

1 Ethics, psychology and therapeutic practice¹

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This chapter explores the place of ethical thinking in therapeutic practice. My perspective is shaped by a history of teaching social science and psychology before training in therapy, which I began with Relate. I have long been involved in the development of Counselling Psychology within the British Psychological Society. So my contribution is focused by an interest in the relationship between psychology and ethics. These disciplines can be seen as two central pillars supporting the professionalization of therapy and the interesting stage that this process has reached in the UK contextualizes the discussion. I argue that how the relationship between psychology and ethics is constructed has important implications for the way therapy is defined and the way it is practised. The chapter draws on social science and thus offers a somewhat different view from texts that attend more specifically to professional ethics and codes of practice, such as Bond (2000) and Jones *et al.* (2000), and from those that explore a broader ethical territory, such as Holmes and Lindley (1998) and Tjeltveit (1999).

Professionalization and regulation

The concern with ethical issues has grown in the context of professionalization. As Tjeltveit (1999: 255) notes: 'When psychotherapists assert that they are professionals, they announce, they profess, they make public testimony that they possess specialized knowledge and technical skills that help people with psychological problems.' A promise is made that the profession can be trusted to act in other than

its own interests, so an ideology of public service and altruism is espoused. Hence the assertion of professional status implies both competence, in specialized knowledge and skills, and ethical commitment.

Of course, these claims are made by the emerging profession on its own behalf and in conjunction with the formation of a professional body representing its interests. So, against the ideal of altruism we must set the recognition that, since their origins, initially as law, medicine and the clergy, in the medieval universities, professions have been characterized by the monopolization of particular forms of expertise and the erection of social boundaries around themselves (Abbott and Wallace 1990: 2). They control entry through lengthy training and qualifications and are thus as much about exclusion and power as about service. Professional power has long been the subject of critiques from both left and right political perspectives and the demand for regulation can be seen both as a negative manifestation of power (for example Mowbray 1995) and as a genuine acknowledgement of, and desire to redress, abuses of power. Ethical frameworks, codes of practice and disciplinary procedures are, in part, aspects of self-regulation that serve to establish trust, by ensuring some protection for clients. They can thus be situated alongside legal and political frameworks, and ethical, legal and political issues inevitably interrelate.

Professionalization in the UK, as elsewhere, has had a complex history, marked by dissent, and resulting here in the formation of not one but four main professional bodies. Although evolving from earlier organizations, three have been established within the past 30 years: the British Association for Counselling (1977) and Psychotherapy (2000); the United Kingdom Standing Conference (1989)/Council (1992) for Psychotherapy; and, the British Confederation of Psychotherapists (1992). The British Psychological Society has a longer history, being established in 1901 and incorporated by Royal Charter in 1965. However, it did not register chartered psychologists until 1987 and counselling psychologists were not chartered until 1992. It is now beginning to register chartered psychologists specializing in psychotherapy. The BACP and the BPS are membership organizations, whereas the UKCP and the BCP are umbrella organizations. Practitioners of therapy may be called counsellors, psychotherapists, counselling or clinical psychologists. So, particularly in moving towards regulation, the question has arisen as to whether we are talking about one or a number of different professions or

perhaps one or two different kinds of activity (counselling and psychotherapy) that differing professions (including psychology and psychiatry) all practise.

Each professional body commits practitioners to ethical standards and codes of practice. The main concerns, in the context of self-regulation, are to protect clients/patients from bad practice, and with the ethos and conditions within which therapy takes place. To this end there is significant agreement across the codes about basic principles and standards of conduct. Ethical issues are seen largely as relating to aspects of conduct, such as the management of boundaries and the non-exploitation of clients, and to dilemmas arising in situations where values conflict, for example those of client autonomy and client safety. These are important areas of ethical thinking in relation to practice and some of the issues are explored in other chapters of this book. However, such issues, relating to the standards and conditions of practice, may be seen as external to the actual process of therapy, which is often, though not always, conceived in psychological rather than ethical terms. This is reflected in the way that ethics is often approached on training courses, with codes of ethics and practice being introduced (and trainees required to commit to them) but not discussed in depth. Training focuses on what is seen as the theory and practice of the approach or approaches to therapy itself. The way that the codes have been written, as rules, has no doubt contributed to this marginalization of ethical thinking.

