

Values and ethics in the practice of psychotherapy and counselling

**Edited by
Fiona Palmer Barnes
and
Lesley Murdin**

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Open University Press
Celtic Court
22 Ballmoor
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MK18 1XW

email: enquiries@openup.co.uk
world wide web: www.openup.co.uk

and
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Notes on editors and contributors

Mark Aveline (MD, FRCPsych, DPM) has since 1974 been a consultant psychotherapist in Nottingham running an integrated psychodynamic and cognitive behavioural specialist clinical NHS service. He has held the posts of Chair of the Training Committee, South Trent Training in Dynamic Psychotherapy, Chair of the Psychotherapy Training Committee, Royal College of Psychiatrists, President of the British Association for Counselling and Vice-President of the Society of Psychotherapy Research. He is joint editor of *Group Psychotherapy in Britain* (Open University Press 1987) and *Research Foundations of Psychotherapy Practice* (1995) and author of *From Medicine to Psychotherapy* (1992).

Petruska Clarkson (MA, DLitt et Phil., CPsychol., FBACP, FBPS) is a consultant philosopher, chartered clinical, counselling and organizational psychologist, UKCP registered child, individual and group psychotherapist, recognized supervisor (BAPPS) and accredited management consultant (MIMC) with 30 years' international experience and more than 150 publications (in 22 languages) in these fields. These include the books *The Therapeutic Relationship* and *Ethics: Working with Ethical and Moral Dilemmas in Psychotherapy*. She is Honorary Professor in Counselling Psychology and Psychotherapy at the University of Surrey, Roehampton as well as at Westminster University and is based at 58 Harley Street, London, W1G 9QB.

Mary Anne Coate is a chartered clinical psychologist and has until recently been Head of Training at WPF Counselling and Psychotherapy. She is a fellow of the British Association for Counselling and Psychotherapy. Her origins are in mathematics and theology and among her publications are *Clergy Stress* and *Sin, Guilt and Forgiveness*.

Josephine Klein holds a doctorate and has worked as an academic social

scientist. She is a fellow of the London Centre for Psychotherapy and is a full member of the British Association of Psychotherapists. She works in private practice and is the author of *Our Need for Others and its Roots in Infancy* (1987) and *Doubts and Uncertainties in the Practice of Psychotherapy* (1995).

Georgia Lepper (PhD) received her first degree in English and philosophy in the United States. Later, having become permanently resident in the United Kingdom, she undertook professional training, first as a counsellor, then in group therapy, at the Westminster Pastoral Foundation in London, and finally as an analytical psychologist at the Society of Analytical Psychology. Her research training in conversion analysis was undertaken at Goldsmiths College, University of London. She is currently Lecturer in psychotherapy at the Centre for the Study of Psychotherapy at the University of Kent.

Del Loewenthal trained as a psychotherapist with the Philadelphia Association. He is the founder of the MSc in 'Counselling and Psychotherapy as a Means to Health' and the MATER Project at the School of Educational Studies, University of Surrey, where he is a senior lecturer. He is also Chair of the Universities Psychotherapy and Counselling Association and editor of the *European Journal of Psychotherapy, Counselling and Health*. He is particularly interested in the implications of continental philosophy for practice and research. He works as an individual and group psychotherapist and has a small private practice in Wimbledon.

David Mann is a psychoanalytic psychotherapist and a member of the London Centre of Psychotherapy. He is a principal psychotherapist at the Invicta Community Care NHS Trust in Kent. He also works in private practice in Tunbridge Wells and south London. He teaches and lectures at a variety of training courses and runs workshops around the UK and Europe on 'Working with the erotic transference and countertransference'. He is author of *Psychotherapy: An Erotic Relationship – Transference and Countertransference Passions* (1997) and is the editor of *Erotic Transference and Countertransference: Clinical Practice in Psychotherapy* (1999). He is currently editing a new book, *The Desire for Love and Hate: Psychoanalytic Perspectives* (in press).

Edward Martin (MA psychoanalytic psychotherapy, MSc social policy) is a professional member of the Society for Analytical Psychology and Chair of the British Association for Psychodynamic Supervision. He has a private practice and is departmental consultant for individual work at the Westminster Pastoral Foundation where he teaches, supervises and lectures on these subjects.

Lesley Murdin (MA Oxon English literature, MA Sydney educational psychology) taught for the Open University and in the United States. She trained

in psychoanalytic psychotherapy at the Westminster Pastoral Foundation (WPF) Counselling and Psychotherapy and now runs WPF's training. She has been Chair of the Foundation for Psychotherapy and Counselling and the Psychoanalytic Section of the United Kingdom Council for Psychotherapy (UKCP) and of its Ethics Committee. She is author of *How Much is Enough?* (2000).

Fiona Palmer Barnes (FBAC, BA) is a training analyst for the Association of Jungian Analysts and works in private practice in Herefordshire and London. She is a professional member of the Severnside Institute for Psychotherapy and the Foundation of Psychotherapy and Counselling and chairs the Ethics Committee of UKCP. She is author of *Complaints and Grievances in Psychotherapy* (1998).

Richard Rowson is a lecturer in moral philosophy and professional ethics at the University of Glamorgan. Since spending a sabbatical year in 1987–8 as research fellow at the Institute of Medical Ethics, he has worked in several areas of professional ethics, including consultant to the Home Office on police ethics, adviser to the Ethics and Nursing Committee of the Royal College of Nurses, tutor in medical ethics at St Mary's Hospital Medical School and contributor to television programmes on professional ethics.

Andrew Samuels is Professor of Analytical Psychology at the University of Essex and Visiting Professor of Psychoanalytic Studies at Goldsmiths College, University of London. A psychotherapist in private practice, he also works as a political consultant. His books include *The Political Psyche* (1993) and *Politics on the Couch: Citizenship and Internal Life* (2001).

Robert Snell is training as a psychoanalytic psychotherapist at the London Centre for Psychotherapy; his academic background is in the history of art. He works in the counselling service at the University of Sussex where his work includes co-facilitating therapeutic groups and running a mentoring scheme for student writers. He also teaches on the MSc in 'Counselling and Psychotherapy as a Means to Health' at the University of Surrey. He has a private practice in Brighton, and is book reviews editor for the *European Journal of Psychotherapy, Counselling and Health*.

Jan Wiener is Training Analyst for the Society of Analytical Psychology and the British Association of Psychotherapists. She is Senior Adult Psychotherapist at Thorpe Coombe Hospital, Walthamstow and works in private practice. She has published papers on analytical psychology and she is co-author with Mannie Sher of *Counselling and Psychotherapy in Primary Health Care: A Psychodynamic Approach* (1998).

