

Code of Ethics of the South African Psychoanalytic Confederation

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GLOSSARY

Practitioner is used to denote a psychoanalytic psychotherapist or analyst involved in individual, couple, family or group work; a community worker engaged in counselling informed by psychoanalytic thinking; a group leader or supervisor teaching or supervising work underpinned by psychoanalytic thinking.

Client refers to anyone receiving psychoanalytically-informed help or training whether in a practitioner's consulting room or in a community or group setting.

Intervention refers to the type of psychoanalytic work that is done, whether it be individual, couple or family psychoanalytic psychotherapy, group therapy or group and community work.

Setting refers to the place where the psychoanalytic intervention takes place. It includes all the physical attributes of the place, as well as the attitude of the practitioner.

Therapeutic frame refers to the conditions that the practitioner establishes to do the work. It includes the contract between the practitioner and client, the place where the work takes place, the attitude of the practitioner, the time when the work takes place, the consistency and regularity of the work.

Transference is a process whereby a client displaces or transfers onto the practitioner feelings, ideas and experience of earlier figures in the client's life. The term also refers to the projection of parts of the self onto the practitioner.

Countertransference is the whole of the practitioner's conscious and unconscious reactions to the individual client, including to the client's own transference.

Projection refers to the process of attributing qualities to someone or something else that belong to the self.

PREAMBLE

Psychoanalysis can be defined as a specific theoretical framework and a method of intervention and research that concerns itself with the relationship between conscious and unconscious mental processes. Psychoanalytically-informed practice is concerned not merely with symptom alleviation but with self-knowledge and the re-integration of projected and disowned parts of our psychological life.

The South African Psychoanalytic Confederation (SAPC) unites under one body organizations and practitioners from diverse backgrounds whose work with individuals, couples, families, groups and communities is informed by psychoanalytic theory and praxis. The concept of the analytic attitude undergirds the diverse approaches of the SAPC membership.

The analytic attitude describes the practitioner's conscious and unconscious receptivity to his or her client, in particular the ability to be empathically immersed in

the client's inner world. Crucial to this is the practitioner's capacity to reflect on this process, to remain attentive to the vicissitudes of the therapeutic relationship and to give these meaning within the client's socio-cultural context.¹

The analytic attitude does not stand alone but is intimately related to the analytic *task*, the analytic *process* and the analytic *setting*. The analytic task refers to the facilitation of the client's capacity for insight and to the resolution of unconscious conflicts. The analytic process refers to the unfolding of this task over time and the analytic setting describes the creation of a safe interpersonal space through the disciplined maintenance of the boundaries of the therapeutic frame².

The SAPC ethics code emphasizes that safeguarding the analytic process requires the creation of reflective space, rigorous self-examination by the therapist, maintenance of the therapeutic frame and the regular use of supervision and consultation.

The SAPC ethics code is situated in a multi-cultural, multi-ethnic, multi-lingual, post-apartheid society which continues to be characterized by significant economic and other disparities. Primary objectives of the code include the provision of a broad ethical framework which is primarily aspirational rather than prescriptive and legalistic in nature. The SAPC code strives to promote optimal ethical decision-making and the achievement of the highest standards of professional conduct. Human dignity and freedom from discrimination are central, as is the promotion of social justice and professional practices which are accountable, responsive and open to peer scrutiny.

Protection of the public remains a central concern. Additional objectives of the SAPC ethics code are its efforts to guide and support the practitioner's daily activities, to address the learning needs of the SAPC membership, to foster awareness of the analytic attitude and of the ethical dimension of clinical practice, and to offer practitioners guidance in the resolution of lived ethical dilemmas. It is expected that this ethics code will evolve over time and that the SAPC membership will collectively enrich the code with contributions based on their own diverse experiences, insights and international guidance.

The SAPC ethics code promotes ethical decision-making processes that are open to public scrutiny. Conflicts may arise between the ethical principles and values set out in the SAPC code and the ethical rules of conduct contained in other professional ethical codes. This suggests that lived ethical dilemmas are inherently ambiguous and that the appropriate course of action is not necessarily obvious or given. In contrast to some professional codes, we understand that the resolution of charged dilemmas cannot be achieved without due regard for the emotional and non-rational elements of experience.