Nevertheless, in the context of professionalization, ethics has begun to feature more significantly in the curriculum, usually as the kinds of issue and dilemma noted above. Moreover, the BACP has recently developed a fundamentally changed ethical framework and the BPS is engaged in a similar task. These two major professional bodies are moving away from an approach to professional conduct based on sets of rules, towards one based on values and principles. This will require those of us whose practice they govern to think differently about ethics. It will take time to establish, but the change is quite profound. Ethical thinking and reasoned judgements based on values and principles will be expected and there will be less specific guidance in the form of rules. Moreover, at least within the BACP framework, which draws as much on virtue ethics as on duty ethics, practitioners will be expected to cultivate personal qualities, such as empathy, sincerity and respect, considered to be characteristic of good therapists, as a matter of *ethical responsibility* as well as in the

context of *technical competence*. This emphasis on personal qualities and values reorients the approach to professional ethics in a way that makes ethical thinking central to the process of therapy. Ashcroft notes, in an article introducing the new framework, that it does so precisely by drawing attention to the personal and moral qualities of the practitioner and stressing the personal dimension and the quality of the relationship in therapy. He states unequivocally that, 'Counseling and psychotherapy are thoroughly ethical activities, in the deepest sense of the term "ethical". They are concerned with the process of discovering the good life' (Ashcroft 2001: 10). Thus, in his view, the new framework *defines* therapy as a fundamentally ethical activity.

Of course, there are differing aspects of, and ways of characterizing, ethics. Bohme (2001) distinguishes three:

- A branch of academic philosophy, an area of knowledge of a specific kind with its own methods and schools.
- Connected with the idea of philosophy as a mode of living or a way of life.
- Practical wisdom.

The second and third of these characterizations have to do with what Bohme calls 'the art of dealing with serious questions'. Ashcroft is clearly linking therapy with the second, where ethical or moral questions are seen as arising when matters become serious for each of us individually. Bohme argues that how we decide those questions determines who we are and how we regard ourselves. They are questions that have to do with 'being-human-well' or virtue ethics. The third characterization of ethics, as practical wisdom, centres on public as distinct from personal concerns. Here the basic values of communal life are at issue and arguments involve the formation of public opinion as a background for social regulation. So ethical or moral questions arise when matters become serious for a community and affect how it regards itself and what it becomes. In this aspect it is easy to see the interrelationship of ethics and politics.

Ethics and psychology

All this points to areas of contested, or at least shared, ground between ethics and psychology, of central relevance to therapy.

Engaging with clients about issues relating to who they are and how they regard themselves is clearly an ethical activity as defined above. Moreover, ethics as practical wisdom seems to be what we engage in when we publicly debate the nature of therapy, how we regard it and what it should become, particularly in relation to regulation. On the other hand, psychological theories, explicitly or implicitly, contain normative notions about the nature of persons, their well-being and potential, and debates between theoretical approaches and models of therapy can be seen as debates *within* psychology. Thus, questions about the relationship between ethics and psychology are fundamental in defining the profession. Whereas the new BACP framework stresses the ethical character of therapy and the centrality of personal qualities and relationship, the claim to expertise and the possession of specialized knowledge and technical skills is frequently made on the basis of psychology. So the relation between ethics and psychology involves a tension which can be usefully expressed in terms of Buber's (1958) distinction between two modes of being-in-relation, 'I-It' and 'I-Thou'. This can translate into seeing ourselves, as practitioners, as either technical experts or as persons in relation.

Interestingly, there is a wealth of psychological research evidence demonstrating the therapeutic significance of the practitioner-client relationship. Roth and Fonagy (1996) clearly confirm this, and Hubble *et al.* (1999), in their analysis of outcome research, identify client variables and extra-therapeutic factors as accounting for as much as 40 per cent of improvement in therapy and the therapeutic relationship as accounting for 30 per cent. Placebo/expectancy effects and specific techniques each account for 15 per cent. Moreover, the evidence that, in terms of overall effectiveness, no one therapeutic approach is better than any other is persuasive (Lambert and Bergin 1994). This seems to underscore the emphasis of the BACP framework. Nonetheless, despite the evidence, professionalization favours a stress on technical competence and an increasing reliance on therapeutic techniques. 'Doing-to' is emphasized over a relationship in which 'being-with' a person is paramount; 'I-It' takes precedence over 'I-Thou' irrespective of the therapeutic approach. Lomas (1999) has, for instance, drawn attention to the increasing emphasis on technique over relationship within the psychoanalytic tradition. He explores some of the ways in which what he terms 'the retreat from the ordinary' damages the therapeutic process and diverts attention from its personal and ethical dimensions.