Foreword

Jeremy Holmes

At first glance psychotherapeutic ethics is relatively straightforward. Therapists should be properly trained and belong to reputable professional organizations with well-developed codes of ethics. They should enter into clear contracts with the patients in which financial and practical boundaries are spelt out. Their practice, especially if publicly funded by third parties such as the National Health Service (NHS), should be founded on scientific evidence, and clients should not be offered dubious treatments based on anecdote or charisma. Therapists should not impose their own values on patients, but respect their autonomy and choice. Patients should be safeguarded against sexual, financial or informational (that is respect for confidentiality) exploitation by therapists. If unethical practice does arise, as with any profession it inevitably will, practitioners should be subject to disciplinary sanctions; their interests should be protected by adequate appeals mechanisms. All this should be conducted, as far as possible, with maximum transparency in the public sphere.

Yet these principles, however praiseworthy, will seem to most practitioners somehow to miss many of the key aspects of psychotherapeutic practice – not least, its confusions, uncertainties and mysteries. We aspire to be morally neutral, and yet constantly betray our values through our dress, speech patterns, facial responses and the decor and provenance of our consulting rooms and clinics. Like Freud we may wish to see ourselves as scientists, relentless in our pursuit of knowledge, yet we know that the evidence base for our practice is often flimsy, far removed from the narrative or, to use Freud's term, 'novelistic' concerns of day-to-day psychotherapeutic work. Further, in order to work effectively, analytic therapists must open themselves countertransferentially to the patient, becoming aware of all the positive and negative feelings including prejudice and sexual responsiveness that arise in their inner world as a result of the intimacy of therapy. At the same

time they must cultivate an attitude of detached yet passionate curiosity about such feelings. They must keep clear goals for therapy in mind, but refrain from imposing on or controlling their patients. They must be able to accept the patient's destructive and self-defeating actions as aspects of necessary defence-mechanisms, while at the same time not condoning them.

This discrepancy between the ethical standards expected of a profession and the realities of psychotherapeutic work is a crucial theme for therapists. It does not mean that in order to practise psychotherapy one must have the ethics of a saint and the wisdom of a sage. Therapists are no less flawed than anyone else; indeed most have to a greater or lesser extent suffered and sinned, and the process of recovery has played its part in choosing their profession. There are however three interrelated qualities in therapists which go some way to ensuring ethical practice. The first is the capacity for self-reflection: the ability to see thoughts, feelings and actions as they arise, and to think about them. Second, the capacity to put those thoughts, feelings and potential actions into words rather than being drawn into enactment in the powerful interpersonal field which comprises the therapeutic situation. Third, the ability to attend closely to boundaries, and so to be aware of the dangers and possibilities created by therapeutic intimacy and its limitations. They must focus intensely on the patient, yet keep in mind the borderland between the ethical and the professional, the political and the personal, the private and the public.

Patients challenge therapists in ways that also raise issues that cannot be considered simply as technical. 'How do I justify going into therapy to friends who view it as mere self-indulgence?' 'Given my religious beliefs, does it matter if my therapist is clearly an atheist?' 'I came asking for some guidance about time-management, and I am being offered intensive and prolonged therapy: how do I decide what is right for me?'

The special contribution of this book is to explore the intersection of therapy and philosophical ethics. The therapists think clearly about such issues as how their values impact on their work, how they handle sexuality in the therapeutic situation, why firm boundaries are important and what to do when they transgress them, what to do about the need for confidentiality and the equally powerful human need to gossip, and where politics fits in with the privacy of therapy – to select a few from among those that are so admirably discussed in this volume – the better their therapeutic work is likely to be. It is not a question of imposing super ego-related standards. It is important to be clean – but to be squeaky clean can be too much of a good thing. We all fail from time to time. The crucial issue is to be able to think about failure and if possible put it to good therapeutic use, and if not to make adequate recompense.

I will end this brief and enthusiastic introduction to a book which manages to confront, challenge and uplift the reader, with a clinical anecdote. A schizoid young man who suffered from severe depression and had made

several suicide attempts had been in therapy for two years. The circumstances of his life had improved dramatically during that time: he had had no hospital admissions, his relationship with his mother and estranged father had improved, and he had attained a reasonable job. However, he reported that he felt no better in himself, continued to see no good reason for living, and, as was his constant wont, challenged the therapist to put forward any good reasons why he should not kill himself.

The therapist responded, as he had done many times before, by pointing out how the patient had been subject to similar blackmail by his depressed mother (who had brought him up single-handedly) throughout his childhood, and that he was perhaps wanting to let the therapist know just how terrifying such threats could be, and how he had longed for a father who could help bear some of the brunt of her misery. The patient returned at the next session looking much better. The therapist privately congratulated himself that his interpretation had at last hit the mark. But when he commented on the apparent change in the patient, the response was that yes he had been feeling much better thank you, a change which he attributed entirely to having seen a television programme about philosophy through the ages and how philosophical insights could help make life more bearable.

This programme, he said, had helped him to discover that his own nihilism had a respectable philosophical pedigree, and that 'carrying on carrying on' was not such a bad way to live one's life. So, thought the therapist, perhaps ethics can be more powerful than interpretation, especially if it comes from powerful father-figures; but perhaps too, paradoxically, the humility to accept one's relative powerlessness is what makes psychotherapy a worthwhile enterprise, albeit one that is necessarily undervalued. He looked forward to the opportunity to discuss these thoughts with his colleagues. If books are forms of conversation, then a book such as this, like philosophy, will offer much consolation.

Introduction

Fiona Palmer Barnes and Lesley Mordin

Introduction

This book is about the values that underlie the theory and practice of psychotherapy. It is not about codes of ethics or techniques as such although, of course, these are the expressions of the very values that we wish to discuss. In recent years there has been a growth in interest and concern about the field of ethics and values for many reasons. In the second half of the twentieth century, after the Second World War, there was a consensus in which the common good was seen to be service to all citizens. In the UK this was expressed, for example, in the terms of the National Health Service and the Education Act 1944. In the 1980s, attitudes were changed and the emphasis moved from the practitioner who was offering the service to the rights of citizens receiving it. The language changed to stress the rights of consumers, thus patients became customers. Words like *accountability* acquired much greater importance in political and social life. Professionals who had assumed that they knew what was best for the patient began to have to explain what they were doing and why, both to their colleagues and to the public.

This book is the result of our concern to explore and debate the values that structure the professional and personal ethos of our particular world of work. This has required an exploration of the language that we use and the ideas and assumptions that lie beneath. We have therefore asked a number of authors to write about the values that inform the area of work that interests them and to consider how these values are expressed in theory and practice. One of these, Richard Rowson, has pointed out that there is no clear distinction to be made between ethics and morals. However, the main difference in common usage would be perhaps that morals are usually seen as the system adopted by an individual whereas ethics is the science of

morality or of duty. Values are the expression of the esteem with which a person or society regards an object and it is with this esteem or valuing that we are mainly concerned. The terms *ethics* and *values* are often used interchangeably but the distinction that we make here is that the book deals with the assumptions that we make about value or worth and these may well be scarcely conscious for the therapist or for the patient.

