task brings us closer to ethics proper, as psychotherapy starts to address what might be called 'visions of the good'. The bioethicist H. Tristram Engelhardt Jr., in a memorable essay "Psychotherapy as Meta-Ethics" (Engelhardt 1973) linked psychotherapy explicitly to a discussion between therapist and patient about what 'the good' is for the patient, and the patient's particulars of the 'the good', and derivatively, how patients might secure 'the good' for themselves. The shared process of agreeing on the “what and how” of the therapy at hand, but also on what this “what and how” in the end will result in, has also recently been linked to aspects of deliberate practice (Gaab et al., 2020) and the ethical obligations of therapists (Trachsel and Gaab, 2016). Edmund Pellegrino's account of 'medical morality' describes the ethical core of medical caregiving as 'helping, healing, caring, curing' (Pellegrino 1999); a fourfold of moral action that would seem to apply equally to most any brand of psychotherapy. As Miranda Fricker (2007) and Nancy Potter (2016) remind us, even the idea of gaining knowledge *about* a patient requires uptake, gaining knowledge *with* the patient – another ethical imperative. From this perspective, psychotherapy seems to share many affinities with philosophy, though the psychotherapy field has only occasionally embraced its overlap with philosophical inquiry.

From this standpoint of psychotherapy as saturated with ethics and moralities, having an *Oxford Handbook of Psychotherapy Ethics* seems a necessity in a contemporary world where visions of the good seem up for grabs; subject to whomever shouts the loudest and the most often. The quiet exchanges behind (typically) closed doors, which consider what the good is for the patient, what it means, and how to secure it, seem more crucial than ever.

# Goals of the Oxford Handbook of Psychotherapy Ethics

Recognizing the diversity of the psychotherapy field, we set out to develop a reference textbook that would reflect the state of the field under the ethics lens. This proved to be challenging. We had some ‘models’ of related texts to work from, notably the *Oxford Handbook of Psychiatric Ethics* (2015), but early on in our process we recognized the substantive differences offered by the psychotherapy field. Among these was the diversity of theories, practical approaches, settings for care, assumed and explicit values, and the breadth of professionals offering these services. Commentators on the psychotherapy field often say the number of therapies number in the hundreds, so we recognized early on that some substantive choices had to be made. Even with these choices we have produced a large and diverse volume.

Some of our key limiting decisions were about what not to include. In large part we decided against including ‘nonclinical’ healing practices, from alternative medicine approaches, educational approaches like school and vocational counseling, to folk or nonmedical healing practices like acupuncture, traditional Chinese medicine, shamanic healing, and the like. While these practices may share many features with the psychotherapies proper, we thought they were too far-away from what the public and professionals think of and identify as ‘psychotherapy.’ Moreover, to the degree that Western countries regulate professional practices, we want to stick with healing practices that most laws would recognize as ‘psychotherapy’. That said, we were very open to exploring the diversity of psychotherapy practices, beyond theory and technique, and include a diversity of therapeutic settings and contexts of treatment. We were also agnostic about psychotherapists’ professional identities (psychologist, psychiatrist, social worker, licensed counselor, etc.) and hope this volume is of diverse professional interest to those practicing, learning about, and receiving, psychotherapy. Like all people, our authors and readers have intersectional identities, and we wanted to recognize this diversity in the contents and particulars of our chapters. Moreover, psychotherapy is embedded in our institutions and practices, so inclusion of research considerations, psychotherapy education and training, cultural considerations, religious perspectives, and related sociolegal contexts appear throughout our chapters. While limited to the English language, we wanted our contributors and audience to be as international as possible, as well.

Like the now-many editions in the remarkable Oxford Handbook series, we wanted to embrace the ethos for our chapters to be both state-of-the-art resources on each of their topics, while also aiming to push the issues forward by exploring emerging ideas, research, practices, and, of course, ethical concerns.

With these considerations in mind, we state the Goals of the *Oxford Handbook of Psychotherapy Ethics* as (1) provide the most comprehensive reference textbook of psychotherapy ethics; (2) offer benchmark chapters as go-to’s for a wide variety of practitioners, scholars, policymakers, and patient/clients; (3) offer English-language discussions of international interest and relevance; (4) address conceptual, theoretical, philosophical, cultural, and religious perspectives while also addressing everyday practice concerns; (5) identify areas of ethical consensus and convention, while identifying unresolved issues as well as identifying new, problematic areas needing further analysis and research; and (6) promote creative, practical problem-solving for the manifold ethical concerns faced by psychotherapists.

# Organizational Features of the Oxford Handbook of Psychotherapy Ethics

We are pleased to announce, as a premier organizational feature of the *Oxford Handbook of Psychotherapy Ethics* the offering of this reference text in two formats: as a standard printed volume as well as the option of online purchasing of individual chapters on Oxford Handbooks Online (<https://www.oxfordhandbooks.com/>). This feature, now shared by the corpus of the Oxford Handbooks series, enables individual purchasers, such as students, to buy only what they need, without the requirement of buying the more library/institution-appropriate printed volume.

In addition to the decisions the Editors had to make about what subject matter to include and not include, we also had to organize our 68 chapters into some practical order. In addition to a standard chapter/title/author Table of Contents in the front matter, we have also provided a Detailed Table of Contents (DToC) which supplies the abstracts for each chapter. As users of reference books, we like a DToC to help us determine the focus and more details about the chapter’s content than that permitted by a standard table of contents. Moreover, users in library or institutional settings can survey the whole reference text in a single sitting, aiding in determining what particular elements of the book are of most interest.

Psychotherapy, because of its personal, interactional character, poses dual foci in providing introductory material. Our Background and Historical Context lead-off section addresses these aspects from several vantage points: what moral and ethical ‘contents’ exist in psychotherapy practices, how psychotherapy ethics fit into the larger context of professional ethics, and how the special interpersonal character of the healing encounter figures into the development of psychotherapy practice and ethics.

Section II, Concepts and Theories for Psychotherapy Ethics provides a logical next step in the development of the book’s material. These chapters introduce technical and philosophical concepts and frameworks for psychotherapy ethics, as well as the corresponding organizational schemata for psychotherapies themselves. These features of structural ideas, underlying intellectual traditions, and nomenclature provide a background for the more specific considerations of chapters to follow.

For Section III, chapters that address ethical concerns shared by many, perhaps most, psychotherapy orientations and practices, provide detailed overviews of topics of prevailing interest in the field. Some of these chapters are familiar topics: informed consent, what and how much to disclose in psychotherapy informed consent, dual/multiple relationship ethics, privacy and confidentiality, business ethics, and others will be familiar to most therapists with even a passing interest in the ethics of the field, though this seeming familiarity will surprise readers as real controversies are contained therein. Other chapters in this section break new ground with novel, even perhaps uniquely first-time discussion of ethics issues in psychotherapy. These chapters address topics such as the role and status of science in framing psychotherapy ethics; explorations of the question of imposing therapist values upon patients, considerations of psychotherapy ‘side effects’ and treatment futility, the meaning of expertise in psychotherapy, and the puzzles surrounding the notion of placebo and nocebo in the context of understanding psychotherapeutic process. In keeping with the Oxford Handbook ethos, this section reflects vividly the demand for both the state-of-the-art and the cutting-edge of inquiry into psychotherapy ethics.

Section IV addresses ethical issues in therapies which are relatively specific to the particular theoretical framework, practice standards, and practical contexts of treatment. In addition to the mainstays of psychodynamic/psychoanalytic psychotherapy, cognitive -behavioral therapy, existential/humanistic therapy, and family/systems therapy, the section also features chapters on newer approaches such as mindfulness approaches, emotion-focused therapy and the challenges of psychotherapy ‘integration’.

The largest section by number of chapters, Section V explores ethics issues in particular populations of patients/clients and settings or contexts of care. Therapy formats such as family/couple and group therapy are considered, as well specific populations like children and adolescents, elderly, and forensic populations. Regarding the latter, the differences of forensic settings matters, as we have separate chapters on therapy in prison settings with high-risk offenders, as well as settings where outpatient therapy is court-ordered. Topical concerns about racial, gender, language, and religious discrimination are considered in topical chapters and an ‘intersectionality’ chapter, while emerging challenges associated with our explosive digital era are considered: online therapy, therapy ‘apps’, and social media issues. Unique challenges offered from special therapy modalities and additional unique populations are also offered.

Section VI concludes the volume through considerations of training, research, and quality assurance. The ethical issues of psychotherapy training are broadly considered in multiple chapters in this section, from the character virtues required in providing care in a multicultural clinic, to professional codes of conduct, standards of conduct, and the handling of misconduct. The cultural trappings of psychotherapy ethics are also explored, through chapters on film, literature, and the conduct of psychotherapy research.

For the remainder of this introductory chapter, we next sketch out each of the handbook’s sections in more detail, and their individual chapters therein.