A psychoanalytic approach to ethical decision-making encourages reflection on the practitioner's countertransference responses as well as on broader interpersonal and contextual influences that may impact on the latter. Consistent engagement with a third point of view, whether that third be supervision, consultation or the SAPC Ethics Advisory Committee, is considered essential. Engagement with countertransference processes frees the practitioner to weigh competing ethical principles and to decide

more consciously which principle takes precedence in resolving the particular ethical dilemma at hand³.

A psychoanalytic approach to resolving ethical dilemmas therefore prioritises the establishment and maintenance of a reflective space in which the impact on ethical decisions of competing codes of ethics, the law, personal values and countertransference phenomena are addressed⁴.

The SAPC ethics code offers a practical guide to ethical practice within a psychoanalytic frame. It is not a binding document and does not replace existing statutory ethics codes. Should practitioners find themselves involved in a conflict between the statutory codes of their registering bodies and that of the Confederation, they are encouraged to contact the SAPC Ethics Advisory Committee and/or their own professional registering codes and bodies, or professional associations, for support and consultation.

The SAPC code is informed by international psychoanalytic and psychological codes of ethics. The structure of the SAPC code consists of a Preamble followed by four sections. Each section consists of an overarching ethical principle, a statement of values (which defines and elaborates the principle concerned) and ethical standards (which illustrate the practical application of the principle and values to the therapist's daily activities).⁵ The ethical principles, values and standards have, as far as possible, been interpreted from a psychoanalytic stance and serve to alert the SAPC membership to departures from acceptable psychoanalytic practices.

The four ethical principles are:

1. Respect for Human Dignity
2. Responsible and Competent Caring
3. Integrity
4. Professional and Scientific Responsibilities to Society.

PRINCIPLE I: Respect for Human Dignity

Values statement

Respect for Human Dignity is a fundamental ethical principle that is universally acknowledged as the philosophical foundation for many of the other ethical principles put forward by different professions. Intrinsic to the analytic attitude is an inherent respect for the dignity of the person irrespective of race, class, social and economic status, ethnic origin, language, culture, age, gender, marital status, sexual orientation, religion and physical or mental abilities.

Implementation of the principle of Respect for Human Dignity subsumes the ethical standards of the welfare of clients, confidentiality and informed consent.

Ethical standards

1. Welfare of clients

As psychoanalytic practitioners our primary duty is towards the clients with whom we work. This duty pertains to direct clinical work via personal psychotherapy or group therapy as well as indirect clinical work via supervision and ongoing learning and consultation with colleagues. Practitioners also have a responsibility to respect the dignity and worth of supervisees, trainees, research participants, students and the parents, siblings, partners and other caregivers of their clients.

2. Confidentiality

All information about the specific nature of the psychotherapy is confidential. It is not, however, a violation of confidentiality for a practitioner to use disguised case information about a client in a consultation or supervision if the consultant or supervisor is bound by the same confidentiality standards.

In the case of referrals to other professionals, the client's permission must be obtained and the nature of the referral fully discussed with him or her. The client's confidences must be protected in that communication unless they are at risk of causing harm to themselves or others.

This standard of confidentiality may conflict with legal demands and statutory codes published by different professional boards. In some cases, it may be ethically commendable – though not required – for a practitioner to refuse to comply with legal demands and/or the rules of conduct of other professional bodies. (For example, other statutory codes regarding confidential information may differ from our own code.)

If case material is used in clinical presentations and seminars, the material must, at all times, be disguised to prevent identification of the client, even if the client – or the client's parent(s) or guardian(s) in the case of a minor – have consented to such usage. If case material is used in research or publications, psychoanalytic practitioners are obliged to engage in the debates and discussions around obtaining consent from the client. Potential identification of the true identity of the client(s) by third parties and the client(s) themselves in publications must be carefully considered and every effort must be made to avoid harms in this respect. Practitioners are encouraged to be alert to the many complex and often unconscious conflicts that can come to life around publishing clinical work.