The editors have both served on various professional ethics committees and are well aware of the complexity of the questions that may arise in the professional setting leading to a request for help or advice: what should I do in this or that situation? These sorts of questions are considered elsewhere, for example by Palmer Barnes (1998) *Complaints and Grievances in Psychotherapy*. We have, however, not asked the authors to deal specifically with what we should do. Rather, we have asked them to consider the processes by which we all come to ascribe value to people, things, behaviour, feelings and the ways in which these values will affect our professional theory itself and the way in which these theories are applied via technique. We hope that examining values will enable us each to make choices more freely.

The work that a psychotherapist does is of great significance. Though we have the power to do good, we also have the power to do ill. Most of the models in use today would place a high value on such concepts as awareness and choice, and perhaps increasingly also on responsibility and an attitude of concern for others.

Psychoanalytic theory and the forms of therapy that have grown from it, or in reaction to it, have not had a great deal to say explicitly about ethics and values. Nevertheless, every aspect of developmental theory or psychopathology implies a view of human nature and of the way in which we value some behaviours, character structures and states of mind as being better or worse than others. Therapists span a wide range in their views of the purpose of their work, all the way from the therapeutic zealot who sets out to heal and cure humanity to the freelance philosopher who has no intention beyond seeking to encourage learning and thinking. In the middle of this range would be those who take a developmental view and consider that they are facilitating forward movement that had become blocked in some way. Even the most minimalist of these views would require valuing one thing more than another.

Most therapists, if pressed, could come up with some aphorisms to convey the goals of their work: to make the unconscious conscious, to replace id with ego, to develop the capacity to reflect, to reach the 'depressive position' at least some of the time, to have better relationships with oneself or others. This is just a sample but it already introduces words like 'better', which raise the question: who decides what is better? If we pay some sort of homage to the overarching value of autonomy, then we would hope that the client or patient would be developing a personal view of what is good or better. This is an ideal that we might hold. It is not easy to sustain as the practice of

psychotherapy consists of a person who is vulnerable, in emotional difficulties, consulting someone who is supposed to know. As practitioners we understand that everything we do or say constitutes a form of suggestion and that our own value system is bound to be communicated to clients.

Each individual therapist must face his or her own values in the process of theory making and technique building. In putting together the chapters for this book we have also recognized the importance of the context in which we live and work. Values are formed and hardened by the culture and groups surrounding us and the outcomes of certain behaviour in contrast with other sorts. In recent years therapists have been made aware of the judgements that have been made by individuals and groups about the worth of what we do.

The false memory debate for example has provided a school of particularly hard knocks. We have all had to face the uncertainty and limits of our knowledge of the historical past. This is an area that we have not specifically covered because we are aware of a number of recent books that deal well with these debates, for example by Sandler and Fonagy (1997). The United Kingdom Council for Psychotherapy (UKCP) has issued a resource document for practitioners (Murdin 1997), that emphasizes the importance of agnosticism in dealing with questions of the accuracy of memories and the problems that arise from lending particular weight to an account that is given, at one particular moment in a therapy, about what happened in the past. Therapists will of course take seriously the emotional needs of the patient who is recounting any history and particularly one that involves abuse or violence. Nevertheless, truth is a paramount value for most of us and we cannot therefore ignore the warnings that a patient's accounts of the past may change over time and cannot be relied upon to be totally accurate at any stage.

A major area of value formation and influence is in the field of difference and equal opportunities. Both of us have worked in this area and we know that it is a subject of great importance and debate in psychotherapy. We have not addressed it specifically in this book because we consider that it pervades all questions of values and cannot be ignored in any aspect of our work.

Both outside and inside the profession, there is great concern about ethics and standards. This ranges from an interest in moral philosophy to a deep concern about the pressures that colleagues in the statutory and voluntary sectors can find themselves facing in relation to ethics and values. Similarly the commercial world, police, press and the churches have found themselves the subject of scrutiny in these areas. As religious affiliation and practice decline there is a countervailing growth in public interest in ethical questions coming from every facet of society.

These concerns reflect and are reflected in a profound interest in the inner and outer work of psychotherapists. There are, however, few books that deal with this subject. Tim Bond (1993) has written on the practical aspect

of ethics in *Standards and Ethics for Counsellors in Action* and Jeremy Holmes and Richard Lindley (1989) on *The Values of Psychotherapy*. The popularity of both of these books indicates the need for a basis for discussion and thought about some of the more contentious and subtle aspects of values in the work of psychotherapy. Alan Tjeltveit (1999) in *Ethics and Values in Psychotherapy* considers the philosophical basis for establishing values.

In this book, we are offering a broad spectrum of chapters which may be used by individuals and groups to stimulate thinking and discussion on just these questions. The authors have professional backgrounds in medicine, philosophy, the social sciences and the arts. In this way, questions of value are addressed from relevant but diverse perspectives. The first three chapters deal with fundamental principles of ethics and morality. Richard Rowson gives the philosopher's view of academic ethics as a study of morality and establishes some definitions. Del Loewenthal, Robert Snell and Petruska Clarkson consider the therapist's responsibility to the other and the morality of intervening or not intervening, taking up or repudiating the bystander's position.

The next four chapters recognize that any attempt to consider the value system of the therapist must pay attention to the way that the therapist's values are expressed in the process and technique that is actually used in the consulting room. Josephine Klein discusses the process of assessment where subjective and value judgements are inevitably a part. She suggests ways in which the values of the assessor may be recognized more openly and may be more helpful to the patient. Once the process has begun other areas of tension arise. David Mann writes about the values that are involved in dealing with erotic transference and countertransference. Fiona Palmer Barnes considers the impasses that arise when the ordinary processes of therapy are not enough to enable movement. Lesley Mordin's chapter is about the views of success and failure held by therapist and client, arguing that these views will need to converge during the process of therapy if there is to be a successful outcome and ending.

Psychotherapists recognize that the work affects those in the immediate and wider environment of the client. Psychotherapy does not take place in a closed container. The social context will inevitably affect the way in which we work in the sessions and also the kinds of constraints and demands that we have to face both inside and outside the consulting room. The concluding chapters look at the tensions that third parties can bring. We have responsibilities primarily to our clients but we must also face the fact that if our work is effective at all, it will have much wider and further reaching effects. Thus community and culture affect the patient, the therapist and the work that we do. Questions arise over matters of confidentiality: when is it appropriate or necessary to speak to someone outside or to write or carry out research in this most private area of professional contact? Georgia Lepper writes about the values involved in carrying out research projects.

Mark Aveline considers the dilemmas raised by such issues as confidentiality and the risk of harm and self-harm. Jan Wiener pursues the questions raised by our professional need for confidentiality when that imperative conflicts, as it often does, with safety or the requirements of other members of society.

