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Participatory Ethics in a Self-generating Practitioner Community

Richard House

To encourage and maintain diversity is a part of the ethical imperative of participating in the riches of creation. In the very idea of participation are contained ethical signposts concerning how we should treat all other forms of life. They are part of the family, part of ourselves.

(Skolimowski, 1994: 373)

Introduction

The conventional didactic approach to ethical standards within the therapy field is well summarised by the radical behaviourist Glynn Owens (1987: 107, 112): ‘professional bodies should be... in a position to control the actions of their members... those in such positions should be required to subscribe to an explicit and public code of conduct. Therapists should be subject to strict external control of their activities... Simply appealing to the personal characteristics of the therapist is not enough...’.

It is now almost two decades since John Heron (1978) wrote a key paper in which he developed the notion of a ‘self-generating culture’. More recently he has defined a self-generating culture as ‘a society whose members are in a continuous process of co-operative learning and development, and whose forms are consciously adopted, periodically reviewed and altered in the light of experience, reflection and deeper vision. Its participants continually recreate it through cycles of collaborative inquiry in living’ (Heron, 1996: 4). Clearly, the question of ethics must loom large in any full articulation of a mature and responsible practitioner community, and in this chapter I address head on the difficult question of how a responsible ethics might organically emerge in a healthy and flourishing practitioner community.

A central theme of this book has been that the fields of activity called ‘psychotherapy’ and ‘counselling’ simply do not, and cannot in principle, cohere into anything remotely approaching a ‘profession’, as that term is conventionally understood. If we accept Mearns’s recently expressed linkage of Ethics and Professionalisation (‘Developing a Code of Ethics is a *necessary* part of establishing a profession’ – 1997: 10, my emphasis), then to question the very idea of a sustainable

profession may in turn lead us to question the view that a centralised, universal code of ethics is appropriate for our field of activity.

Another recurring theme of this book has been that of challenging repeatedly the didacticism that is so endemic in the institutional professionalisation process. If a central goal of the therapeutic endeavour is that of client self-empowerment and autonomy (Holmes and Lindley, 1989), then in organising our own vocational practices it surely behoves us to embrace an approach to ethical practice which models the core values of our work. Nowhere, perhaps, is this such an important issue as in the realms of accountability and ethics. It is a telling indictment of the field of therapy in general that the *epistemology* of ethics tends to receive so little coverage, and that questions of ethics tend to be hived off into institutional top-down code-building procedures. As Holmes and Lindley (1989: 115) have it, 'Practitioners would on the whole rather think about technique than ethics'.

In the United States there is an increasingly influential movement of progressive and critical psychologists who are questioning the foundational assumptions of conventional institutional ethics (Lerman and Porter, 1990; Payton, 1994; Vasquez and Eldridge, 1994; Rave and Larsen, 1995; Brown, 1997), and this final chapter is very much aligned with these critical perspectives.

Code-of-ethics-mindedness

The philosopher Dale Bayerstein has tellingly written that '[The question] 'What ought I to do?' is not equivalent to the question, 'What is the consensus of my colleagues about what to do?' ... What makes [a given action] right has nothing to do with the numbers of people who take it to be so. Therefore, the fact that your professional colleagues have agreed to put a rule in your code does not *make* this the right action' (1993: 422, his emphasis). It is far easier, and less personally demanding, of course, to follow an externally derived code of ethics than it is to take full responsibility for creating, owning and embodying one's own. In Chapter I.4 of this volume Robin Shoet addresses a difficult ethical dilemma with honesty and openness, and in the very process of writing the chapter he makes his own authentic and congruent decision based on the spirit of the work as he himself sees it, rather than following to the letter an externally derived, didactically imposed code of ethics. Shoet is open about the deep fears his dilemma triggered, and the almost knee-jerk, infantile pull towards grabbing an external rule-book to tell him what to do, and so absolve him of taking the responsibility for fully addressing and making his own decision about a complex and sensitive ethical issue. This experience echoes the statement made by Blackham over 20 years ago, that '[The counsellor] is personally responsible, and there is no substitute for his considered judgement. This irreducibility of personal responsibility is why the simplicity of an ethical code is liable to be a snare and a delusion' (1974: 8).