# Summary Reflections on the Sections of the Oxford Handbook of Psychotherapy Ethics

# Section I: Background and historical context

 For section I, we wanted to provide a psychotherapy-specific enough historical background, balancing cultural and ethical detail against a birds-eye-view survey of the development of psychotherapy ethics proper. We hope the three chapters to follow accomplish this multifaceted task.

In Chapter 2 “A brief moral history of psychotherapy”, Alan Tjeltveit provides a study of the *moral aspects of psychotherapy*; both the development of moral/ethical awareness in the field, and the differentiation of the complex and numerous moral themes which has developed over its relatively short history.

In the next chapter on “What do psychotherapists need to know about the history of professional ethics?“ (Chapter 3), Carole Sinclair, in her respective historical perspective, approaches the ethical/moral development of psychotherapy from a different perspective, that of the social development of the ‘professional.’ She summarizes *the historical expectations of the professions*, considers the appearance of ethics guidance as part of the reaction to public accusations of self-serving ‘guild’ interests, and concludes by examining the elements of *professional ethics* as they pertain to psychotherapy practices.

In Chapter 4 “The history and ethics of the therapeutic relationship”, Koch and Cratsley take a third, equally complementary perspective through examining psychotherapy ethics from a history and ethics of the *therapeutic relationship*. They divide this territory into three aspects of the therapeutic relationship: the relationship as method, as skill, and as foundation. This framework usefully points to substantive differences in how different psychotherapy theories and practices frame and respond to ethics issues - motifs that reappear throughout the rest of the *Oxford Handbook of Psychotherapy Ethics.*

 Given the diversity and heterodoxy of psychotherapy theory and practice, we shouldn’t be surprised that a ‘moral history of psychotherapy’ discussed by Tjeltveit in Chapter 2 offers very broad perspectives, punctuated by pools of historical moments, moral standpoints, and social contexts. Tjeltveit begins by exploring what ‘the moral’ means in the psychotherapy context, connecting, most broadly, ‘the moral’ to psychotherapy’s propensity to address what is good, or not good, in people’s lives. This reference to good/not good doesn’t refer to the client’s character, but to the character of the problems the client brings to the therapist. The moral character of such problems, in the process of therapy, may be revealed to harbor positive as well as negative values to the client, and the sorting out of these meanings often constitutes the process of the work, either explicitly or by implication.

In addressing the crucial role of social context in ethically good psychotherapy, Tjeltveit emphasizes that what are today’s, or this community’s, ethical standards may not be the same as tomorrow’s. He links an aim of professional ethics guidance at the avoidance of imposing provincial values on clients, and notes that as social mores change, so do ethics guidelines. He notes however, that social norms vary across communities in the cultural moment, requiring an awareness of the intersectionalities of the clients. So, ethics guidance has its own limits, and can be silent, even cruel to communities who hold different sets of values and norms.

This concern with heterogeneity of our clients and their multiple cultural identities digs into the cultural and therapeutic conceptions of morality itself. Moral commitments can lead to interpersonal struggles, and when writ large, we can witness the corruption of morality into mass conflict and even war. Additionally, ‘helping’ the other has increasingly provoked worry about helping as an imposition of power and control over the oppressed, provoking therapists to seek naive reassurance in scientific objectivity in dodging value-laden thinking and moral directedness. Tjeltveit highlights an apt message from Martin Luther King, that some personal distresses should never be accommodated or adapted-to.

 The heterogeneity of clients/patients provokes Tjeltveit to consider the beginnings of ‘psychotherapy’ as a field. Addressing the oft-held belief that Freud’s psychoanalysis marked the beginning of psychotherapy, Tjeltveit describes the diverse communities, traditions, cultural approaches, and clinical and non-clinical practices which have a claim on contributing to the contemporary notion of psychotherapy. From these diverse origins and influences, Tjeltveit brings the discussion full circle to psychotherapy’s contemporary efforts to respond to diverse cultural mores, perception, and identities in ethically credible ways.

 In the introductory paragraphs of her contribution (Chapter 3), Sinclair argues that ethical psychotherapists should reflect multiple aspects of the regulatory moral mission of the professions: they should be able to follow the ‘rules’ issued by their colleagues through formal ethics guidance, they should be conversant in ethics principles and values, they should be capable of basic analysis of ethics problems or dilemmas, and should cultivate a virtuous character suitable to the field’ demands. This, we think, is a salutary but a weighty order, as the breadth and depth of this *Oxford Handbook of Psychotherapy Ethics* attests through it bulk! Sinclair traces the prolegomena of contemporary ethics guidance from ancient times, often finding the fundamentals of contemporary clinical ethics to be millennia-old: maximizing benefit, reducing harm, practicing within the bounds of competence, the principle of confidentiality, the primacy of the patient’s interests, the importance of high moral character, and the guiding role of communities of practitioners, to mention a few. True ‘professional’ ethics were much later phenomena as both clinicians and intellectuals articulated the social roles and expectations of clinical professionals in the nineteenth century. As Sinclair notes, a key ‘social’ role was ethics rules, both to discourage self-interested cronyism and guild-building, but also to promote a higher, virtuous, burden of service to others within the clinical fields. Just as a crystallized, mature notion of ‘psychotherapy’ was a late-appearing feature of clinical therapies, so did the professional ethics codes for psychotherapy appear later in its history. (Indeed, as several chapters in this volume illustrate, professional ethics codes for some psychotherapy practices are still yet to be written and promulgated.) She concludes her chapter through examining the growth of psychotherapy-ethics literature in more recent decades, noting the dual functions of enforcing a professional-individual responsibility, but also respecting the connections and relationships which not only bind therapist and patient, but the centrality of connectedness to the contemporary vision of being human.

 Sinclair’s concluding focus on the importance of relationships provides a natural transition to Koch and Cratsley’s chapter (Chapter 4), which is centered upon the development of therapeutic relationships in psychotherapy’s history as well as the ethical implications of these formulations of the role of relationships in the field. In considering the psychotherapy relationship as ‘method’, the authors acknowledge that a caring relationship with a well-meaning, involved Other has manifested healing through many traditions. In describing the development of psychoanalysis and related therapies, the relationship itself becomes the space of care delivery as well as theoretical elaborations. The neutral therapeutic space of analysis and adjustment within the psychoanalytic dyad, however, was to be challenged and ultimately expanded with the post World War II realizations that many social conditions, as the Martin Luther King reference previously noted, couldn’t be accommodated or morally accepted, and a new social psychiatry began to interact with psychoanalytic psychiatry.

 Koch and Cratsley note that growing awareness of *therapeutic abuses* and *power differences* between therapists and patients in the mid-20th century forward both shifted and exploded psychotherapy practices - shifted in the sense that different, less power-imbalanced collaborations, or ‘therapeutic alliances’ were needed, and expanded in the sense that multiple ways of building alliances required new skills to be developed, tested, and refined. This shift and expansion they describe as through the development of new modalities of therapy, from Rogerian client-centered therapy to cognitive-behavior therapy and beyond. However, the focus on skills did not dissolve the problem of values: what are the endpoints for a ‘better’ life?

 Moving on to the therapeutic relationship as ‘foundation, the authors consider the late-20th century social trends towards greater empirical accountability in medicine broadly and psychotherapy particularly, leading to growing studies of psychotherapy efficacy, and greater demands on parsimony, efficiency, and economy, as healthcare payers increasingly demanded more for their money. For the authors, these social and economic conditions provoked increasing interest in not just efficacy studies, but in identifying scientifically the crucial, indispensable ingredients in effective psychotherapy - the ‘foundations’. The flagship trend marking this social interest was the common-factors ‘movement’ which sought and continues to seek the necessary and sufficient conditions for effective therapy, thereby challenging the loyalties of practitioners of the ‘brands’ or ‘theoretical orientations’ of psychotherapy (e.g., psychodynamic, cognitive-behavioral, family systems, etc). This debate continues to the present and in the pages of the *Oxford Handbook of Psychotherapy Ethics*.

# Section II: Concepts and Theories for Psychotherapy Ethics

Psychotherapy ethics is a highly diverse field, for various reasons: Therapeutic approaches differ significantly, as well as the worldviews and theoretical commitments of providers, the role of different forms of psychotherapy in health care systems and the patient groups seeking help. This diversity is part of the fascination of exploring ethical issues in psychotherapy. At the same time, the heterogeneity of the field renders careful, scholarly reflections of the conceptual and theoretical bases of psychotherapy particularly important and demanding. This is what the section on “Concepts and Theories for Psychotherapy Ethics” has set out to offer.