The psychotherapist's relationships to society and culture and to his or her own spirituality are addressed in the final chapters. We all have to face the major questions about why we are doing this work. How and from what source do we derive our values and how do our own personal systems relate to the work that we are doing? Edward Martin discusses the area where private and public morality intersect. Mary Anne Coate writes about the moral imperatives in and for the therapeutic work. Andrew Samuels looks at the political context in which all psychotherapy takes place.

Taken together these chapters raise vital questions for practitioners and encourage them not only to examine their theoretical base for its moral and ethical implications, but also to consider their behaviour, technique, management and treatment of patients. For it is their value system that is being modelled with patients.

In conclusion, the European Association for Psychotherapy has stated in its definition of psychotherapy that it must be scientific, yet many practitioners would prefer to think of it as an art in which individuality and creativity are more important than predictability and standardization. As soon as we begin to address the work of psychotherapy and its definition, attitudes and personal values have to be added to the equation. Attitudes and values are implied in any discussion of the nature of psychotherapy and its location as a practice and as a discipline. Many practitioners spend a professional career without ever actually transgressing a code of ethics and yet treat clients in a way that could bring the profession into disrepute. There is a vast difference between keeping to the letter and keeping to the spirit of the law. We hope that this book will make a contribution to our positioning in relation to both the letter and the spirit of the needs of our profession.

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1 Ethical principles

Richard Rowson

Introduction

This chapter examines the assumptions that people make about ethics and the principles on which they base their moral evaluations. It explains the basic meaning of these principles and the different ways in which they are interpreted. As professionals concerned to clarify our own ethical perspectives and understand those of clients and colleagues, we need to know not only what broad and general principles we each hold but also what particular interpretations we give to them. We are then well placed to reappraise our own views, to identify where we disagree with others and to work towards mutually acceptable solutions.

The ethical principles to which we subscribe personally may or may not be compatible with our *legal* system, or the codes of our *profession*, since they are independent of them. They may, however, be dependent on any *religious beliefs* we hold.

In this chapter no significant distinction is given to the meaning of the words 'ethical' and 'moral': they are used interchangeably to refer to general ideas of right and wrong behaviour, good and bad states of affairs.

We begin with two questions concerned with assumptions that people frequently make about ethics.

Is ethics a matter of truths and facts, or of opinions?

For over 2500 years people have debated whether what is right and wrong is a matter of objective moral *truth*, or a matter of *opinion* – that is whether, when we judge someone's behaviour as right or wrong, we are

- *describing factual aspects* of their behaviour (just as we describe factual aspects of a person when we say they have a certain weight or height)
or
- *expressing our feelings* about the person's behaviour
or
- *reporting conventional social opinions* about it.

If Jane says to her colleague Sally: 'John was wrong to become sexually involved with his patient Mary', is she

- pointing out some *factual* quality of 'wrongness' in what John did
or
- saying that *she disapproves* of his behaviour;
or
- pointing out that such behaviour is *conventionally disapproved of*?

If you are the person who makes a moral judgement, you may see it as pointing out a moral fact or stating a truth. So Jane may see herself as saying that John's behaviour *actually is* wrong, not merely expressing her disapproval or claiming that his behaviour flouts convention. She may support her conviction by identifying aspects of his behaviour which make it wrong: he had deliberately encouraged the patient's dependency, knowingly allowed their mutual attraction to develop, not terminated the professional relationship once the attraction became evident, and so on.

On the other hand, if you are the person listening to a moral judgement, you may perceive the speaker as expressing an opinion rather than stating a fact – especially if, like Sally, you are uncertain whether you agree with what is said.

Imagine that, years later, when John is happily married to Mary, both Jane and Sally again reflect on his behaviour. By now Sally is clear in her view. She thinks John must have perceived the possibility of developing a fulfilling relationship with Mary and realized that the only way for it to evolve was by maintaining their professional connection. Since what he did has led to such a successful outcome, she sees it as the right thing to have done, even though she knows it flouted the conventional views of his profession. Jane, however, still sees John's behaviour as wrong because of its very nature, irrespective of its happy outcome: to her it is a moral *fact* that it was wrong, not a matter of *opinion*. She realizes, however, that Sally cannot see the truth of this since Sally looks at John's behaviour from a different perspective.

This example brings home the point that if, like Jane, we regard our ethical judgements as pointing out moral facts, we have to acknowledge that others may not be able to see them. So even if we are *correct*, and there *are* indeed moral facts, we may not be able to prove to others that there are. For what we see as evidence of them, others may not.

People who, by contrast, regard ethical judgements as expressing either

the speaker's opinions, or the conventional attitudes of the culture to which the speaker belongs, will think that to attempt to prove moral facts shows a misunderstanding of the nature of morality. They consider that morality is not about facts or truths at all, but about values and principles which people happen to hold at a particular time in a particular culture.

Those who see judgements as expressing the speaker's opinions will regard Jane's conviction that she is stating facts about John's behaviour as simply indicating the strength of her attitude towards it: so strongly does she disapprove of what he did that its wrongness seems to be a matter of *fact* to her.

Those who consider that judgements express conventional attitudes will regard her conviction that she is stating a *fact* as evidence of how completely she has 'internalized' the attitudes of her culture.

An objection to the view that ethical judgements express social attitudes is made by pointing out that people often hold moral views which are at odds with the conventions of their society, as Sally did when she judged John's behaviour to be right, although she realized that it flouted conventional attitudes. A reply to this objection is to claim that in modern societies there are overlapping moral cultures and someone may be part of more than one. So, as a professional person Sally is part of one culture, with its views, but as an individual she is part of another, more free-thinking culture, the views of which are reflected in her judgement that John's behaviour was right.

As the debate as to whether morality is about facts, personal opinions or social attitudes has raged so long, we shall not pursue it further. It is important, however, to appreciate that there are these fundamentally different views about the nature of morality and about whether, when we make ethical judgements, we are identifying moral facts or are expressing opinions – either our own or those of our culture.

Is ethics concerned with aiming for the best consequences or with carrying out specific duties?

There are two other fundamentally different views about the nature of ethics. One – the *consequentialist* view – is that ethics is concerned with bringing about the best consequences. In its simplest form, this view is that our ethical obligation is to do whatever will bring the greatest benefits to everyone. So if everyone is likely to be happier if we tell a lie rather than tell the truth, we should tell the lie.

According to this view, actions such as telling a lie or breaking promises are *not intrinsically bad*, nor are actions such as telling the truth and keeping promises *intrinsically good*. All actions are *ethically neutral*, and whether they are right or wrong in particular circumstances depends on

whether they lead to the best consequences. The end justifies the means, and since lying is not intrinsically bad, we have no obligation to avoid doing it.

Because the consequentialist perspective sees value in ends and not actions, it is often referred to as the *teleological* view of ethics, *telos* being the Greek for ‘end’ or ‘objective’. People who hold this view base their ethical judgements on the *principle of utility*, which we look at in the next section.