What, then, seem to be the implicit assumptions lying behind the shibboleth that a practitioner community necessarily requires a centralised, universal code of ethical practice? Here are some that immediately come to mind:

- that practitioners can't be trusted to be, or are incapable of being, responsible for their own authentic ethical decision-making;
- that the therapeutic process is sufficiently programmatic and articulatable that it is in principle possible to devise universal statements about what does and what does not constitute ethical practice, regardless of the living uniqueness of the context;
- that we should be preoccupied with things not going wrong in therapeutic work – a kind of 'Thou Shalt Not...' mentality (a fear-driven and limiting way of being), rather than working openly and congruently with whatever emerges in the work (a creative and open way of being).

I'm sure there are many other important assumptions behind Code-of-Ethics-mindedness, but this short list will do for current purposes.

If there is anything at all in the increasingly fashionable constructivist view that we actively, even self-fulfillingly, create our own realities through the belief systems that we have about those realities, then it follows that the holding of the foregoing assumptions could well actively render practitioners less trustworthy, and less capable of making their own embodied and appropriate ethical decisions based on their own intrinsic authority. Not only does such an ideology reveal a deeply

pessimistic view about human nature – one which is highly contestable (Fromm, 1949) – but far worse than this, *it actively and self-fulfillingly creates that which it assumes...*

Enhancing the quality of therapeutic practice?...

Now if it could be demonstrated logically and/or empirically that the existence of universal codes of ethics enhances the quality of therapeutic work and prevents client abuse, then there would exist a strong prima facie case for adopting such a universal code. But the logical and evidential basis for such a view is entirely lacking. First, what effect is it likely to have on my therapeutic work if I implicitly embrace the view that I am not intrinsically trustworthy, that I'm not capable of drawing on my own intrinsic authenticity to make decisions about my on-going work – and, for that matter, that my clients necessarily need to be protected from me, or from anyone else, in this way? Not only does everyone – practitioner and client alike – become infantilised by such an assumptive base (cf. House, 1996a, b), but the result may be the cultivation of a climate of untrustworthiness and inadequacy. As Joyce McDougall has recently argued, the way we think about our clients cannot but have a significant influence on how they can be (McDougall, 1995: 171); and in the same way, how we *think about* ourselves as practitioners cannot but have a similarly profound impact upon how we are in our work with clients.

Of course, there is always the danger of self-delusion; but delusion is just as likely to occur in the case of practitioners who embrace didactic and institutional ethical codes as it is with practitioners who struggle to take personal responsibility for their own ethical standards. Indeed, it could plausibly be argued that self-delusion is actually more likely to occur when practitioners tacitly leave it to external institutional authority to decide for them what is and is not ethical practice, rather than take full personal responsibility for their own ethical practice. Mowbray (1995: Chapter 17; see also Chapter I.3, this volume) argues that clients might well relax their normal and quite healthy discriminatory instincts if they rely upon a practitioner's credentials in choosing a therapist rather than trusting their own perceptions and feelings about a practitioner. In the same way, practitioners who rely upon an externally imposed code of ethics can easily eschew their natural and intrinsic capacity to determine their own authentic and 'being-centred' ethical standards that emerge organically from their own personhood.

Far from enhancing the quality of therapeutic work, then, the mind-set and the 'energy' that will tend to accompany Code-of-Ethics-mindedness can easily and surreptitiously detract from those qualities of being and responsibility-taking which are surely central to effective practitionership.

Preventing client abuse?...

Another important point concerns whether the existence of institutional codes of ethics actually prevents client abuse (or put more fully, whether institutional ethical codes lead to less client abuse than would occur in a plausible counterfactual situation in which the question of ethical practice were left to the integrity of peer-supported or 'supervised' individual practitioners and practitioner groups). Of course, it is very difficult to see how it might be possible to conduct 'objective' empirical research on such a question; but again, the strictly logical case for such a view is at best flimsy. The naive, behaviourally informed view that it is the existence of didactic rules that prevents people behaving badly or abusively, for fear of punishment, simply doesn't stand up to scrutiny. Brown (1997: 57) describes coming across the attitude that 'as long as the letter of the law is strictly followed and no one gets caught, the spirit of the law can be violated'.