Of course, this seeming 'ordinariness' of 'being-in-relation' is part of the problem. It can appear to undermine the claim to professional expertise. Nevertheless, Carl Rogers, who did much to establish the significance of relationship in therapeutic processes, stressed that therapeutic relationships are *not* different *in kind* from relationships in everyday life. What can be overlooked is the intrinsic value of meeting when depth of contact can be established in the relationship. Rogers emphasized the *extraordinary* therapeutic potential of this *ordinary* human capacity and we owe much to his careful work in researching its nature and potential and for identifying such key therapeutic factors as acceptance, empathy and congruence.

Differing therapeutic approaches now draw upon this understanding and one might expect it to lead to a more significant focus on research into the relationship and an exploration of issues that arise when this is considered in some depth. For example, while there are strong affinities between the approaches of Rogers and Buber, there are significant differences with implications for practice (Kirschenbaum and Henderson 1990: 41–63; Friedman 1992). It is possible, in the area of relationship, to imagine ethical and psychological inquiry as complementary. Indeed, deepening our understanding of acceptance, empathy and congruence requires this as they relate to psychological attributes and skills of the therapist, to her or his ethical virtues and to the declared values of therapeutic practice. Moreover, whatever the approach, in the specificity of each therapeutic relationship, questions arise which have both ethical and psychological aspects, such as: 'What does it mean to encounter this person?', 'What is my responsibility to this particular other?', 'How will I use my professional power in this specific relationship?', 'How will aspects of my self and my values enter this relationship through, for example, disclosing aspects of my personal experience?', 'When and how will I offer or withhold insights, interpretations or specific techniques?'

More commonly, the relationship is considered superficially and reduced to a precondition for the application of techniques, the 'technical expert' overshadows the 'person-in-relation'. This stress on technical expertise can be linked both to the employment context and to the way psychology has developed as a discipline, traditionally adopting a 'natural science' model. It is favoured by professional recognition and the increasing employment of therapists in organizations (significantly the NHS and employee assistance programmes)

where a heavy demand on resources is coupled with a justifiable expectation of accountability.

Such settings tend to promote short-term problem- or solution-focused work and standardized, manualized and even computerized treatments to the exclusion of more flexible, creative approaches (which stress the specificity of each therapeutic relationship) and longer-term, in-depth work. There is a strong demand for evidence-based practice which encourages research conforming to the dominant 'natural science' model and a bias towards cognitive-behavioural therapy. This best fits the model and, importantly for a profession working increasingly in medically dominated contexts, can strengthen claims to a distinctive field of *psychologically defined* expertise validated by research (for example British Psychological Society, Division of Clinical Psychology 2000). However, much research can be criticized for being constrained by notions of good design inappropriate to complex life situations (Spinelli 2001: 5). The emphasis is on efficacy studies, characterized by 'randomized control trials', though, as Seligman (1995) argues, these may not be the best way to evaluate the effectiveness of therapy (and see Mace *et al.* 2001). Moreover, exaggerated claims can be made about the significance of results or the adequacy of the design (see, for example, debates initiated by Bolsover 2001 and Holmes 2002).

Psychology: a natural science?

Despite the weight of theory and research that challenges it, the 'natural science' view of modern psychology, although modified, is still mainstream and supported by a long history. Its development, in the second half of the nineteenth century, as psychology emerged as one of the disciplines aiming to study human beings scientifically, can be understood as part of a wider social and historical process, conceptualized as 'rationalization' by Weber (1974).