*Autonomy* is a *core value in modern medicine*. Patients increasingly wish to gauge the benefits and the risks, burden and cost of interventions themselves, rather than being steered through a health care system. This means providers are not only the experts delivering a diagnosis or a therapy but are expected to counsel patients about available options and coach them so they are able to make informed decisions that correspond with their values, preferences and priorities. Paul Biegler’s contribution on “Autonomy as a goal in psychotherapy” (Chapter 5) emphasizes the important role of psychotherapy in enhancing patients’ autonomy while pointing to some of the pitfalls in clinical practice including inadequate disclosure of information and the use of coercion.

The flipside of autonomy is *paternalism*. A longstanding debate in medical ethics asks what an appropriate role for paternalism might be. Concepts such as the therapeutic privilege – the provider decides what to tell the patient – seem to be outdated and clearly contradicting patient rights. Yet matters become more complicated as we move closer to clinical practice. In “Patient protection and paternalism in psychotherapy” (Chapter 6), Marco Annoni critically investigates the complexities of paternalistic practices in psychotherapy with a focus on involuntary hospitalization to protect patients from self-harm.

The tension of protecting patients while respecting their autonomy puts high demands on the professional. It also invites reflections on the virtues and capacities that are required in order to make wise, well-justified decisions that form the basis of *client trust* and a *high-quality therapeutic relationship*. Building on Carl Rogers’ work, Jeffrey H.D. Cornelius-White and Gillian Proctor set out to explore relevant therapist attitudes in their chapter on “Empathy, honesty, and integrity in the therapist: a person-centered perspective” (Chapter 7).

Beyond respecting autonomy, avoiding harm and promoting the wellbeing of patients, *justice* considerations play an important role in bioethics, and psychotherapy ethics is certainly no exception in that regard. *Access to treatment* is a key issue for many patients and providers. Marta Herschkopf’s and Rebecca Brendel’s chapter on “Fairness, justice, and economical thinking in psychotherapy” (Chapter 8) explores different theories of justice - Rawlsian, capabilities, utilitarian, and communitarian approaches – that bear on the challenge of fair resource allocation for psychotherapy and other (mental) health services.

In “Ethics of care approaches in psychotherapy” (Chapter 9), Anna Elsner and Vanessa Rampton draw the reader’s attention again to the relational aspects of patient and care provider. Whereas a lot of theorizing around justice tries to abstract from the particular features of individual cases, context is key from an *ethics of care* perspective. Perceiving and responding to needs while not neglecting self-care is a moral challenge that is not only in the forefront of ethics of care considerations but also shapes the everyday experience of therapists. The chapter shows how the ethics of care, with its reflections on attentiveness and empathetic concern and psychotherapy, with its longstanding engagement with relationships and intersubjectivity, can mutually serve as a source of insight and inspiration.

The following contribution spirals back to reflections on the concept of autonomy but involves a relational perspective. In their contribution, Susana Lampley and John Z. Sadler (Chapter 10) are concerned with “Legitimate and illegitimate imposition of therapists’ values on patients”. In psychotherapy like in other fields of clinical practice the obvious consensus seems to be that care providers should not impose their values on their patients. However, a closer look reveals that *imposing values* may sometimes be hard to avoid and might, under certain conditions, in fact be ethically justifiable. Using a casuistic approach, the chapter sensitizes readers to the ambiguities in psychotherapeutic practice and outlines an approach that can help distinguish justified and unjustified value impositions.

Another theoretical orientation of particular interest to psychotherapy is explored by Michael Laney and Adam Brenner in their chapter on “Virtue ethics in psychotherapy” (Chapter 11). The role of concepts such as empathy, attentiveness and integrity has already been emphasized by other contributions to this volume. *Virtue ethics* provides an opportunity to focus at a still more general level on the attitudes and actions that characterize a good psychotherapist.

As has become apparent, ethical issues of psychotherapy can be studied through many lenses, which are partly complementary and partly compete with each other. But how do psychotherapists and patients actually solve moral issues? This question is further explored in Chapter 12 by Eleanor Gilmore-Szott and Thomas Cunningham called “How do people make moral medical decisions?”. A good grasp of how *decision-making* is taking place and how it may fall short of what may be required based on theoretical deliberations is key to assuring that conceptual reflections in psychotherapy ethics have practical relevance and impact.

Yet another lens is provided by Alexander Noyon and Thomas Heidenreich in their contribution on “Existential philosophy and psychotherapy ethics” (Chapter 13). Introducing the reader to central concepts of *existential philosophy* - phenomenology, authenticity, paradoxes, isolation, and freedom vs. destiny -, the chapter sets out to delineate the unique benefits an existentialist approach with its focus on individuality, the search for an authentic life and acceptance of paradoxes can bring to psychotherapy.

The chapter on “Phenomenological-hermeneutic resources for an ethics of psychotherapeutic care” (Chapter 14) by Giovanni Stanghellini, presents the reader with a further set of concepts that can enrich psychotherapeutic care: *dialogue*, *attunement*, *recognition* and *intimacy*. The concepts are explained and examined with a view to their practical relevance for the patient-provider encounter. Rather than presenting simple instructions on how to behave morally, this approach invites psychotherapists to reflect on their practice in a more ample way.

A concept that has been of central importance to philosophy but also to psychotherapy is *free will*. Adopting a compatibilist approach that integrates freedom of the will and determinism, in Chapter 15 entitled “Free will, responsibility, and blame in psychotherapy”, Tobias Zürcher outlines the ramifications for psychotherapeutic practice, in particular for the ascription of responsibility and the role of blame in the interaction between provider and patient.

Finally, *human dignity*, the last concept to be discussed within this section, is explored by Roberto Andorno in his chapter on “Dignity in psychotherapy ethics” (Chapter 16). The concept of human dignity is mainly anchored in deontological theories and plays a pivotal role in Kantian ethics. According to a Kantian notion of human dignity, all humans have an infinite value, by virtue of belonging to the human species. The inviolability of human dignity and the duty of respect that follows may serve as an important reminder when dealing with patients who are severely compromised. Patient self-determination, the right to privacy, and the clear rejection of exploitative interactions are among the central tenets that can be deduced from dignity-based moral theory.

The concepts and theories presented in Section II are not exhaustive but aim to unfold the wealth of perspectives and approaches that can explored as resources to address the multifaceted and frequently complex ethical challenges posed by psychotherapy.

# Section III: General Ethical Challenges in Psychotherapy

The aim of section III of the present Handbook is to provide a collection of chapters dealing with topics often related to ethical challenges which pertain to all of the various approaches or formats of psychotherapy. These topics include informed consent, shared decision making, consensus on therapy goals, the therapeutic alliance, the evidence and science of talk-based healing practices as well as patient information about clinical effectiveness, side effects, placebos, and nocebos in psychotherapy, privacy, confidentiality, dual and multiple relationships, therapist self-disclosure, and the selection of modalities and formats.

In “The ethics of informed consent for psychotherapy” (Chapter 17), Alastair McKean, Manuel Trachsel, and Paul Croarkin discuss *informed consent* as integral to the ethical practice of psychotherapy. Historically going back to the very beginnings of psychotherapy but still less established than in somatic medicine, informed consent is now increasingly acknowledged not only as a legal but also as an ethical prerequisite of psychotherapy. In their chapter, the authors argue for the ethical importance of informed consent by showing its summary relation to several principles of biomedical ethics: informed consent is an expression of respecting the patients’ autonomy and their right to self-determination, it informs patients of potential benefits and harms that may arise in the treatment, and it provides a foundation for the formulation of joint treatment goals and the development of a strong therapeutic alliance. The authors further discuss the fact that although its widely accepted importance, informed consent is both insufficiently and inconsistently implemented in psychotherapy for which one reason might be that many psychotherapists are not trained in traditional medical models of care, and thus, a medically based framework for informed consent may not be as familiar and appropriate for psychotherapy. However, this does not diminish the need for informed consent in psychotherapy but points to the necessity of adapting the informed consent process and content in order to meet specific challenges in psychotherapy and to facilitate implementation.

The development of a *therapeutic alliance* and the importance of a *consensus with regard to treatment goals* mentioned as potential benefits of informed consent in Chapter 17 are deepened and put in the context of *shared decision making* by Stella Reiter-Theil and Charlotte Wetterauer in “Ethics of the therapeutic alliance, shared decision-making, and consensus on therapy goals” (Chapter 18). The authors conclude that ethical questions around those three concepts often go unnoticed or remain implicit, and that explicitly discussing them – for example taking advantage of the still widely unknown format of *Clinical Ethics Support (CES) services* – may lead psychotherapists to acknowledging more complexity than expected.