The other view of ethics is the *dutiful* or *deontological* view – *deon* being Greek for ‘duty’. According to this, certain types of actions are intrinsically good, and others intrinsically bad. Our ethical duties consist in carrying out the first and avoiding the second. The actions regarded as intrinsically good vary, but generally include respecting autonomy, telling the truth, keeping promises and being just. Those regarded as intrinsically bad usually include taking life and inflicting harm.

Not everyone holds either a teleological or deontological view. Some people – referred to as *ethical pluralists* – hold both, considering that ethical decision making requires us to bear in mind the demands of each perspective. So if keeping a promise would harm others, when deciding what to do they would weigh the ethical importance of keeping it against the importance of not harming others.

Teleological, deontological and ethical pluralist views are all compatible with both the ‘fact/truth’ and ‘opinion’ views of morality. Someone could regard it as a *fact* that ethics is concerned with seeking consequences or that it is concerned with being dutiful or that it is concerned with both. Others could regard it as a matter of *opinion* that it is concerned with one or the other or both.

Ethical principles

In this chapter ‘ethical principles’ means *the rules which people are committed to because they see them as embodying their values and justifying their moral judgements*.

When people make moral judgements we normally expect them to be able to justify them. When they do, it is usually apparent that their judgements are underpinned by one or more principles:

‘I ought to go to the meeting tonight.’

‘Why?’

‘Because I promised the chairperson I’d be there.’

The speaker clearly holds the principle that promises should be kept.

Some people are committed to only one fundamental principle: *utilitarians*, for example, think that the principle of utility should be the sole basis for our judgements. *Deontologists*, on the other hand, subscribe to more than

one principle – such as tell the truth, respect autonomy and keep promises – but they reject the principle of utility, while *ethical pluralists* accept several principles, including the principle of utility.

Whatever principles people hold, they may see them as part of a ‘fact’ or ‘opinion’ view of morality. So someone may regard it as a *fact* that morality is based solely on the principle of utility, or may consider that it is so *in their opinion*, or in the *conventional opinion* of their culture. Similarly an ethical pluralist or deontologist may regard it as a matter of *fact* or *opinion* that morality is based on several ethical principles.

The principle of utility

The principle of utility underlies Sally’s view. She judges the value of actions by their *utility* in bringing about valuable consequences. For her it is the *consequences* of John’s behaviour that make it right, irrespective of its *nature*.

Within professional contexts this principle is frequently interpreted as the requirement to seek the best interests of our clients. However, its demands are wider than this, and require us to bear in mind the interests of *everyone* – including ourselves – who might be affected by our actions.

The principle of utility is applied in two basic forms.

- One, *act utilitarianism*, considers that before we act we should assess the likely outcomes of all options and choose whichever *act* we think will be the most beneficial in the *particular* circumstances.
- The other, *rule utilitarianism*, considers that we should formulate *rules* we think would lead to the most beneficial consequences if everyone were to follow them in *all relevantly similar* circumstances. We should then stick to the rules. If, for instance, we decide that the best consequences would be achieved if everyone always told the truth, we should adopt the rule to tell the truth and abide by it. In fact the rules we adopt are likely to be more complex than simply ‘Tell the truth’, and will incorporate qualifications such as: ‘Tell the truth, except in circumstances of type X’, where ‘type X’ is, for example, ‘when a lie might save a life’.

According to utilitarians, when calculating which actions or rules would be most beneficial, we should consider the likely long-term effects. Many think we should not consider the effects just on humans, born and unborn, but on all sentient life – animals, birds, insects, fish and even plants. Moreover, since most actions and rules are likely to cause some harm as well as benefits, we should choose whichever we think will result in the *greatest net benefit over harm*.

By accepting the principle of utility as the basis for our ethical decisions we take on tremendous responsibilities. For, in order to calculate benefits and harms as thoroughly as we can, we must be as *well informed as possible*, not only about how our decisions might affect others, but also how they

might feel about these effects. In so far as our actions can affect clients and colleagues, we must therefore understand as well as we can their preferences, priorities and perspectives.

We must also be as *impartial as possible*. We must, for example, allocate resources – our time, professional expertise and money – solely on the criterion of what will produce the greatest net benefit, and not give priority to some people over others just because we have greater affinity to them. As utilitarians we must regard the well-being of people we do not know as just as important *ethically* as the well-being of those we do, even though they are less important to us *emotionally*.

Many people applaud this stance of impartiality. Because it regards the suffering and well-being of people and creatures who are *not* members of our particular group – our family, gender, age group, nationality, race, creed or species – as *important* as *similar levels* of suffering and well-being of those who are, it is anti-sexist, anti-ageist, anti-racist and anti-speciesist. However, some people reject the corollary of this, which is that we have as great an obligation to further the well-being and minimize the suffering of people we do not know as of those we do. Those who object to this consider we have a duty to give priority to the interests of our own family and clients over those of others.

Some people also find another aspect of this principle unacceptable. Since maximization of benefit is its only aim, we are obliged by it to ignore any wishes and interests of individuals which are likely to prevent us achieving the greatest net benefit over harm. We should therefore ignore clients' wishes and not seek their welfare if we are certain we can bring about better consequences by doing something else. We might, for instance, decide to provide no therapy for people over the age of 70, if research indicates that greater benefit for the whole population can be achieved by allocating all our resources to younger people.

Moreover, as utilitarians we should have no moral scruples in doing this, since we consider that fair allocation of resources has no intrinsic value. It has value only if it happens to lead to greater net benefit.

Considerations such as these lead deontologists to reject completely the principle of utility as a basis for moral judgements. Ethical pluralists accept that its demands have some ethical legitimacy, so include it as *one* of the principles on which they base their judgements, but they restrain its teleological demands by one or more of the deontological principles. So they may consider that although we have a *prima facie* obligation to seek the greatest net benefit overall, we should weigh the importance of this against the importance of carrying out such deontological principles as respecting autonomy, telling the truth, keeping promises, respecting confidentiality, treating people fairly and justly, and not causing harm.

A *prima facie* obligation is one we should fulfil *unless* the ethical value of doing so is outweighed by the ethical value of meeting some other

obligation. In contrast, an *absolute* obligation is one we should *always* fulfil, come what may.

Respect autonomy

‘Autonomy’ means being *self-determining*, that is making one’s own decisions about which ethical views and beliefs one will hold and about how one will live – for example, a patient deciding which therapies to pursue. We respect the autonomy of others, first, by *enabling* them to make such decisions, and second, by *not overriding* their decisions once made.

The principle of respecting autonomy underpins widely accepted views on human rights, which are primarily concerned to promote and protect the self-determination of individuals. A powerful strand in western culture is the view that a supremely valuable attribute of humans is their capacity to make moral choices and take moral responsibility for their actions. We achieve our full dignity and worth as human beings only when we exercise this capacity. Our ethical concern should therefore be to promote and protect this capacity in ourselves and others.