Rationalization involves the application of rational decision-making criteria to increasing areas of social life and is linked with the rise of industrial capitalism in the West. Progressively freed from the external constraint of values (historically the 'Protestant ethic'), productivity becomes an end in itself as opposed to a means whereby independently identified human needs can be satisfied. The effect is to construct a complex 'iron cage' of bureaucratic rules and

regulations geared to calculable economic efficiency (Weber 1974: 180–2). Different spheres of life are increasingly separated and subject to specialization and the creation of technical experts, forming what Habermas (1971) terms ‘subsystems of instrumental action’. Rationality is reduced to a single form, ‘instrumental rationality’, and defined entirely in terms of the most efficient means to achieve subsystem-specific goals, such as ‘productivity’, ‘scientific truth’ and ‘technological progress’. Imagination, emotional experience, the arts and moral values are all effectively excluded from the sphere of reason and truth (Abbs 1996: 31–45). The model of professional practice that arises casts practitioners in the role of instrumental problem-solvers applying technical expertise to well-formed problems. Schön, in offering an alternative ‘reflective practitioner’ model, argues that it falsely suggests

a high, hard ground overlooking a swamp. On the high ground, manageable problems lend themselves to solution through the application of research based theory and technique. [However] In the swampy lowland, messy, confusing problems defy technical solution. . . . [And] in the swamp lie the problems of greatest human concern.

(Schön 1987: 3)

In tune with the process of rationalization, in which technological and social progress are linked, traditional ‘scientific’ psychology is rooted in the Enlightenment philosophies of empiricism and positivism. It stresses knowledge claims based on ‘objectively observable facts’ verifiable against ‘sense-experience’. This emphasis on objectivity and observability favours the study of behaviour rather than subjective experience. Laws allowing the prediction and control of behaviour are sought which, once discovered, can be applied to the treatment of criminality and mental illness, the assessment of abilities and aptitudes, the education of children, the organization of the workplace, and so on. This merely indicates how psychology positioned itself historically as a natural science (see also Strawbridge and Woolfe 2003) but, as such, its continuing concern is the pursuit of objectivity and truth. While ethical questions are asked about the conduct of research and the application of its findings, they are seen as external to the discipline itself. Human beings are approached as objects of systematic study, not as subjects interacting with

researchers and their findings. The model is inherently deterministic and generates causal explanations that locate control outside the agency of those controlled.

The psychological theories underpinning therapeutic practices are often broadly understood as scientific in this sense. This strengthens the emphasis on technical expertise, particularly in clinical settings with a biomedical ethos. Ethical considerations are focused on issues relating to applications and professional conduct, following traditional approaches to medical ethics. However, as Hacking argues, even psychiatric classifications with a possible biological basis, such as schizophrenia, are 'interactive', always open to revision because 'people classified in a certain way change in response to being classified' (Hacking 1999: 123). Moreover, the very range of competing psychological theories and therapeutic approaches suggests that theoretical concepts, relating to such things as the nature of persons, their well-being, potential and pathology, are value-laden. Adopting a natural science model of psychology, with its technical expertise model of practice, encourages avoidance of ethical and political debate about the values embedded in such differing therapeutic approaches. It militates against viewing therapy as a *fundamentally* ethical activity.

The human science alternative

The natural science model of psychology has, however, been contested from the start. As psychology, history, sociology, economics and social anthropology emerged as empirical disciplines, claims were made that their subject matter is crucially different from that of the natural sciences and requires differing methods of study. In Britain, John Stuart Mill coined the term 'moral sciences' to distinguish these disciplines. They were termed *Geisteswissenschaften* in German, which can translate as 'human sciences'. The German philosopher William Dilthey linked the notion of human science to a theory of understanding and he significantly influenced the development of research into human consciousness, subjective experience, meaning and culture. Consciousness and human agency are emphasized in the human science model, and values are inseparable from its assumption that human beings have the capacity for choice and personal responsibility, as opposed to being entirely determined by internal and external

causes. Methods appropriate to the study of self-conscious, reflective and self-determining beings are sought.

Nonetheless, in Britain and America, the natural science model predominated throughout the social sciences and psychology, at least until the 1960s. By that time, in a general climate of humanism generated by political and intellectual upheaval, human science approaches were gaining ground. Humanistic psychology, associated with Carl Rogers and Abraham Maslow and rooted in the European phenomenological tradition, was among them. Its emphasis on free-will and human potential was significant in the political context and counselling first evolved as one of a range of democratizing practices in humanistic psychology (Herman 1992). The quality of the therapeutic relationship was stressed together with the validity of the subjective experience and capacity for self-determination and personal responsibility of the person in the client role.