The following chapter picks “Evidence, science, and ethics in talk-based healing practices” (Chapter 19) out as another general central theme of psychotherapy ethics. In this chapter, James Phillips and John Z. Sadler consider the *role of knowledge and evidence* in comparing and contrasting the *ethics of non-clinical counseling* (NCC) and mainstream mental health care as practiced by psychiatry, clinical psychology, and social work. The authors discuss three different NCC traditions which eschew diagnostic categorization and approach mental distress from different values, practices, and metaphysical standpoints – philosophical counseling, peer-support services, and existential therapy. Framing their discussion by presenting six cases of ethically dubious conduct, the authors conclude that NCC practices are prone to errors of omission, e.g., not knowing what one does not know. While, according to the authors, mainstream mental health is also subject to these errors, the mainstream's allegiance to evidence-based practices leaves it prone to neglecting the crucial role of the clinician in dialogue with the patient.

In the next chapter “Patient information on evidence and clinical effectiveness of psychotherapy” (Chapter 20), Charlotte Blease, John M. Kelley, and Manuel Trachsel pursue one of the central themes of the previous chapter – scientific evidence – and focus on *what information should be provided to patients about the evidence base* supporting the clinical effectiveness of psychotherapy, e.g., whether patients should be provided with information on the relative importance of common factors versus specific factors as the causal agents of clinical improvement, or whether research on the relative efficacy of different forms of psychotherapy should be provided to patients. The authors conclude that patients should be provided with an honest, transparent, and impartial summary of the evidence related to their treatment options including information about the common factors.

The following chapter by Michael Linden (Chapter 21) broaches the issue of another general ethical question in psychotherapy: how to deal with *psychotherapy side effects* which are experienced by about 10% of psychotherapy patients? The author argues that because side effects are unwanted events caused by appropriate treatment, they must be discriminated from negative developments which are unrelated to treatment or which are caused by improper treatment. Linden shows that this task requires value decisions and that there is a lack of generally accepted instruments and of guidelines on how to assess side effects. He concludes that psychotherapists should be aware of the possibility of side effects and adequately inform patients about this possibility.

Two of the oldest but nevertheless not least important general ethical issues in psychotherapy are *privacy and confidentiality*. In their chapter on “Privacy and confidentiality in psychotherapy: conceptual background and ethical considerations in the light of clinical challenges” (Chapter 22), Anke Maatz, Lena Schneller, and Paul Hoff situate privacy and confidentiality not only as central ethical and legal but also anthropological concepts for psychotherapy. In particular, the authors explore a unique significance that, it is argued, privacy and confidentiality acquire in the therapeutic process to do with the anthropological dimension of privacy, its psychological function and the specific dynamics of the therapeutic relationship. Potential ethical conflicts about privacy and confidentiality are then discussed by means of four case vignettes. The authors conclude their chapter by presenting some principles that can guide practitioners in responding to ethical conflicts about privacy and confidentiality in clinical practice.

The chapter on “Dual and multiple relationships in psychotherapy” (Chapter 23) by Kevin S. Doyle deals with a fundamental ethical obligation of all helping professions: *maintaining appropriate boundaries* with patients. Doyle shows that *dual relationships* or *multiple relationships* – i.e., holding more than one relationship with a past or current patient – can be ethically challenging at a minimum and highly unethical in certain circumstances. The author explores some of the common issues relating to dual relationships or multiple relationships and suggests how psychotherapists can frame the appropriate and the inappropriate. The chapter concludes by considerations on how professionals are able to balance the goal of avoiding inappropriate relationships with the goal of maintaining access to services in situations such as those posed by rural areas.

A question which is crucial for every psychotherapist is the *selection of a psychotherapy modality and format* before formal treatment negotiations with a patient begins. This is a task inherently involving ethical and value considerations which John Z. Sadler discusses in his chapter “Ethics considerations in selecting psychotherapy modalities and formats” (Chapter 24). The author offers a virtue-ethics framework to consider these ethics and values issues in psychotherapy modality/format selection and embeds this virtue-ethics framework in a series of seven clinical factors to consider when doing modality/format deliberations. Thereby, Sadler suggests Karl Jaspers’ principles of clinical interpretation (hermeneutics) as a framework for the thinking process in making modality/format decisions. The author concludes that the interactions between the seven factors to consider in modality/format deliberations, clinical hermeneutics, and eight relevant clinician virtues he proposes combine to be a reasonable foundation for conscientious psychotherapy modality/format deliberations.

In the next chapter on “Therapist self-disclosure” (Chapter 25), Jeffrey E. Barnett illustrates different types of *psychotherapist self-disclosure* – a widely-used psychotherapeutic technique – and their potential value and benefits to clients and to the psychotherapy process. The author then examines self-disclosure as a boundary issue and addresses ethical issues relevant to the its application. The chapter provides illustrative examples and suggests a decision-making framework to assist psychotherapists in utilizing self-disclosure with clients in an ethically appropriate and clinically effective way.

The following chapter deals with concepts traditionally associated with somatic medicine and medical research: *placebo and nocebo*. However, in their chapter Jens Gaab, Cosima Locher, and Manuel Trachsel discuss “Placebo and nocebo in psychotherapy” (Chapter 26). Although there is empirical proof about psychotherapy as an effective intervention for many psychological problems and disorders, there is an ongoing debate about the mechanisms underlying these often over-estimated effects, reaching back to the very origins of psychotherapy research. This “great psychotherapy debate” poses an ethical challenge for both psychotherapists and psychotherapy scholars, because even though patients can be provided with possible and expectable benefits, costs and strains of a psychotherapy, the situation becomes more complex with regard to the specific mechanisms of change. In their chapter, the authors discuss *psychotherapy scholars’* *strivings and troubles for specificity*, touch the *uncomfortable relationship with placebo and nocebo* and conclude with an ethical plea for transparency in psychotherapy and of psychotherapists.

In most countries, psychotherapy is mainly practiced in *private practice*. Anna E. Brandon shows in her chapter “The business of psychotherapy in private practice” (Chapter 27) that this setting particularly requires navigating ethical professionalism alongside personal needs and values because psychotherapists are confronted with factors less relevant for professionals working in public institutions such as *advertising, marketing, self-promotion*, and the *setting/collecting of fees*. The author discusses potentially resulting angst by challenging the altruistic values that likely influenced the choice of psychotherapy as a profession, and the particular challenges of self-promotion and marketing via social media. A further focus of the chapter builds the exchange of money which impacts the client-psychotherapist relationship and the resulting challenge of direct communication about fees to initiate.

The next chapter by Joelle Robertson-Preidler, Nikola Biller-Andorno, and Tricia Johnson deals with another superordinated topic independent of the various approaches and formats of psychotherapy: the “Impact of mental health care funding and reimbursement systems on access to psychotherapy” (Chapter 28). The chapter’s focus is on *distributive justice principles* which can help guide health systems to fairly allocate scarce resources in health care systems in which priorities have to be set and trade-offs navigated in how they choose to fund different services. The authors show that in most countries, mental health care and psychotherapy tend to be under-prioritized despite the empirically proven effectiveness of psychotherapy for many mental disorders. The authors conclude that although distribution priorities and values may differ among countries, fair and transparent processes involving all key stakeholders are vital for creating *ethical funding systems* that support appropriate access to psychotherapy.

Another topic which had been discussed in medical ethics for decades but is still underexposed in psychotherapy ethics and only recently has a small body of work focused primarily on anorexia nervosa and schizophrenia is *futility*. In her chapter on “Psychotherapeutic futility” (Chapter 29), Cynthia Geppert offers an exploratory investigation of the meaning of the concept of futility in the practice of psychotherapy. Her exploration starts with a tracing of the intellectual history of the concept and a review of attempts to develop definitions and typologies of futility. It continues with an outline of the fundamental ethical arguments debated in the medical futility literature with reference to anorexia nervosa. The author then examines the medical, philosophical, legal and ethical critiques of the idea of futility and its use in medicine and finally applies the ethical principles and values inherent in the debate to psychotherapy.

Related to the topic of the previous chapter, the following contribution on “The moral significance of recovery” (Chapter 30) by Larry Davidson deals with the situation where persons loose the sense of self. This problem had been long associated with psychosis but the author stresses that preserving and helping to *reconstruct the person’s sense of personhood* becomes a primary objective, and ethical imperative, of the psychotherapeutic relationship. Davidson argues that not to do so serves to perpetuate both the negative effects of the illness and its stigmatized status in society, adding to, rather than counteracting, the damage that is already being done to the person by this combination of factors. A particular approach of the chapter is that the author corresponds to the African concept of *Ubuntu* and argues that psychotherapy for psychosis should embody an appreciation of how persons only become persons through other people. The chapter concludes by describing ways in which the person’s sense of self can be restored and reconstructed through small steps in everyday life activities and with the loving support of others, including psychotherapists.

Another general ethical challenge in psychotherapy which pertains to almost all of its various approaches and formats, is the question which ethical considerations can guide a therapist's personal and professional use of social media. In her chapter on “Social media ethics for the professional psychotherapist” (Chapter 31), Kristi Pikiewicz explores the specific boundaries with regard to the use of social media and best practices for the patient-therapist relationship, along with privacy concerns in both directions, and the termination of this relationship. Pikiewicz concluded that personal competency of psychotherapists in the use of social media can serve both to avoid detrimental entanglements and to enhance progress toward therapeutic goals.