The principle of respecting autonomy forbids using people for our own ends. If we do this we treat ‘persons’, who are supremely valuable, as ‘things’, that is, as objects which are valuable to us only as tools to enable us achieve what we want. Even if what we want is admirable – such as to benefit others as much as we can – we should not manipulate other people to achieve it. In this way the demand that we respect autonomy is a bulwark against the paternalism of utilitarianism. Consequently, many people regard respect for patients’ autonomy as vital in professional relationships.

To enable clients to be autonomous we should be truthful with them about their situation. If we have information relevant to a decision they have to make, we should give it to them as fully and impartially as we can. We should try to make their decision well informed and as uninfluenced by our values as possible and, when they have made their decision, we should not interfere with it.

There are, however, differing views as to whether we should always act in this way. Two questions are relevant here:

- Are we obliged to regard as autonomous *every* decision another person makes?
- Are we obliged to respect *every decision* we regard as autonomous?

Few would answer ‘yes’ to the first question, since we would then have to allow young children and severely confused people to do whatever they chose, even when we were certain they would harm themselves or others. So most people consider we are not obliged to regard every decision as autonomous, and are entitled to judge which are not. However, there is considerable disagreement as to the criteria we should use when making this judgement.

Should we, for example, regard someone's decision as autonomous only if we are certain that they have a full grasp of their situation, however complex it may be, have thought logically and unemotionally through all the issues and are free of all external and internal psychological pressures? Or are these criteria too demanding? After all, how often could we say our own decisions are made so scrupulously, even though we consider them to be autonomous?

We may adopt less rigorous criteria, and accept as autonomous decisions made by people who seem adequately aware of their situation, show no obvious signs of confused or deluded thinking, and do not appear to be subject to abnormal pressures. Although these criteria may be more easily met, they may also be open to more varied interpretations. What, for example, should we regard as deluded thinking?

A young woman rejects therapy because she believes that her problems will be solved through prayer: she will rely on the intercession of the Virgin Mary. Someone else rejects help because she will rely on the intercession of her recently deceased aunt. Some people would be inclined to respect the first but not the second decision, but are we entitled to regard one as deluded and the other not?

There is clearly scope for debate on the appropriate criteria for judging decisions to be autonomous.

Consider now the second question:

If we are satisfied that someone's decision *is* autonomous are we obliged to accept it, however misguided we think it is?

If, for example, after careful and – as far as we can see – accurate appraisal of the quality of his future life, a patient decides to end his life, are we entitled to prevent him? If we are not prepared to respect this or other autonomous decisions with which we may disagree, can we, indeed, claim to respect autonomy at all?

Some people conclude that we are not entitled to override autonomous decisions which affect only the person who makes them, although we may override other people's autonomous decisions if they would harm others against their will. Such interference is seen as justified because it protects the autonomy of those who would otherwise be harmed. However others challenge this, claiming that we have no moral obligation to ensure that *other people* respect the autonomy of third parties, only to ensure we respect it *ourselves* – even if this results in us not interfering with decisions which are likely to harm others. So if another psychotherapist does not respect her patient's autonomy, that is her moral failure, not mine. It would be *my* failure if I did not respect her decision about how to treat her patient.

Tell the truth, keep promises/respect confidentiality

Like respect for autonomy, these principles intimately affect the way we conduct professional relationships. Some people see them as *deontological principles* – that is, as prescribing actions which are *intrinsically* valuable – hence our duty to perform them.

Some see them as *utilitarian rules* – that is, as rules we should generally follow because, on the whole, abiding by them brings greater benefit than not doing so. On this view communities, human relationships and professional activities are more successful if participants can rely on each other telling the truth and doing what they say they will do. Equally, professional objectives are more likely to be achieved if clients communicate openly with psychotherapists and counsellors, and they will do so if they can trust that confidentiality will be kept.

People have different views on the relative importance of these three principles. Some, for example, consider we should keep information confidential whatever the circumstances, while others think that although confidentiality is valuable in itself, its value can be outweighed by other duties. So in certain circumstances – say an inquiry into professional misconduct – the duty of confidentiality may be less important than the duty to tell the truth.

Just as there are different views as to what is necessary to respect autonomy, so there are in relation to telling the truth, keeping promises and respecting confidentiality.

Some people think that to tell the truth we must give information about everything we know which may be relevant. Others think that we may choose what to tell and what not to tell and that, provided we have not uttered a lie, we have not flouted the principle to tell the truth.

A practitioner is aware that her patient is adopted. He clearly does not know this, so he never raises the topic of his parentage. Does she have an obligation to tell him? If she does not, has she failed to be truthful?

There are similar variations as to what is thought necessary to keep a promise. Do we keep a promise so long as we carry out the minimum we have undertaken, or are we obliged to meet all the expectations which our promise is likely to raise in the person to whom we make it?

A practitioner promises to see his patient every week for the next month. He does see him, but often it is only for half an hour rather than the hour the patient expected.

Finally, what is necessary to keep confidentiality? Must we not breathe a word to our consultant, supervision group or others, even on a need-to-know basis?

So we see there are different ways in which these apparently straightforward principles may be understood.

Do not take human life

Although for many people this is the most important of ethical principles, it is dealt with only briefly here as (we must hope!) it is unlikely to be a major consideration in psychotherapy and counselling.

Some people consider that we have an absolute obligation not to take human life – whatever the circumstances we are never justified in deliberately destroying it. Others see it as a *prima facie* obligation: it is wrong to take life but we may sometimes be justified in doing so, the onus being on anyone who takes life to justify it by citing exceptional circumstances. These may, for instance, be that the taking of life was the unintended but unavoidable result of acting in self-defence, or that it was the just punishment of a convicted murderer.

There is a spectrum of views as to what type of ‘human life’ is so supremely valuable that it should not be taken. At one end is the conviction that every form of life – from the fertilized ovum to the brain-dead body kept alive by artificial means – has the same supreme worth. At the other end is the view that the only humans who have this value are those who are self-aware, have expectation for their future and can relate to others.

There are also different perceptions as to what constitutes ‘taking’ life. For some we take life only if we deliberately do something positive to terminate it: say, administer a lethal injection. For others we take life if we merely withdraw life-prolonging treatment or if we fail to intervene when a life is under threat: if we do not, for example, give warmth and sustenance to a new-born baby.

Do not cause harm

The principle not to cause harm – known as the *principle of non-maleficence* – is seen by many as vital to professional care: before all else, we have a duty to ensure we do not harm our clients. Some who think in terms of a hierarchy of duties see the duty not to *cause* harm as one of – if not *the* – most important of all. Next in importance is the duty to *prevent* or *remove* harm, followed by the positive duty to *create* beneficial results. So we should not attempt to benefit anyone until we are certain we shall not cause them any harm. According to this view the duty not to cause harm is absolute and the principle of non-maleficence must overrule the utilitarian view that it is acceptable to cause harm if doing so will achieve the greatest net benefit over harm.