The SAPC code recognises that speciality guidelines with respect to the limits of confidentiality (for example, work with minors and suicidal and homicidal clients) remains an area requiring future consultation and development. There may be specific circumstances where the welfare of the client and/or of third parties overrides the obligation to protect confidentiality. Consultation and supervision should be undertaken to resolve such dilemmas.

3. Informed Consent

At the beginning of a psychoanalytic intervention, practitioners need to inform clients of the nature of their work. This is a complex task given our emphasis on unconscious processes. It is therefore likely that however overtly clear practitioners may be regarding their work, the more subtle unconscious processes may not always be possible to clarify. It cannot be assumed that clients are either informed about or have given their consent to the mobilisation of their unconscious anxieties, conflicts and wishes regarding the therapeutic process. The practitioner should engage in the initial interview/s with the prospective client in such a way that the client gains some sense of the potentially painful and often unknown and unsettling nature of the therapeutic endeavour. Informed consent should be considered an ongoing process.

A practitioner is obliged to clarify his or her practice parameters with regard to the scheduling of appointments, fees, supervision, confidentiality and its limits, holidays and termination processes, so that the client – or the parent(s) or guardian(s) in the case of a minor client – can understand and agree to them. The working contract established with a client cannot however be inflexible and includes careful consideration of the client's particular context and circumstances.

It is currently illegal for practitioners to charge for therapeutic services that are not personally delivered and the SAPC code notes that the 'contract system' remains a contentious area of practice requiring further consultation and development.

PRINCIPLE II: Responsible and Competent Caring

Values statement

Responsible and Competent Caring embraces the twin ethical principles of non-maleficence and beneficence. Non-maleficence pertains to, above all, doing no harm. Beneficence pertains to working in a manner that promotes the client's well-being.

Implementation of the principle of Responsible and Competent Caring subsumes the ethical standards of professional competence, self-knowledge, the power differential in practice, the disciplined maintenance of the psychoanalytic frame and self-nurturance.

Ethical standards

1. Professional competence

The psychoanalytic practitioner needs to work within his or her range of professional competence. He or she should not assume professional responsibilities for which he or she is untrained. The practitioner should consult with other suitably qualified practitioners while developing new areas of competence and in all cases where it becomes apparent that the client's problems are beyond his or her competence.

The practitioner must strive to keep up to date with new theoretical and research developments. He or she should make full use of relevant literature, supervision, consultation, personal/group therapy and post qualifying education in order to secure the highest standards of professional competence.

If a colleague is impaired in such a way as to pose a risk of harm to clients in that colleague's care, members of the SAPC are encouraged to engage with this colleague around their concerns and to offer relevant support and input to that colleague. Members of the Confederation are also encouraged to consult the SAPC Ethics Advisory Committee about their concerns. Openness to our colleagues' concerns and a non-retaliatory attitude are recommended with regard to collegial perceptions of harms that may have accrued as a result of our own professional practices.

2. Self-knowledge

Psychoanalytic work requires practitioners to strive for greater awareness of their own unconscious material and how this may shape interactions with clients. Personal psychotherapy, supervision, consultation as well as the use of peer relationships and workshops are therefore a crucial part of psychoanalytic practice.

The practitioner is expected in addition to enhance his or her self-knowledge by consciously reflecting on how his or her own experiences, prejudices, biases, culture, personal beliefs, values and stresses may influence professional activities.

3. The power differential in practice

The practitioner should remain acutely aware of the unequal power relationship in both the clinical as well as the supervisory setting. The client's vulnerability, dependency and trust in the therapeutic relationship should always be respected. Clients should not be abused or exploited physically, sexually, emotionally or financially either during intervention or at any time after termination. Practitioners thus need to guard against self-interest and taking advantage of the transference relationship to solicit or manipulate clients, or their parent(s), or guardian(s) if they are minors, in any way.

Psychoanalytic intervention aims to create a symbolic and reflective space in which the client and practitioner can work together in an intimate way. Physical touch is not typically considered to be of value in psychoanalytic intervention but is at the same time a culturally bound concept and can thus be variable. If inappropriate touching does occur, whether of the client by the practitioner or vice versa, such an event should be viewed as acting out behaviour and its meaning and significance sought. Consultation should always be considered in these instances.