In the next contribution on the “Relationship between religion, spirituality, and psychotherapy: An ethical perspective” (Chapter 32), Thomas G. Plante starts with pointing out that *spirituality and religion* are typically important element of most people’s lives which offer an overarching framework for making sense of the world, a strategy to cope with life’s stressors, and a community and a way to *wrestle with life’s biggest questions* regarding meaning, purpose, and suffering. The author points out that the codes of ethical conduct of many mental health professionals typically understand *religion and spirituality a multiculturalism issue*. Plante shows that numerous resources are available to help professionals develop and maintain their skills in ethically minded clinical practice with spiritual and religious clients.

In the last chapter of this section “Ethics and expert authority in the patient-psychotherapist relationship” (Chapter 33), Laura Guidry-Grimes and Jamie Carlin Watson broache the issue of a central statement by the *consumer/survivor/ex-patient movement* that individuals diagnosed with mental health conditions are routinely doubted or dismissed when they make claims about their needs, values, and interests, and that many therapists take a parentalist stance toward their patients. The authors discuss the literature on so called *patient experts*, i.e., that some patients can acquire competence with their medical condition sufficient for sophisticated participation in management of their care and benefit from *shared decision-making*. Guidry-Grimes and Watson come to the conclusion that attitudes of distrust and protectionism by psychotherapists can lead to the moral failure of *epistemic injustice* harming both the patient and the therapeutic relationship, and they contend that the success of shared decision-making relies largely on the therapist’s appreciation of the varying types and degrees of expertise and epistemic advantage involved in decision-making. ​

# Section IV: Ethical Issues within Specific Psychotherapy Modalities and Formats

Although the topic at hand – psychotherapy – is generally understood as a single entity and even though there is little evidence for differential effects or mediators, psychotherapy has always been marked by distinct schools of thought. The consequential rivalry and dissent between proponents of *different schools of psychotherapy* – which may well be a constant in psychotherapy’s history and development – have been driven by philosophical and theoretical assumptions and considerations (or differences thereof), and more recently, the move towards evidence-based treatments has substantially added empirical, financial and also societal dimensions to this debate. Data leads to funding (and vice versa) and to predominance in scientific and public recognition. This can be traced down to a strong increase in NIMH funding of randomized trials of specific treatments since the 1980’s and the rise of so-called *Empirically Validated Therapies* (APA Task Force on Promotion and Dissemination of Psychological Procedures, 1995), which in retrospect has been seen as “a research program (that) was extremely discouraging, scientifically speaking (as) a focus on syndromes never seemed to lead to conclusive evidence on etiology, course, and response to treatment” (cited from Hofmann and Hayes 2019: 29) and which in the meantime showed a succession of increasingly modest denominations (i.e., *Empirically Supported Treatments*), down to the current “Psychological Treatments”[[1]](#footnote-1) and the turn towards equitable consideration of clinical expertise, patient characteristics and empirical evidence for good outcome (APA Presidential Task Force on Evidence-Based Practice, 2006).

Nevertheless, and in wait of the already-proposed “decline of named therapies” and “of general schools” to come into effect (cited from Hofmann & Hayes, 2019, p43), *psychotherapy* is divided into *psychotherapies*, of ever-increasing number (Wikipedia currently lists 173 psychotherapies[[2]](#footnote-2), and the more empirically founded APA Division 12 “Psychological Treatments” lists 86 psychotherapies[[3]](#footnote-3)). This diversity might be seen counter-intuitive or even counter-productive with regard to the outcome of psychotherapy research, but it might also be seen as a welcomed diversity in how psychological problems and disorders can be approached. Thus, this acknowledgment of diversity might not only stimulate a more inclusive understanding and approach in both research and clinical practice, but also maximize client and patient choice among effective alternative interventions.

Section IV encompasses *ethical considerations with regard to specific psychotherapy approaches*, considering all major schools of thought, i.e., cognitive-behavioral therapy (Chapter 34), psychoanalytic and psychodynamic psychotherapy (Chapter 35), systemic psychotherapy (Chapter 36), humanistic and experiential therapies (Chapters 37 and 38 ) as well as so-called third-wave therapies (Chapter 39). Each chapter adds different foci on different aspects.

In the context of cognitive-behavioral therapy, Sahanika Ratnayake and Christopher Poppe reason in Chapter 34 that therapists are not fully equipped to evaluate failures of epistemic and practical rationality, and thus, run risk of being unaware of being implicitly value laden in their work with clients. Furthermore, the authors address the caveats of informed consent in exposure-based therapies, which for this approach often is seen as something which can be achieved in the process of therapy. Instead, Ratnayake and Poppe argue that patients need to be informed upfront and that the mismatch between first- and second-order preferences, i.e. not to experience distress during exposure vs. the aim to life without phobic fears, should be tackled actively.

The importance of ethics in the clinical process is also exemplified by Robert P. Drozek in his chapter “Ethical processes in psychoanalysis and psychodynamic psychotherapy” (Chapter 35). Here, psychoanalytical concepts and cornerstones of the analytical process are shown to be the focus of ethical considerations and how this focus has influenced the shaping of analytic and psychodynamic theory and practice.

In Chapter 36 on “Ethical issues in systemic psychotherapy”, Andreas Fryszer and Rainer Schwing exemplify the ethical codes in systemic therapy in the light of cultural, legal and theoretical perspectives and provide an overview of ethical guidelines for the process and the practice of systemic psychotherapy.

The possible “Ethical issues in existential-humanistic psychotherapy” are then clearly outlined by Orah T. Krug and Troy Piwowarski in Chapter 37. With their perspective on a humanistic healing model – instead of a medical treatment model with a clear focus on diagnosis and treatment of symptoms – clinical practice not only is governed by ethical values, but also more challenging ethically as there are not pre-defined methods or techniques to be adhered or followed. Thus, the authors describe four ethical principles upon which the clinical process is based.

Turning to a more focused therapy – emotion-focused, to be precise – Ueli Kramer and Robert Elliot show in Chapter 38 how specific intervention principles are generally based on ethical obligations and how ethical conflicts, such as weighing possible benefits and risks and autonomy versus a structured therapy plan, are to be resumed in emotion-focused therapy.

Quite another problem is presented by Abigail Levin in Chapter 39 on “Ethical considerations on mindfulness-based psychotherapeutic interventions”. Here, mindfulness-based interventions, which have been adapted from Buddhist practices for the purpose of symptoms relief, pose the problems of being appropriative from Buddhism as well as if patients should be informed about its religious origins.

To avoid this multiplicity of different perspectives from different schools of thought to become another example of the blind-men-and-elephant parable, the last chapter on “Psychotherapy integration as an ethical practice” by Martin grosse Holtforth, Juan Martin Gómez Penedo, Cosima Locher, Charlotte Blease, and Louis G. Castonguay (Chapter 40) defines four approaches for psychotherapy integration as well as postulates questions for the future of psychotherapy.

# Section V: Ethical Challenges Involving Specific Settings and Populations

One of the least controversial pillars of psychotherapy is that each person is complex and that their particular circumstances, such as race, gender, sexuality, socioeconomic status, language, place of origin, and cultural background play a crucial role in the kind of mental distress they experience and the response they develop. A skillful therapist grasps the uniqueness of their client and finds ways to enable and empower the individual to develop successful responses to their mental distress. The chapters in the “Ethical Challenges involving Specific Settings and Populations” section of the handbook tackles a plethora of ethical issues emerging in diverse cultural settings.

In “Identifying and resolving ethical dilemmas in group psychotherapy (Chapter 41),” Virginia M. Brabender examines ethical issues in *group psychotherapy*, focusing, specifically on therapist’s competence in tackling the group dynamics, confidentiality of each of the participants, evaluation of their progress, and the nature of dual relationships. The chapter highlights that lack of knowledge and skills on the therapist’s part and various complex cognitive biases that the participants are subject to may serve as impediments to successful group psychotherapy. The author concludes with strategies to overcome these impediments.

The next chapter “Ethics in couple and family psychotherapy” (Chapter 42) by Marcel Schaer and Célia Steinlin underlines the *complex dynamics of relationships* and the *interactions between family members* during therapy sessions. The authors argue that the therapist must aim to maintain a balanced and trustful relationship with all individuals in the therapeutic context and do justice to their individual wishes and perspectives. Demonstrating that ethical guidelines developed by professional associations are not specific enough to address the ethical dilemmas that therapists encounter, the authors evaluate a number of scenarios using Beauchamp and Childress’ four principles of bioethics as a frame of reference.