Of course what is meant by ‘harm’ varies enormously. It can be destruction of life, physical and psychological suffering, unjust treatment and failure to respect autonomy. The wider one’s interpretation of ‘harm’, the fewer courses of action will be seen to cause no harm whatsoever. Consequently in professional situations many people find it difficult to accept the principle of non-maleficence as giving an absolute duty, and regard it as

permissible to balance benefits against harm. We may often feel more justified in embarking on a course of action which can cause harm to clients if we have their permission to do so, and the more fully autonomous a client's decision to accept the risk of harm, the more ethically comfortable we may be. However, if a patient is not able to make an autonomous decision, we may be faced with a dilemma arising from the clashing principles of non-maleficence and utility. At this point we can only ask ourselves which we see as the more defensible option:

- to cause some harm by doing whatever we think is likely to achieve the greatest net benefit (according to *our* views of 'benefit' and 'harm')
- or
- to withhold an action which might bring some harm to the patient, even though we know of no other action which would bring as much benefit.

Treat people fairly and justly

Fairness and justice have many meanings, but in relation to psychotherapy and counselling we can interpret what is meant by treating people fairly and justly as:

- we treat people *fairly* when we treat them alike unless some relevant difference between them requires us to treat them differently
- and
- we treat people *justly* when we treat each individual 'according to his/her due'.

Since to be fair we should treat people alike unless there is a *relevant* difference between them, we should not treat differently clients who have the same problem but who differ in gender, race, sexual orientation, age, religion or nationality unless these differences *actually* affect what treatment is appropriate for them as individuals. We should not see people as *stereotypes*, or decide how to treat them on the basis that they belong to a particular category, but should regard them as *individuals*, treating them in ways that are appropriate to their individual attributes.

The problem, of course, lies in identifying which attributes of individuals we should take into account when deciding whether it is fair to treat them differently and what is justly due to each person. Those aspects most frequently identified in relation to the provision of psychotherapy and counselling are *needs* and *deserts*: individuals who have greater needs, or are more deserving, should be given greater resources or greater priority. But to make just decisions on this basis we need impartial and agreed criteria by which to compare needs and deserts, and these are hard to establish.

One suggestion is that certain things are fundamental to the well-being of us all. These things – such as a sufficient amount of food and warmth – are our

basic needs, and those who do not have them are in greater need than those who do. The difficulty with this approach, however, is that it provides us with a basis for decision making only in the most extreme circumstances. For, beyond having common needs for enough food, clothing and warmth to keep us alive, we vary enormously as to what else is essential for our individual well-being. The ability to form loving relationships, for example, may be vital to the well-being of the majority of us, but can we safely assume that it is a vital need *for everyone*? Some intellectuals do not seem to need such relationships, but they do need calm states of mind to pursue their interests. So the self-sufficient intellectual seeking help to overcome panic attacks may be in just as great a need for therapy as someone who cannot form good relationships.

In view of such considerations some people do not see basic needs as *specific* things we *all* require, but as *whatever* is essential to the well-being of particular individuals. However, since what is necessary for the well-being of each of us can vary enormously, this can result in some people being entitled to disproportionate amounts of resources. Moreover, this approach also makes it difficult to distinguish '*needs*' from '*wants*', yet many people see this distinction as a useful way of separating more important desires (seen as '*needs*') from less important ones (seen as '*wants*'). Without such a distinction, we may feel obliged to meet those requirements of an individual which seem trivial or, again, disproportionately demanding. We are then faced with whether it is *fair* to give much more to some than to others. On the other hand, if we do make the distinction between needs and wants we can be accused of *unjustly* imposing our values on others by regarding some of their desires as '*mere wants*'.

In the following cases individuals suffer similar levels of unhappiness and poor self-esteem because of disappointed expectations. They each ask for help in overcoming their difficulties. Can we justly regard some as having greater need than others or see some as having '*needs*' and others mere '*wants*'? Since the well-being of each is adversely affected to a similar degree, should we regard them as equally entitled to help?

- A woman whose parents communicated easily with each other, cannot communicate well with her husband.
- A woman brought up in an affluent household is unhappy because her current standard of living is vastly inferior to what she expected.
- A man feels inadequate because, despite many hours in the gym, he does not have the muscular physique he always longed for.

As already mentioned, treating people justly – giving to each his or her due – requires us to consider not only what individuals need or want, but also what they deserve. But just as there are practical and ethical difficulties in comparing needs, so there are also in comparing deserts. We may, for example, regard individuals as more deserving of our help if they are caring

and considerate of others, contribute to their community, avoid reckless behaviour, pay for health insurance and strive to honour their commitments. But since the failure of some people to do these things may be the result of circumstances beyond their control it would be unjust to disadvantage them on these grounds. They may be no less deserving than others even though they have not met our criteria.

Whatever criteria of 'deservingness' we put forward, they are open to such challenges. Also open to challenge is the ethical acceptability of judging the deservingness of others according to criteria we decide upon. What is our entitlement to decide?

In these ways we see that, though the ethical demand to act justly is a powerful one, it can be difficult to know how to apply it in practice.

Live in accord with nature

The idea that we should live in accord with nature is similarly powerful: so much so that for some people merely to refer to something as 'unnatural' is enough to imply that it is wrong. But though powerful and pervasive, the appeal to nature is notoriously vague and so open to a variety of interpretations and questionable claims. For instance, by 'nature' may be meant 'nature as a whole' or 'human nature'.

One appeal to 'nature as a whole' as the arbiter of what is right and wrong is based on the idea that nature is a *system* in which the various *components* have *specific functions* to perform. By carrying out their specific functions the components enable the objectives of the whole system to be achieved. We should therefore use them only for their specific functions. If we use them for any other purposes, we misuse them – and that is wrong. For example, some people see human sexuality as a component of nature which has one specific function: the reproduction of the species. On this view we are wrong to engage in sexual behaviour – such as oral or anal sex – which cannot carry out this function.

Such a line of argument relies on the claim that specific functions can be clearly identified by looking impartially at the facts of nature. But can they?

If we look objectively at human and animal bodies we see that their physiology is suitably shaped for various sexual activities. We may also observe that members of most species take part in a wide variety of sexual activities, many of which cannot lead to reproduction. From an impartial observation of the *facts* of nature *alone*, we cannot claim that sexual activities have only one specific function since we see them used for a variety of functions: expressions of affection, as re-enforcements of relationships and as recreation. To justify the claim that sexual activity should be used for only one purpose we must, then, appeal to some *other* values or beliefs we hold. One such belief may be that nature is created by a mind – or God – who *intends* sexuality to be used in only one way. However, if this is the ground for our

view we cannot claim it is founded on an *objective* observation of the ‘facts’ of nature alone.

Similar problems arise if by ‘nature’ people mean ‘human nature’, since how we see human nature and what we regard as the function of human beings are also influenced by the cultural values and religious beliefs we hold.