Humanistic psychology, with its stress on values and relationships, remains an important influence. However, while championing human subjectivity and freewill, it courts utopian ideas of democracy and human perfectibility. Rogers, for example, was challenged, from a more existential viewpoint, by May for neglecting the human capacity for evil (Kirschenbaum and Henderson 1990: 239–51), and Spinelli (1989: 159) contends that humanistic psychology adopts an overoptimistic view of human nature and human freedom. Additionally, the emphasis on 'self-actualization' can lead to a neglect of the self-in-relation, and questions of responsibility to others.

The more general humanism of the early 1960s similarly overemphasized the responsibility of individuals for their own circumstances and life-chances. 'Structuralist' critiques drew upon structuralist linguistics, which defines languages as structured symbolic systems. From this perspective, subjective consciousness, structured by language, could be viewed as socially constructed and more obviously available for scientific study. Human action was understood as generated within symbolic meaning systems in which socio-political power is legitimated in ideologies. Marxist and feminist studies were particularly important in showing how these power relations are reproduced through the construction of personal identities (see, for example, Billington *et al.* 1998: 52–7). As the structures of language and ideology operate, as it were, beneath consciousness, social science renewed its interest in psychoanalytic studies, particularly through the

work of Jacques Lacan, who, influenced by structuralist linguistics, claimed, 'the unconscious is structured like a language' (1977: 20).

'Structuralism', again overdeterministic, in turn became a focus of critique, and 'post-structuralism' linked with a broader set of complex and debatable ideas – 'postmodernism' – emerged. It maintains a similar view of the relation between language and consciousness to structuralism, but rejects the conception of languages as large, unified systems in favour of smaller systems or 'discourses' located in specific forms of social life. Like Weber, post-structuralists and postmodernists argue that life is inherently multifarious and contradictory and all thinking and evaluation limited within perspectives. They contend that grand theories and overarching systems of thought, 'meta-narratives', are oppressive and, in recognizing the varied forms of social life, its 'little narratives', postmodernism has a liberating potential (Lyotard 1984). Postmodernism and post-structuralism have influenced a range of approaches to the study of human beings that have gained significance in psychology. These approaches include social constructionism, discourse analysis, conversation analysis, deconstruction and critical psychology. Alongside developments in phenomenological research and psychoanalysis, these approaches have contributed much to the study of subjective experience, social relationships and personal identity by rigorous qualitative methods (see, for example, Smith *et al.* 1995).

Ethics, psychology and practice, challenge and change

Language thus provides a crucial key, unlocking possibilities for studying conscious and unconscious meanings and motivations, culture and ideology. Moreover, the relationship between structure and agency can be explored as a function of how subjective consciousness, while structured by discourses, has the capacity for self-reflection and choice. All this has strengthened the human science model and re-established the significance of critique and the centrality of ethical and political values. If knowledge is always limited within perspectives, then those perspectives must be made transparent and their implicit values examined. Studies within psychology, which are beginning the self-reflective critique of the discipline (for example Burman 1994; Fox and Prilleltensky 1997), demonstrate

that, far from being value-free, psychology plays a key role in constructing and maintaining socio-political structures and power relationships. Michel Foucault's work has been particularly useful in showing how. Psychological theories, viewed as discourses, can be seen to operate within a 'general politics' or 'regime of truth': that is, 'the types of discourse which [a society] accepts and makes function as true'. Consistent with the process of rationalization, in societies like ours 'truth' 'is centred on the form of scientific discourse and the institutions which produce it' (Gordon 1980: 131).