And even if it were true that the existence of institutional ethical codes led practitioners to behave less abusively according to the codes' criteria, the idea that such a purely behavioural outcome somehow deals with the problem of client abuse is, again, simplistically naive – as is the view that it is somehow possible to 'ban' abuse! (Holmes and Lindley, 1989: 196). And of course this has central implications for the quality of therapeutic work; for the potentially abusive practitioner's propensity to abuse will simply tend to be 'redistributed' to another part of the work not explicitly covered by the code's criteria, rather than somehow organically eliminated or transcended. So again, we can see that *didactic codes of ethics can have the effect of simply redistributing abusive behaviour to less visible parts of the work rather than removing it*; that the ideology of didactic codes of ethics can actually

collude with abuse by giving the erroneous impression that their existence somehow magically expunges abusive behaviour from therapeutic work

Overall, then, those who favour didactic ethical codes as a means of securing ethical practice need to demonstrate that the net effect of such a code is to enhance the quality of therapeutic work compared with a no-code environment in which practitioners and practitioner groups themselves are trusted to draw upon their own intrinsic integrity to define 'good practice'. Given the lack of any empirical evidence on this question, we can only really rely upon a rational-logical assessment of the dynamic impact upon the whole field of alternative approaches to ethics. Certainly, the view that the embracing of an institutional ethical code necessarily improves the overall quality of therapeutic work, or 'protects the clients or patients from bad practice' (Holmes and Lindley, 1989: 194), are nothing more than unsubstantiated assertions. And there is abundant evidence that institutional ethical codes often have more to do with public relations and *practitioner* protection than they do with protection of the public (e.g. Collins, 1979: 136-7; Brown, 1997: 51).

The dynamics of power, and the didactic form

So far I have not mentioned power, which must of course be central to any discussion of abuse and any institutional attempt to prevent it. Yet it seems clear that the unproblematised adoption of institutional codes of ethics entails major (and unarticulated) assumptions about power. I agree with Steiner (quoted in Embleton Tudor and Tudor, 1994: 400) when he writes that 'the greatest antidote to the authoritarian use of power... is for people to develop individual power in its multidimensional forms and to dedicate themselves to passing on that power to as many others as can be found in a lifetime'. Surely, we have hardly begun to understand in anything like a thoroughgoing way just how the deep dynamics of power and powerlessness impact upon the human psyche (both in interpersonal and group contexts), and in turn feed through into our political behaviour, structures – and posturings (see House, 1995a).

Again, therefore, we are faced with the uncomfortable reality that Codes-of-Ethics-mindedness can easily draw attention *away from* the intrinsically complex, paradoxical and ineffable dynamics of power, powerlessness and abuse, by effectively peddling the comforting but highly complacent message that 'The code of ethics will take care of it so you needn't grapple with these issues any further. We, the authority on the matter, have invented the wheel for you, and you needn't bother to invent it again'.

There is a wider question, too, concerning the function that a didactic code of ethics is purported to perform, and whether the very didactic form itself is appropriate to the unique field of counselling and psychotherapy. A useful starting point is that of Gaie Houston's statement that 'A code of ethics is an abstraction into generality of what was once personal and passionate. At best, ethical codes are a useful shortcut to save us emoting and thinking the same questions over and over' (Houston, 1993: 6). I profoundly disagree that in the therapy field, ethical injunctions should be obeyed as a short cut in order to render unnecessary the emotional work that should organically underpin the ethical values upon which therapeutic practitionership is based. Rather, from a humanistic standpoint I believe that we must *re-invent the wheel every time* – for surely what competent and flexible therapists should aspire to is an authentically embodied and lived ethics that is experientially based, rather than one which is handed down as a solemn commandment from on high.

Dangerousness, chaos and 'defensive therapy'

I turn now to what I see as the *intrinsic dangerousness of therapeutic work* – dangerous not least because of the essential unknowability and mystery of human relationship, and of life itself (Groddeck, 1951: 40; cf. Spinelli, 1996). There is a danger of a bland kind of 'defensive psychotherapy' (Clarkson, 1995; Mowbray, 1995: 151-4) taking hold in an environment where practitioners take the energy-dynamics of fear, punishment and rule-following into their client work. When one works at depth with clients, such work is often risky and dangerous, and goes close to the edge of tolerance, holding and rational understanding – and for these reasons requires a great deal of trust and courage on the part of the therapist (House, 1995b). It follows, then, that how we respond as practitioners to the intrinsic dangerousness of the work will be crucial regarding the quality and depth

of healing experience that one can offer. We can either act out from our fear of danger by fleeing into a safe, defensive therapy, buttressed on all sides by didactic ethical codes, external moral injunctions and insurance policies – thereby sacrificing the creativity of the work on the altar of our own uncontainable anxieties; or we can furnish new approaches to ethics or ‘principled practice’ that enhance our capacities to embrace the intrinsic difficulties and *impossibilities* (Malcolm, 1982; Totton’s Chapter II.5, this volume; House, forthcoming) inherent in therapeutic work.