These considerations should apply to all work-related relationships, including students, trainees, supervisees, group and community members.

4. Maintaining the psychoanalytic frame

Practitioners should as far as possible ensure that the psychoanalytic frame and professional boundaries are maintained at all times. Disciplined maintenance of the

structural features of the analytic frame (for example, consistent arrangements with regard to place, time, fees and holiday breaks) helps to create a safe analytic setting. Practitioners should therefore not in any way blur the professional nature of the relationship between therapist and client and should strive to discuss and resolve boundary breaches.

A reduced or waived fee does not alter the nature of the frame and does not limit any of the ethical responsibilities of the practitioner.

Adequate time must be allowed for working through termination of the psychoanalytic intervention. This is particularly important if the therapist initiates termination. The therapist must remain considerate of the transference relationship even after the termination of intervention.

Practitioners need to ensure that, in the event of their death or serious impairment, an updated list of their clients' names and of any relevant others is permanently accessible to a trusted colleague.

Practitioners must respect the professional relationship established with supervisees and students and a professional manner needs to be maintained at all times. This includes refraining from the disclosure of personal opinions and information about oneself and colleagues that may cause difficulties for the student or supervisee. Although the nature of the supervisor/supervisee relationship is different from the clinical relationship with a client, practitioners need to be aware of maintaining professional boundaries in the supervisory relationship.

5. Self-nurturance

Practitioners need to acknowledge their vulnerabilities and seek appropriate personal and professional support outside the therapeutic setting. Self-care activities may decrease the risk of harmful boundary violations and may materially assist the practitioner's endeavours to benefit and not harm others. Practitioners have an obligation to recognise the impact of their own physical or psychological impairments and are obliged to seek appropriate care and support. Suspension or cessation of professional activities may be appropriate in some circumstances.

PRINCIPLE III: Integrity

Values statement

Integrity is fundamental to good practice and to the maintenance of public confidence in psychoanalytic practice.

Practitioners are expected to engage in a consistent, honest and straightforward manner with clients, students, supervisees and colleagues. Integrity includes recognizing, monitoring and managing potential biases, multiple relationships and other conflicts of interest that could adversely affect the above-mentioned relationships. In some circumstances, therapist disclosure may pose a risk to the client's dignity or well-being or may be considered culturally inappropriate. Any practitioner decisions to temper the values of honesty and straightforwardness need

to be clearly justified by reference to clinical judgement and higher-order ethical principles.

There is an ongoing interactive relationship between an internalized ethic and external ethical guidelines. An internalized ethic includes the practitioner's capacity to reflect openly and honestly on his or her countertransference as well as his or her willingness to discern, in every session, what belongs to the client and what belongs to him- or herself. External ethical guidelines refer to the consultation of ethical principles, professional codes and statutory rules of conduct.

Implementation of the Principle of Integrity subsumes the ethical standards of honesty and straightforwardness, avoidance of misrepresentation, awareness of conflicts of interest and a commitment to maintaining ethical standards.

Ethical standards

1. Honesty and straightforwardness

Psychoanalytic practitioners are expected to engage in truthful communications with their clients, students, supervisees and colleagues.

2. Avoidance of misrepresentation

Practitioners should refrain from misrepresenting themselves or their colleagues.

3. Conflicts of interest

Practitioners should as far as possible be alert to the implications and dangers of engaging in multiple relationships with clients or with clients' family members or friends. Such multiple relationships should in general be avoided wherever possible. Practitioners should be alert to the possibility of boundary interferences when assessing clients for intervention.

Practitioners should avoid taking clients into treatment where there is a likely risk of a conflict of interest. In cases where conflicts of interest arise after the commencement of a psychoanalytic intervention, practitioners should, after consulting colleagues, openly declare them when they cannot be avoided or are inappropriate to avoid. If the situation involving dual or multiple relationships is difficult to resolve, prompt consultation with fellow colleagues is recommended.