More specifically, studies of the discourses of psychopathology and psychotherapy pose a considerable ethical and political challenge to established therapeutic practice (for example Parker *et al.* 1995; Parker 1999; Fee 2000; Hook and Eagle 2002). They show how, whatever the model, biomedical/psychiatric, cognitive-behavioural, psychoanalytic or humanistic, theories situate clients and their problems within normative discourses that, for example, set standards of mental health, adjustment, development or self-realization. Moreover, they position the therapist as expert and privilege the language of the model over the everyday language of clients. In doing so they often oppress the people they intend to help. Writing from a post-Jungian perspective, Hillman (1983: 15) has noted the power of such psychological stories:

Once one has been written into a particular clinical fantasy with its expectations, its typicalities, its character traits, and the rich vocabulary it offers for recognizing oneself, one then begins to recapitulate one's life into the shape of the story. One's past too is retold and finds a new internal coherence, even inevitability, through this abnormal story.

So it seems that, in Bohme's terms, things are certainly becoming serious for the communal life of therapists. Ethics as 'practical wisdom' is very much on the agenda, particularly in the process of professionalization and regulation. Interestingly, this same process that emphasizes 'technical expertise', has also brought therapists of different persuasions into more contact through professional bodies. A good deal of conflict has ensued but, over time, it is possible to discern an increasing tolerance, and even respect, for difference. As noted above, the quality of the therapeutic relationship is stressed as the most significant common factor in effective therapy. So the

standpoint of 'being-in-relation' is gaining support and is underlined by the new BACP ethical framework.

It seems that I have arrived back at the tension between 'doing-to' and 'being-with'. I struggle with the questions: 'How can I "be-in-relation" with my clients in a non-oppressive way which, nevertheless, does justice to my knowledge and understanding?' and 'What justification might there be for my claim to psychological understanding, and therapeutic expertise?' (Strawbridge 1999). Polkinghorne (1992) suggests a way forward. He argues that the limited relevance of academic psychology to practitioners has resulted in a psychology of practice with its own 'fragmented collection of discordant theories and techniques' based on actual interactions between practitioners and clients. Underlying the generation of knowledge through practice is an implicit 'postmodern epistemology'. It assumes that: there is no firm foundation for establishing indubitable truth; knowledge consists of fragments of understanding, 'little narratives', rather than large logically integrated systems; these fragments are constructed in cultures; and, knowledge is tested pragmatically, by its usefulness. This sits easily alongside Schön's 'reflective practitioner' model, and Polkinghorne, like Schön, links his 'postmodern epistemology of practice' to a range of studies of the ways in which professionals in a variety of disciplines actually develop and apply knowledge in practice.

Within this framework, when I am with an individual 'for whom matters have become serious,' I can, as therapist, draw upon the range of techniques and interpretive concepts available to me, in a spirit of cooperative inquiry. As we live our lives constructed in discourses, I can recognize that, while therapeutic discourses can oppress when imposed, they can also help to 'deconstruct' everyday discourses, which can be equally oppressive, and offer liberating alternatives. However, it is important not to claim too much for therapy and I believe there is an ethical imperative to interrogate and deconstruct our own theories and techniques, as we cannot ignore the socio-political contexts in which they are constructed. We must also strive to grasp the complexity of seeking to understand another person. According to Emmanuel Levinas, the very search for intelligibility that dominates western European philosophy implies reducing difference and otherness to the same. He proposes an alternative ethic of responsibility to the 'other' who is 'radically unknowable' (Davis 1996). There is a growing literature exploring the meaning and

possibility of genuine dialogues between different voices and world-views (see, for example, Sampson 1993) and, in more concrete terms, postcolonial, black, feminist and gay literatures offer intimations of what it might be like to really appreciate difference, in the coexistence of alternative realities and multiple voices.

All this has profound implications for practice, which we are only beginning to explore. So we live in challenging and exciting times. An increasing awareness of the limited applicability of technical rational knowledge in therapy, despite the pressure to claim technical expertise, brings into focus value conflicts and the unavoidable responsibility we have to others. Many practice situations are vague and uncertain but decisions must be made and actions taken and accounted for. Social life is, in a real sense, radically open, and socio-political and moral concepts are 'essentially contestable' (Gallie 1956). Under these conditions, we must seek a new relationship between ethics and psychology so that they can together offer guiding principles and insightful conceptual frameworks that can inform our best efforts to 'be-in-relation' therapeutically with those 'others' who become our clients.

Note

1. Therapy and therapeutic are used as general terms to include counselling, psychotherapy and counselling/psychotherapeutic psychology.

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