In “Ethical challenges of specific settings and populations: Psychotherapy with children and adolescents” (Chapter 43), Ashley R. Castro, Gerald P. Koocher, and Eric Peist focus on various ethical issues specific to providing psychotherapy for *children and adolescents* including competence, confidentiality, boundaries, use of specific therapeutic techniques, and attention to diversity. Emphasizing the shortcomings of traditional bioethical frameworks or risk management approaches, authors defend a relational approach in which therapists and clinicians pay attention to context, family dynamics, and culture.

“Psychotherapy in old age: Ethical issues” (Chapter 44) by Julian C. Hughes and Richard Cheston draws attention to challenges of psychotherapy for *older clients who face aging related issues* such as cognitive impairment and dementia. Arguing that utilitarianism, deontology and virtue ethics have shortfalls in developing ethical guidelines, authors call for more nuanced frameworks such as those emphasize narrative, communication, meaning-making and care.

In “Ethical considerations of court-ordered outpatient therapy” (Chapter 45), Josh E. Becker, Audrey Cecil, and Michael C. Gottlieb focus on the ethical challenges of providing *court-ordered psychotherapy* to treat adolescents and adults for mental illnesses, substance use, and sex offenses. Because the clients do not voluntarily choose psychotherapy, this circumstance creates a number of ethical dilemmas regarding informed consent, potential loyalty conflicts, violations of confidentiality, and the risk of therapeutic ruptures that clinicians typically do not encounter on daily basis.

Continuing with a similar theme in “Ethical issues in the psychotherapy of high-risk offenders” (Chapter 46), Gwen Adshead discusses the ethical dilemmas that emerge in the psychotherapy of *offenders who caused serious harm to others* and who may be at risk of doing so again. Adshead examines the activities these offenders are expected to take part in that purportedly reduce the risk of harm and improve mental health. Exploring the ethical issues raised by the assumption that these activities will yield such benefits, the chapter concludes with a discussion of (a) autonomy and coercion (b) welfare and outcomes (c) justice and (d) disclosure of risk and confidentiality.

In “Beyond the office walls: Ethical challenges of home treatment, and other out-of-office therapies” (Chapter 47) Ofer Zur and Manuel Trachsel focus on the intricacies of psychotherapy occurring in *out of office settings* such as through home visits, outdoor or adventure therapy, and clinical interventions such as in vivo desensitization in the treatment of phobias. Examining ethical issues related to confidentiality, time, location, flexibility, complexity, unpredictability and safety considerations, authors provide suggestions for maintaining standards of care.

The next chapter “Common ethical issues associated with psychotherapy in rural areas” (Chapter 48) by Alysia Hoover-Thompson, Brandon C. Bogle, and James L. Werth, Jr. highlights ethical issues related to providing *psychotherapy in rural areas*, with a specific focus on professional competence, confidentiality, and the presence of multiple relationships within these communities. The chapter reviews typical complications that arise by using sample dilemmas and providing solutions.

In “Ethical aspects of online psychotherapy” (Chapter 49) Julia Stoll and Manuel Trachsel examine the fast-growing option to deliver mental healthcare online. By providing an overview of the different terminologies and definitions of *online psychotherapy* they juxtapose arguments in favor of online psychotherapy, e.g., increased access to care, improvement of treatment, anonymity, and cost effectiveness against those critical, e.g, impairment of treatment, confidentiality issues, issues with informed consent, patient identification, legal issues and additional required skills.

Continuing with the theme of the use of online technologies in psychotherapy, in the next chapter “The ethics of artificial intelligence in psychotherapy” (Chapter 50) Tania Manriquez, Nikola Biller-Andorno, and Manuel Trachsel evaluate the ethical issues involved in the use of *artificial intelligence* (AI) in psychotherapy. Specifically, the authors focus on the use of *chatbots* and AI tools as supplements to psychotherapy delivered by persons, concluding with an optimistic note that AI tools may help to establish caring relationships between therapist and patient, thereby contribute to the therapeutic process.

The next chapter turns the focus to the ethical issues surrounding the psychotherapy of patients who are themselves psychotherapists. In “Unique ethical dilemmas in psychotherapy of other psychotherapists: Description, considerations, and ways of coping” (Chapter 51), Gaby Shefler, Shai Lederman, and Refael Yonatan-Leus argue that because the therapist serves both the role of a therapist and a colleague, a number of complex issues arise in the relationship between the patient-therapists and therapists. Therapists’ duty to care for the patient-therapists and their duty to report patient-therapists’ professional impairment and ethical violations may give rise to serious ethical burdens. Authors conclude that the therapist’s primary ethical duty is to the patient first and that reporting should only be considered a last resort.

The chapter “Ethics of psychotherapeutic interventions in palliative care” (Chapter 52) by Mathieu Bernard, Sonia Krenz, and Ralf J. Jox looks at the ethical issues surrounding *psychotherapy in palliative care*. It focuses on the fundamental principles of bioethics, i.e., beneficence, nonmaleficence, respect for autonomy, and justice to evaluate ethical issues in the context of palliative psychotherapy.

In “Ethical psychotherapeutic management of patients with medically unexplained symptoms: The risk of misdiagnosis and harm” (Chapter 53), Diane O’Leary and Keith Geraghty examine the potential ethical risks involved in psychotherapeutic treatment of patients with *unexplained medical symptoms* (MUS). Starting with the ambiguities surrounding the notion of MUS authors argue that psychotherapists have a moral obligation to not confuse diagnostic uncertainty with psychological diagnosis of unexplained symptoms.

The next chapter, “Psychotherapy in multicultural society” (Chapter 54) by Jan Ilhan Kizilhan focuses on the ethical issues surrounding the psychotherapeutic treatment of *immigrants from family-oriented societies* by drawing attention to various generational and cultural conflicts, language barriers and the different ways of understanding and coping with mental distress.

Following with the theme of cultural and language related conflicts, the next chapter “Conducting psychotherapy through a foreign language interpreter” (Chapter 55) by H. Russell Searight draws attention to increased demand for *foreign language interpreters* in mental health settings where the addition of an interpreter to the therapist-patient dyad raises a number of ethical issues. Searight argues that psychotherapists must not assume that interpreters’ linguistic fluence extends to meeting the unique demands of mental health settings and must consider the relative risks and benefits of interpreter mediated psychotherapy.

In “Ethical issues in working with LGBTQ+ clients” (Chapter 56), Sheila Addison and Whit Ryan examine the complex interplay of ethical and clinical considerations in psychotherapy, research, and supervision with *sexual and gender minority clients*. With a survey of the ethical codes and “best practices” documents from mental health organizations throughout the Anglophone world, authors explore topics such as clinical competence, nonmaleficence, non-discrimination, confidentiality, and supervision through a feminist, queer lens.

In “Intersectionality and psychotherapy with an eye to clinical and professional ethics” (Chapter 57), Suryia Nayak highlights the importance of adopting *intersectionality* as a framework for psychotherapy in order to explicitly address the mutually constitutive relationship between social contexts of inequality and mental health. Nayak concludes this important analysis by arguing that the ethical contribution of intersectionality to psychotherapeutic approaches is the insistence that there is nothing neutral about the psycho-social experience of oppression.

In “Ethics of animal-assisted psychotherapy” (Chapter 58), Karin Hediger, Herwig Grimm, and Andreas Aigner focus on the ethical issues surrounding our *responsibilities towards therapy animals* in the context of animal-assisted psychotherapy. They argue for an ethical framework that emphasizes relation-based reasoning in the therapeutic context.

The section concludes with “Ethical issues of mindfulness-based interventions from a public health perspective” (Chapter 59) by Andreas T. Schmidt and Lovro Savic. Authors evaluate the common criticisms that *mindfulness-based interventions* (MBIs) received and argue that contemporary MBIs should remain normatively thin, because it makes them more suitable for population-level contexts.

# Section VI: Ethics of Psychotherapy Education, Training, Quality Assurance, and Research

The last section of the *Oxford Handbook of Psychotherapy Ethics* “Ethics of Psychotherapy Education, Training, Quality Assurance, and Research” is devoted to ethical questions which arise in the context of psychotherapy education and training such as criteria for selecting candidates for psychotherapy training (e.g., demands made on the prerequisites or character virtues of future psychotherapists, Chapter 60), teaching the standards of professional competence (Chapter 61), professional conduct and handling misconduct (Chapter 64), or teaching psychotherapists how to care for themselves and what to do if self-care fails (Chapter 62). This final section further contains more conceptual contributions on the metaethics of psychotherapy codes of ethics and conduct (Chapter 63) and on dealing with moral dilemmas in psychotherapy by means of clinical ethics support services (Chapter 65). Before completing the book by a chapter dedicated to psychotherapy research ethics (Chapter 68), two chapters pertaining to the area of the medical humanities are presented which are especially well suited as resources for teaching: psychotherapy ethics in film (Chapter 66) and in 20th-century literature (Chapter 67).