Furthermore, whatever our conception of human nature, we are likely to see it as complex, and this obscures any clear guidance we might seek by appealing to ‘human nature’. For most people think humans normally have both emotions and the ability to reason and we act in accord with the former if we react emotionally and spontaneously, and in accord with the latter if we calculate what it is best to do before we act. But when emotions and reasons clash, which should we follow? The claim that either is the more fundamental part of our nature, and so the one we should always follow, is difficult to maintain. And if it is claimed we should follow whichever we think appropriate in the circumstances, we need values *other* than simply the principle ‘live in accord with human nature’ by which to decide which is appropriate.

Another interpretation of ‘acting in accord with human nature’ is ‘doing what the majority does’. A difficulty with this is that ‘what the majority does’ varies from culture to culture and decade to decade. Consequently our guide to ethical behaviour turns out to be not what the majority does ‘in nature’, but what the majority appears to do when perceived from a particular culture at a particular time.

Moreover the claim that an activity is unnatural and wrong because only a minority do it is indefensible unless it is applied *consistently* to *all* minority activities. For anyone who regards only *some* minority activities as wrong must have *other* values or principles by which to judge some activities and not others as unacceptable. But, in fact, no one does apply the principle consistently, since no one regards *all* minority activities – collecting train numbers, being a concert pianist or psychotherapist, for example – as unnatural and wrong. People who, for instance, claim that homosexuality or interracial marriages are unnatural and wrong because only a minority engage in them, do not condemn all other minority activities. They must therefore have some *other* values or beliefs they hold to give plausibility to their condemnation of these particular activities.

In this section we have seen that the appeal to ‘nature’ as a guide to how we should live is understood in several ways. We have also seen that it is an appeal to be viewed with scepticism, since people interpret what nature is from the perspectives of the values beliefs they hold. So it is these, rather than an impartial observation of nature itself, which are the source of their moral views.

Be caring and loving

The principle that we should be loving and caring is seen by some as putting a welcome emphasis on *feelings* in ethics in contrast to other principles which seem to require the impartial application of *reason*. While this principle does indeed emphasize feelings, it does not – as some people imagine – enjoin us simply to act in accord with spontaneous emotions. On the contrary, it requires us to act in a caring and loving way to everyone, *irrespective of our spontaneous feelings towards them*. We should strive to cultivate positive feelings, and, whether we experience them or not, act caringly and lovingly to others.

Moreover, even when we already *feel* loving and caring we may need more than *spontaneous* reactions to actually *be* so. For unthinking responses, however loving, are not always in the best interests of others. To be truly caring we often need to *reflect* on their interests and on our abilities to further them in the best way possible.

The injunction to be caring and loving is not, then, necessarily antipathetic to other ethical principles. It may, indeed, be complementary to them. For when we pause to consider what is the most caring and loving thing to do we may well decide it involves consideration of consequences, fairness and justice, honesty or respect for autonomy. Deceiving people or ignoring their wishes may well be seen as lacking a loving and caring attitude towards them. So emphasis on the value of feelings in ethics does not rule out the importance of careful thought.

Respect rights

In the nineteenth and twentieth centuries, and especially since the United Nations Declaration of Human Rights of 1948, the concept of ‘rights’ has become increasingly important in ethical thinking.

There are different types of rights – legal, institutional and moral. How do they differ?

Legal and institutional rights are entitlements that people possess by virtue of living under, or belonging to, a particular legal system or institution. For example, legal systems may give people the legal right to travel on the public highway, and universities give fee-paying students the institutional right to use the library. Whether or not someone has such rights is a matter of *fact* which can be ascertained by checking the relevant laws and rules.

In contrast, *claims about moral rights, including human and natural rights, are based on moral viewpoints* which cannot be checked to be true or false like statements of fact. For instance, if people assert that women have a moral right to abortion on demand, their claim is based on their particular *ethical principles* and the way that they prioritize them. They may in this

case consider that respect for autonomy is more important than respect for life in the form of the human foetus.

‘*Natural*’ and ‘*human*’ rights are moral rights based on what people see human nature as being. John Locke, for instance, in his *Two Treatises of Government* (1690), claimed that the enjoyment of one’s property is a *natural right*, because he thought it part of human nature to live in societies in which individuals own personal property. Others, however, have pointed out that there is no idea of personal property in some societies, and so the right to enjoy one’s personal property can, at most, be claimed to be a right *in certain cultures*, not a *universal* natural right. Similar challenges are made to the claim that the United Nations Declaration of 1948 is a statement of *universal* rights.

Although claims about moral, human and natural rights express moral viewpoints, they are often assumed to be stating objective and unquestionable *facts* for two reasons. First, because statements about legal and institutional rights *are* about facts, many people who do not distinguish between different types of rights assume moral rights are also about facts. Second, because claims about all types of rights have the *linguistic form of statements*, they are often understood as stating facts.

‘Jane has a right to healthcare’
has the same linguistic form as
‘Jane has a high IQ’.

Both appear to be giving facts about Jane, even though only the latter (if true) is doing so. The former expresses a moral opinion as to what facilities *ought* to be accessible to Jane.

In this section we have seen that claims about moral, human and natural rights do not state objective facts. At most they express views as to what, if there are such things as moral facts, they are. But, as we have seen, many people question whether there are moral facts at all.

In some countries, however, statements of human rights have become embodied into legislation. In the UK, for example, the Human Rights Act now embodies the European Convention on Human Rights into law. Where this has happened statements of human rights reflect *legal* facts.

Obey religious authority

As mentioned at the beginning of this chapter, some people see their ethical principles as stemming from their religious beliefs while others do not. There is, however, no necessary ethical disagreement between those who do and those who do not, since most of the ethical principles discussed in this chapter appear in both religious and secular contexts. Realization of this can help break down partisan convictions that a particular religion or secular

ideology is the sole possessor of sound moral views. It can also encourage people to respect the ethical perspectives of religious and intellectual traditions other than their own.

Conclusion

This chapter has set out the ethical principles to which we most commonly appeal. At different times and in different situations, most of us appeal to most of them. We may sometimes see several as relevant to a particular situation. If they clash, we find ourselves faced with an ethical dilemma. Sometimes we may be able to resolve it by weighing the ethical demands of the principles against each other and satisfying ourselves that one should be given priority over the others. Sometimes, however, we may find this impossible to do: we can neither decide which is more important nor find a compromise between them. Many people would not see this as an ethical defect on our part, since they consider it part of the nature of ethics that its demands are irresolvable in some circumstances.

This chapter has also pointed out some different interpretations given to ethical principles, and some difficulties in establishing what exactly the principles enjoin us to do. In so doing it has doubtless made the framework of our thinking about ethics more complex and less clear cut than many might have wished.

Unfortunately, that is the nature of current ethical thinking. It is this thinking which we are expected to take account of in our professional judgements, and which others may bring to bear when scrutinizing our professional conduct. As professionals, we are responsible for how we take these ethical principles into account in our decision making.