However, in some contexts it might be unavoidable and even culturally appropriate to fulfil multiple roles, such as being a community counsellor whose private life intersects with that of the community served. In such instances the psychoanalytic practitioner should be as conscious as possible about the likely meaning of these multiple roles and the impact that these may have on clients. Practitioners have an obligation to minimise the potential adverse impact of such multiple roles.

When faced with material needs such as hunger, the practitioner may have to act in a literal manner, such as providing food, but should be aware of and be able to articulate the possible symbolic meanings of such an action.

4. Commitment to maintaining ethical standards

Psychoanalytic practitioners should engage in self-observation and active self-monitoring as described in Principle II. They are also advised to thoroughly familiarize themselves with this code of ethics as well as the statutory ethics codes of their respective registering bodies.

PRINCIPLE IV: Professional & Scientific Responsibilities to Society

Values statement

Clinical work is the essence of the identity of the psychoanalytic practitioner. The responsibility for the practitioner is to provide psychological mindfulness: to remember, reconstruct and confront events in our inner worlds which impact on our external realities. Linked to this challenge is a fundamental cornerstone of psychoanalysis: that is for both practitioner and client to bear painful truths and to engage difficult personal or interpersonal realities⁶. Facing the truth is not, however, limited to our work in the clinical setting. We are also linked into the broader frameworks of our society.

The SAPC Preamble and four ethical principles attempt to communicate a set of ethical guidelines that are in line with our national Constitution and its founding values. The SAPC Code informs us not only about how to engage as practitioners but also about best practice as a Confederation.

In South Africa, our apartheid history – the subjugation and humiliation of the majority of our people and the consequent damage to all South Africans – inform us in the construction of these guidelines. We live in a multi-cultural, multi-racial, multi-ethnic and multi-lingual society, where socio-economic disparities are often barriers to physical and mental health and to obtaining psychological care. Our ethical code attempts to speak to this reality and to the creation of best practice, at all times, and for all people.

As psychoanalytic practitioners, we are committed to the advancement of scientific and professional knowledge about the workings of the mind and relationships and how these impact on human behaviour. We are committed to use such knowledge to improve the condition of individuals, organizations and society.

Implementation of the Principle of Professional and Scientific Responsibilities to Society subsumes the ethical standards of social responsibility, human rights, contribution to society and an ethical attitude to research.

Ethical standards

1. Social responsibility

A psychoanalytic practitioner should comply with the law and with social policies that serve the interests of clients and the public. The SAPC code, however, recognizes that there are times when conscientious refusal to obey a law or policy constitutes the most ethical action. Such action should ideally only be taken after careful

documented reflection and supervision or consultation with due regard for the potential consequences for all the affected parties.

2. Human rights

The SAPC has a clear and public position which opposes all human rights abuses under all circumstances. The Confederation encourages its member groups to engage in open debates and discussions on human rights violations. In this way a complex matter is devolved to SAPC component groups which can then decide which human rights violations they feel strongly about and want to address. We understand human rights violations by definition to impact on the psychological well being of individuals and the broader society.

3. Contribution to society

The SAPC encourages its members where possible to contribute a proportion of their time and skills, ideally without monetary compensation, to consultative and educational activities intended to improve public welfare and enhance the quality of life of all members of our communities, including those who are mentally ill or economically deprived.

4. Ethical attitude in research

The aforementioned Principles with their Values and Standards would be expected to be upheld in any research project that might be undertaken. The research process should not harm the analytic process and relationship. Respect for clients' dignity, rights and welfare, and for unconscious motives and influences, should be considered at all times. Furthermore, any research conducted should ultimately strive to be of benefit to the client and broader society. The SAPC recognises the important role of research and critical scholarship in improving and refining theory, practice and efficacy.

CONCLUDING STATEMENT

This code is a primarily aspirational document which does not replace existing statutory ethics codes. Its ethical principles, values and standards aim to secure ethical practice within a psychoanalytic frame and to guide the daily professional activities of SAPC members. The code does not provide answers to every ethical dilemma which confronts the membership. It instead promotes ethical reasoning processes which can be applied to diverse ethical conflicts and the regular review and amendment of its ethical guidelines.

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