A recent paper by Ernesto Spinelli (1996), provocatively titled ‘Do therapists know what they’re doing?’, boldly maintains that ‘there exists precious little about therapy that we can say with any certainty ... One is driven to the simple conclusion that psychotherapists do not know what they are doing and cannot train others to do it, whatever it is’ (56, 57; cf. Lomas’s Chapter IV.2, and my Chapter II.2, this volume). From this challenging deconstructive perspective (which is very consistent with New-Paradigm thinking – cf. House’s Chapter IV.3, this volume), perhaps the tendency to embrace programmatic ethical standards and guidelines is an unconscious acting-out – an unacknowledged fleeing from the existential anxiety that at some crucial level, the therapeutic process is *intrinsically* unknowable. And if this view is anything like right, then perhaps the adoption of relatively comforting didactic codes of ethics can easily become a self-deluding distraction from, rather than a facilitator of, effective and creative practitionership.

Recent developments in Chaos Theory and Complexity Theory contain important learnings in this regard. Here is biologist Brian Goodwin: ‘Chaos combines order and irregularity in a subtle way. ... Too much order is bad for you! ... Living on the edge of chaos is the best place to be if you want to live a creative life’ (1997). So-called New Paradigm perspectives (see my Chapter IV.3, this volume) are telling us that the physical world (let alone the social world!) is so intrinsically complex that it is *in principle* beyond human rational understanding, predictability and control; and a concomitant of this realisation is that we have no choice but to be full participants in nature, and in relationship (cf. Goethe’s view of science – Bortoft, 1996), rather than detached manipulators, deluding ourselves that we can control the process in which we are so indissolubly and irreducibly embedded. To quote Goodwin again, ‘it is the intrinsic dynamics of creation and transformation that we now need to grapple with’; and it seems to me that the energy that accompanies didactic ethical codes is quite antithetical to these imperatives, and is defensively fixed within, and limited by, old-paradigm ways of apprehending the world.

Participatory ethics in a pluralistic practitioner culture

The writings of Fromm (1949), Skolimowski (1994) and Heron (1996; this volume) provide a more than adequate philosophical foundation for the participative ethical practices which I will now outline. Fromm’s inspiring vision of a humanistic ethics repays particularly close study: for him, ‘Humanistic ethics takes the position that if man (*sic*) is alive he knows what is allowed... As long as anyone believes that his ideal and purpose is outside him..., he will look for solutions and answers at every point except the one where they can be found – within himself’ (248-9, his emphasis).

I have argued that the most sustainable ethical standards are those founded upon a full engagement with the existential complexities, paradoxes and ineffabilities of living and loving in the context of our developmental histories; the question remains as to the most creative form that a decentralised, non-didactic ethical practitioner environment might take.

Participatory ethics in the IPN

Gartrell (1994) writes of ‘bringing ethics alive’; and Brown’s statement that ‘ethical behavior is a process, not a static outcome’ (1997: 65) captures well the spirit informing ethical practice within the Independent Practitioners Network, which addresses the question of ethics by each practitioner-group taking full responsibility for devising its own ethical code or ‘principles of good practice’ (Chapter V.3, this volume). Such a process typically involves a *real living dialogue* between group members, who together struggle with and organically devise embodied and lived principles of practice that directly emerge from their own life and work-related experience, and which reflect the richness of diversity that each practitioner-group represents.

Lindsay Cooke, a member of the IPN practitioner-group 'Six of One', once said to me that what matters about the principle of confidentiality is its *spirit of respect* rather than the *letter* of its procedural detail; and I want to argue that this notion of *the spirit of principled practice* is appropriate for the ethics field in general. As quoted earlier, Brown (1997: 57) also makes the telling point that under an institutional code, she has sometimes found the attitude that 'as long as the letter of the law is strictly followed and no one gets caught, the spirit of the law can be violated'.

I will refer briefly to the Code of Ethics devised by the 'Six of One' practitioner-group, a full member-group of the IPN (Six of One, 1994). One feature that stands out is that the code consists almost entirely of *positive* statements about principled practice rather than endless lists of negative statements about what the practitioner *shouldn't* do. The code is divided into ten 'Principles', and the care and attention to detail that the devisors brought to their task shines through every word. The only negative, 'Thou Shalt Not...' principle is their 'Non-exploitation principle', which simply states that: 'We will not exploit people financially, sexually, emotionally or practically. We will not use our role for personal aggrandisement. We will not endeavour to keep people in therapy contrary to their own interests or wishes'. The 'Honesty Principle' also really catches the eye: 'We are open and honest with the people we work with about our experience and training. We are willing to discuss with people the personal beliefs and values which underpin our work as therapists'. Note the first-person ('we...') usage: this is a group of practitioners who are publicly declaring to the world their principles of practice, and taking full ownership of and responsibility for those principles. On reading the code, then, I am left with a real sense of freshness, richness and vitality, which I'm sure directly reflects the quality and energy which the practitioners in question bring to their work. From a New Paradigm perspective (see Heron's Chapter IV.4 and my Chapter IV.3, this volume), this approach to principled ethical 'praxis' is a vibrant, living, creative example of what Skolimowski (1994: 371-82) calls 'participatory ethics'.