Opening this last section of the *Oxford Handbook of Psychotherapy Ethics* with a chapter on “Virtue ethics and the multicultural clinic” (Chapter 60), Jennifer Radden and Jerome Kroll show how to apply a character-focused, virtue ethics framework to psychotherapeutic practice by introducing some distinctive demands made on the *character* of those who undertake psychotherapy with immigrant populations using various case examples from institutions where Southeast Asian and East African patients are treated.

In the next chapter “ Toward an evidence-based standard of professional competence” (Chapter 61), Scott D. Miller, Joshua Madsen, and Mark Hubble discuss the reality that psychotherapists are ethically bound to provide services within the *boundaries of their competence* traditionally delimited by their education, training, and supervised experience. The authors propose that effectiveness become the foundation of any formulation and assessment of competence which should be measured by Routine Outcome Monitoring and compared to international norms. Miller, Madsen, and Hubble hold that psychotherapists must act on the data provided by routine outcome monitoring in order to be ethical which corresponds to Feedback Informed Treatment.

The next chapter by Andrés Consoli, Heidi A. Zetzer, and Himadhari Sharma is dedicated to the “Ethical importance of psychotherapists’ self-care and when it fails” (Chapter 62). The authors focus on the fact that psychotherapy can be as rewarding as challenging. One side of the coin is that psychotherapists feel inspired by their work at times and experience their clients as a source of encouragement, even admiration in their abilities to overcome their difficulties; the other side of the coin is that psychotherapists get demoralized, and that clients can be experienced as source of stress and discouragement. Consoli, Zetzer, and Sharma conclude that this sizable range of emotions psychotherapists will experience in their daily practice, they need to exhibit a certain ability to proactively engage in *self-care* while striving towards congruence.

 In his conceptual chapter on “The metaethics of psychotherapy codes of ethics and conduct” (Chapter 63), Paul Snelling broaches the issue of whether the *codes of ethics and conduct* and associated guidance they operate under are sufficiently detailed to guide practice. He shows that those codes must be evaluated alongside an understanding of the role of the organizations which write and publish them. The chapter details the regulatory framework in the UK, where about 40 codes of ethics and/or conduct relating to the various professions of psychotherapy exist. Snelling concludes that the codes’ regulatory role in establishing minimum practice is difficult to assess, and he questions their role in guiding practice by using disclosure of confidential information as an example.

In their chapter on “Professional conduct and handling misconduct in psychotherapy: Ethical practice between boundaries, relationships, and reality” (Chapter 64), Irina Franke and Anita Riecher-Rössler likewise introduce their chapter holding that *codes of conduct* are necessary due to the special nature of the professional relationship in psychotherapy to, on the one hand, protect the patient, and on the other hand, allow therapeutic flexibility. The main part of the chapter however, Franke and Riecher-Rössler focus on *transgressions of professional conduct* as events when psychotherapists go beyond their professional boundaries to satisfy their own personal needs. The authors discuss *misconduct* in its various faces and facets. They emphasize that although *sexual misconduct* is the most drastic form of boundary violation, this should not detract attention from other *various forms of misconduct*, especially because they often precede the more severe boundary violations. Thereby, their analysis yields that any form of misconduct is profoundly connected with the person of the therapist. In the final sections of their chapter, Franke and Riecher-Rössler discuss options for prevention and intervention, and suggest options for improving training of future psychotherapists.

In the next chapter, Guy A. Widdershoven and Andrea M. Ruissen delve into the field of *moral dilemmas* from a conceptual and clinical perspective. Building on the notion of moral dilemma, making use of the work of the philosopher Martha Nussbaum, their chapter “Dealing with moral dilemmas in psychotherapy: The relevance of moral case deliberation” (Chapter 65) addresses the nature of moral issues in psychotherapy, and the way in which psychotherapists can be supported in dealing with them. Particularly, the authors introduce *Moral Case Deliberation* (MCD) as an approach of clinical ethics support service guided by a facilitator who applies a deliberation method such as the *Dilemma Method*. The method is illustrated by a case vignette with a psychotherapy patient requesting euthanasia.

The following chapter “Psychotherapy ethics in film» by Tobias Eichinger (Chapter 66) picks out *cinematic depictions of psychotherapy* and psychotherapists as a central theme which have been popular since the beginning of film history. Although most of these portrayals are not realistic or commendable, but rather obey the laws of film narration, entertainment, and pleasure of spectatorship, Eichinger convincingly points out that regarding psychotherapy ethics, the quartet of stereotypical images of the crazy (“dippy”), the bad (“evil”), the good (“wonderful”) and the sexually suggestive (“horny”) psychotherapist refers to the ethical requirements of the profession and constitutes an index of ethical misconduct. This makes the chapter particularly suitable for teaching.

 The next chapter is a fraternal twin of the preceding in the sense that it broaches the issue of the *medical humanities* for psychotherapy ethics. In her chapter “Psychotherapy ethics in 20th-century literature” (Chapter 67), Anna Magdalena Elsner carves out central topics of psychotherapy ethics such as confidentiality, boundaries in the therapeutic relationship and informed consent, prominently figuring in a range of *twentieth-century literary texts that portray psychotherapy*. Focusing on examples that either illustrate professionalism and the absence of ethical challenges in psychotherapy, or take up ethical reservations, Elsner proposes that selected literary depictions of psychotherapy can play a key role in sensitizing psychotherapists to the complex make-up of ethical dilemmas as well as illustrating their cultural and historical contexts.

The last chapter of the section “Ethics of Psychotherapy Education, Training, Quality Assurance, and Research” and at the same time the last chapter of the of the whole *Oxford Handbook of Psychotherapy Ethics* is devoted to the wide and complex field of “Ethical issues in psychotherapy research” (Chapter 68). The authors Violette Corre, Poornima Bhola, and Manuel Trachsel hold that *psychotherapy research* is that important from an ethical perspective because psychotherapists treat *vulnerable persons* in the context of a particular patient-therapist relationship in which the most serious and sensitive topics of human existence are talked about. The often central moral conflict in conducting psychotherapy research is to align the ethical prerequisites of practicing psychotherapy with the particular methodological requirements for meaningful studies. The authors discuss the following topics in the light of current guidelines and a narrative review of the literature: study designs, the process of informed consent to research, confidentiality, different cultural paradigms, internet-based research, and the role of research ethics committees.

# Conclusion: the future of psychotherapy ethics

Examining the *Oxford Handbook of Psychotherapy Ethics* as a whole poses a daunting challenge regarding foreseeing the *future of psychotherapy ethics*. Soothsaying is always a risky business. As noted in the first sections of this chapter, the psychotherapy field is diverse in theory, practices, values, traditions, and the cultures and regions in which the field is embedded. Placed into our OHPtxE international setting, this diversity is compounded. We’d like to organize our musings on the future of the field into five areas: (1) Psychotherapy as treatment modality and as professional identity; (2) the ethical fates of psychotherapy craft and psychotherapy science; (3) intersectional psychotherapy ethics; (4) ethics and automated psychotherapy, and (5) the future of psychotherapy ethics research. For each of these subtopics, we’d like to be both descriptive and prescriptive; describe what is happening in the domain and also recommend some directions within the domain.

# Psychotherapy as treatment modality and professional identity

An implicit distinction runs throughout the *Oxford Handbook of Psychotherapy Ethics*: that between ‘psychotherapy’ as a treatment modality and ‘psychotherapy’ as a part of, or even the whole of, a practitioner’s professional identity. This motif runs through the following ‘historical’ chapters for the *Oxford Handbook of Psychotherapy Ethics*, Chapters 2, 3, and 4.

As *treatment modality*, psychotherapy figures into a diverse range of professional identities – psychologist, social worker, psychiatrist, professional counselor, etc. However, even describing psychotherapy as a ‘treatment modality’ does some injustice to some psychotherapy traditions, especially ones which eschew medicalization or the ‘clinical model’ centered around addressing impairments or psychopathology. For these nonclinical practices, perhaps ‘helping practice for mental distress’ is more fair and neutral, albeit unwieldy. The weight of emphasis on various goals may vary by practice tradition (relief from symptoms, improving psychosocial functioning, expanding autonomy, and/or promoting the flourishing of the individual and/or group) but all likely have intentional or accidental impact on all of these goals. Chapters 6, 17, 19, 20, 30, 32, 33, 37, 51, and 61 address a myriad of variations of these concerns.

As a component of, or even complete description of *professional identity*, psychotherapy- or ‘psychotherapist’ carries a separate set of implications. For a conventional mental-health professional (psychiatrist, social worker, psychologist) psychotherapy may be one of many professional activities, and the ‘psychotherapist’ identity depicts the professional’s investment of time and effort in the field, as well as a social identity so that others know what the professional does. If I am a professional psychologist who happens to do psychotherapy in my practice, I’m still subject to the professional, legal, and ethical obligations defined by my larger professional identity as a psychologist, and likewise for the other mental health professions. As a ‘psychotherapist’ in my complete vocational identity, I may not be bound, or may not feel bound, by conventions, ethics, and laws tied to the mental health professions. The label of ‘psychotherapist’ may be subject to legal and ethical regulation in different countries and jurisdictions, but many high-to-middle income countries have little to no regulations for presenting oneself as a psychotherapist. In some cases, anyone can ‘hang the shingle’ as a psychotherapist with no training or moral-legal regulation whatsoever. Chapter 8, 10, 17, 19, 49, 50, and 61 consider variations on these themes.

This brings us to the *future of psychotherapy ethics*, for the helping practitioner and the professional mental health practitioner, for one’s work identity and as the practice an individual performs. We commend the continued prominence of psychotherapy ethics in the mental health professions in the form of ongoing continuing education, ethics guidelines, ethics committee deliberations and advice, and related professional-ethics institutions. Their ethical ambition is to protect the patient/client from exploitation of vulnerabilities, assure practice competence, and identify and respond to emerging ethics challenges. Their embedding in a community of practitioners provides a buffering framework when these ethical ambitions fail or pursue misguided goals. We suspect that professional-ethical guidance in the future will differentiate in response to a more complicated world; this expanding complexity raises the question of a need for more psychotherapy-ethics scholars, experts, or consultants to sort through and evaluate the changing psychotherapy ethics landscape. However, no set of ethical or regulatory guidelines from professional associations will address every ethical challenge posed by the field. Our devotion to substantive ethics theory in the *Oxford Handbook of Psychotherapy Ethics* remains needed now and in the future. Ethics and regulation are considered in several chapters: 8, 19, 31, 49, 50, 61, 63, and 64.

The future is not so clear for the psychotherapy helping-practitioner outside the mental health professional network. We are confident, however, that the need to protect vulnerable people from exploitative relationships falls into this realm as well, and many of the traditional ethics mechanisms to address this apply equally to helping practitioners: informed consent, conflict of interest concerns, accountability to competence of practice, respect for persons (see chapters 6, 7, 9, 10, 17, 18, 19, 20, and 51. How to assure these ethical goals are preserved in the non- or para-professional setting is an open question, and we can only applaud the steps taken by many helping-practitioners outside of the mental-health system to assure these ethical goals are met; for example, existential therapists, philosophical counselors, and peer advocates (see Chapter 19). We hope these efforts will continue and become even more robust and widespread.

# The ethical fates of psychotherapy craft and psychotherapy science

A second distinction in psychotherapy relevant to the future of psychotherapy ethics concerns *psychotherapy as a craft* and *psychotherapy as a practice grounded in scientific research*. We typically think of craft as set of refined and targeted skills passed on to new practitioners through apprenticeships with skilled, typically older, practitioners. We think of the practices of cabinetmakers, glassblowers, and chefs as craftwork. While a certain amount of scientific knowledge augments one’s craft, or even is required by one’s craft, we don’t think of glassblowing and cookery as scientifically-based practices as we do with clinical practices like psychotherapy or psychopharmacology. Instead, craft is to science as wisdom is to knowledge; both craft and wisdom build upon science and knowledge, but craft and wisdom are achieved only by hard and extensive experience gained over time.

 We would like to see the future of psychotherapy craft/science move into closer, more interactive, relationships. These relationships are explored in various ways in chapters 17, 19, 20, 24, 33, 61, and 63. Scientific appraisals of craft skills would be likely to advance both the promulgation of such skills by seasoned psychotherapists, as well as the refinement of such skills through scientific testing of craft activities like psychotherapy supervision, making interventions like clarifications and interpretations, and the like. Conversely, we have seen the limits of scientific psychotherapy and evidence-based practice when selection criteria and controlled populations limit the generalizability of clinical trial results to a rarefied group of patients (Chapter 19). Extensive scientific knowledge of psychotherapy is unlikely to substitute for the craft of intervening with unique individuals. Improving both craft and science serves the ethical ends of increasing competent practice, reducing risk of treatment failure or dropout, and produce more prepared, competent new practitioners. A merger and equal recognition of the role of craft and science will likely contribute to clarifying ongoing ethical ambiguities like the role, timing, and sequencing of informed consent, or matching psychotherapy modality to patient characteristics.

# Intersectional psychotherapy ethics

Nayak (Chapter 57) identifies two arms of *intersectionality*: the idea that people have multiple identities (in family, by race, by work, by politics, and more) that are linked to complex vectors of power in the larger society. Hence ‘intersectional psychotherapy ethics’ might be framed as the study of psychotherapy ethics from the vantage points of interacting identities and power relations. This seems to us to be a vanguard concept for the future. Consider the issue of cross-cultural validity for a particular psychotherapy, such as cognitive behavioral therapy (CBT) (see also chapter 54). What unique ethical demands in therapy are posed by the recent Somali immigrant traumatized by civil war in her native country? Are our CBT practices and empirical knowledge even valid for such individuals? The old saw states that ‘ethics are local’, but in our multicultural, transnational society what counts as locality is often, perhaps usually, in question. Intersectional psychotherapy ethics pushes matters of *social justice* for psychotherapy practice to the forefront. Can psychotherapy practice, limited to wealthy natives in high-income countries, be ethically justified? What can the field do to reduce its economic elitism and even, institutional racism? Consider the tradition of the therapist-patient dyad. Does this tradition make sense in the context of immigrant patients needing cultural orientation while maintaining connections to their ethnic communities? We have only scratched the surface of the considerations posed by intersectional psychotherapy ethics, and hope our work serves to promote this inquiry for the future.

# Ethics and automated psychotherapy

In several chapters of the *Oxford Handbook of Psychotherapy Ethics*, we have seen the development of *computer-assisted psychotherapy*, whether in the form of *online psychotherapy* delivered by people, to *automated online therapy*, to psychotherapy *apps* and *chatbots*. Ethical issues in this environment have been sketched out only recently, as we see in chapters 27, 31, 49, and 50. The next ten years, and further ahead, will be formative as the new challenges of digital psychotherapy are addressed, and the expansion of digital psychotherapy will pose important considerations to resolve. Privacy in ordinary life is now under an ‘existential’ threat, in that our online profiles are assembled into images for the public sphere, and surveillance for security purposes raises the possibility that no one can be anonymous (see also chapter 22). One’s very DNA has become a unique identifier for each individual. How much erosion of *privacy* and *confidentiality* will be acceptable in the brave new world? Concerns about *consent* to treatment and *responsibility* for treatment also abound. Does a commercial psychotherapy app carry the same burden of responsibility that a living therapist does? Similarly, we wonder about the moral obligation of the makers of digital psychotherapy products to be safe and effective. Who will police such obligations? These concerns and more await us.

# The future of psychotherapy ethics research

The previous four sections all point to the future of psychotherapy ethics research. In contrast to psychopharmacology clinical research, which has huge amounts of funding and advocacy from pharmaceutical companies, psychotherapy has been long-stymied by the lack of a comparable associated commercial industry to develop, support, and promulgate it. Coupled with the labor-intensive and expensive task of clinical research on psychotherapy, the field has had difficulty developing a comparable evidence base to psychopharmacology.

 However, this could well change in the digital psychotherapy era, where online and app-based psychotherapy could be both cheap and widely available, while also having the industry wealth of the software and social media companies to promulgate and protect the legal interests of their products. This, of course, raises the question about the *ethics of being treated by a machine*, and ultimately, whether the human psychotherapist will become a relic of economic non-competitiveness. For ‘human’ research in psychotherapy, an onus could well develop where people would have to demonstrate their superiority to automated therapy – and at considerable financial disadvantage. This is a grim picture for the viability of human-delivered psychotherapy, and the details of the ethics are yet to appear in the literature. One wonders about the role of professional associations in addressing these issues. At the same time, the promise of digital psychotherapy also offers the laudatory promise of increased and low-cost access to care. How these risks and benefits play out in the future is unclear, but will likely involve both professional, commercial, and political aspects.

We have seen that many questions remain to be considered in this relatively-novel field of psychotherapy ethics. A key conclusion from the *Oxford Handbook of Psychotherapy Ethics* is this: psychotherapy poses comparable ethics challenges as that of other branches of clinical care, but is unique in its scope of offering narrative-based, ethical reflection as the center of its moral practice. Now and in the future, psychotherapy will be regulated by ethics, but also negotiates morally-significant values as part and parcel of its everyday work (Engelhardt 1973).

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1. <https://div12.org/psychological-treatments/> [↑](#footnote-ref-1)
2. https://en.wikipedia.org/wiki/List\_of\_psychotherapies [↑](#footnote-ref-2)
3. <https://div12.org/psychological-treatments/> [↑](#footnote-ref-3)