The contrast between this experience, and that of reading one of the institutional codes, could hardly be more stark; and I would challenge anyone drawn to the didactic form of ethical regulation of the field to read a rich, alive and embodied code of ethical practice derived by those who use and stand by it, and a didactic code drawn up by one of the professional institutions in the field. Thus, in the UKCP Ethical Guidelines (Clarkson and Pokorny, 1994: 521-6), in the space of just three pages we find the phrase 'Psychotherapists are required to...' no less than thirteen times; and Holmes and Lindley list five 'injunctions, which could plausibly find their way into... a code' (1989: 197) – all of which begin 'A psychotherapist must not...'. In such an atmosphere it comes as no surprise, therefore, to find Holmes and Lindley writing that 'In the next two chapters we shall consider proposals for tackling the problem of practitioner compliance...' (187).

Participatory ethics in the Feminist Therapy Institute (FTI)

Another highly relevant example of the participative ethical process is described by Laura Brown (1997: 62-5) – viz. the FTI's devising of its own ethical guidelines due to their disillusionment with existing institutional codes. Importantly, it is intentionally 'a work in progress' (62), and privileges values which are anti-hierarchical, liberatory and aspirational rather than legalistic (63). There are close echoes with the IPN's participative ethical process, for: 'The process of writing the code was itself an exercise in the ethics it attempted to codify. No one person was set up as the ethics expert; everyone was assumed to have valuable input' (ibid.). Clients were also actively involved in the code's creation, and 'it was written by and for the community' (ibid.). Furthermore, the FTI practitioner is assumed to be continuously involved in the process of ethical decision-making, both in her work and in her life more generally (65).

Perhaps the greatest difference between these two very different approaches to ethics lies in the pessimism and fear-driven nature of the didactic institutional model, and the optimistic, positive and aspirational orientation of the IPN/FTI approach. Skolimowski's vivid description of *non-participatory ethics* serves as an excellent commentary on the kinds of institutional codes of ethics I have been challenging in this chapter: 'non-participatory ethics... appears appealing on the surface. Yet ultimately it makes the individual estranged from the larger context of participation and, in the end, deeply unfulfilled within his/her inner core. Non-participatory ethics satisfies the ego, but leaves

the soul and the inner person deeply unsatisfied' (1994: 372). By contrast, 'to participate is to be responsible. The larger the reach of our participation the larger the scope of our responsibility' (ibid.: 382).

Conclusion

A self-generating community of therapeutic practitioners will tend to gravitate towards some kind of commonality of values – not least in terms of some focal or unifying account of the broad principles by which its participants stand (I am grateful to John Heron for this insight). In other words, what I have written about here is a *unifying metacode of ethical decentralisation* (in the same way that in his Chapter IV.4, Heron commends a central metavalue to the effect that it is inherently healthy and mature for practitioners to generate their own values in local groups). Heron (personal communication) describes the shift from a centralised institutional code to a plurality of self-generated ethical standards, thus: 'A mature profession or body of practice shifts centralisation from the overcontrolling idea of one code for all, to the releasing idea of a metacode which affirms a situational pluralism of codes ... The central secretariat shifts from controlling hierarchy, seeking to contain local autonomy ... within a uniform mass, to empowering hierarchy, which seeks to affirm local autonomy and co-operation in a pluralism of codes and practices'.

There are increasing signs within our culture that the trend towards ever more centralised, large-scale organisational forms, and institutionalisation more generally, is gradually being challenged and replaced by 'power-with', responsibility-taking forms of organisation and ways of being; and it would surely be a tragedy if the field of counselling and psychotherapy were one of the last to get the message.

In closing, I would like to quote the Buddha, who said,

Be ye lamps unto yourselves.

Be your own reliance.

Hold to the truth within yourselves as to the only lamp.

(quoted in Fromm, 1949: v)

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