Navigating Relational Ethics in Day-to-Day Practice

Chapter 2: Contributions from lived experience counsellors, therapists and ethicists

"How do we capture that cohort [therapists] and compel them to become engaged with ethics?"
Alistair Ross

"*Locate and position ethics as an embedded part of being,*
and therefore, then it gets embedded in the training,
as both an 'in here' and simultaneously an 'out there' process"
Myira Khan

Introduction

In this chapter we present contributions from experienced authors, academics, trainers, researchers, practitioners, and activists in the counselling and mental health professions; all of them individuals who have engaged with ethical challenges and demands across diverse working contexts. Our contributors are Peter Blundell, Linda Finlay, Myira Khan, Rich Knight, Gillian Proctor, Alistair Ross, Dwight Turner, Hadyn Williams, and John Wilson. Their voices and contributions form a rich and multi-dimensional depiction of ethics in life and lived relationships.

We both value the contribution that evidence-based and practice-informed work and research has made to the counselling and mental health professions. It was important to us both that we created the opportunity to embed research in the textbook, whilst at the same time, craft chapter narratives that were accessible for a non-academic audience. To create the narrative for this chapter, we wanted to hear from people with life and lived experiences of navigating the ethical relationships and landscapes of counselling and helping. We adopted what researchers refer to as purposive sampling, whereby we identified, discussed, and agreed individuals in the counselling professions who we could approach and invite to contribute rich narratives on contemporary notions of ethics. Colleagues were invited to participate in an exploratory conversation and were provided with information about the purpose of the research conversations as well as with informed consent documents to inform their decision-making about being involved. All contributors are trailblazers who have made significant contributions to theory, practice, and research within and beyond the counselling and helping professions.

In relation to the research processes that we followed prior to inviting people to the research conversations, there were several steps. Following conceptualisation of the book, our desire

was to embed meaningful and helpful research within the textbook, so our next step was to secure ethical approval from the York St John University Cross-School Research Ethics Committee. After receipt of formal approval, we organised the research conversations, which were facilitated through recorded MS Teams video meetings. This gave us access to a video recording and a good quality audio transcription, saving considerable transcription time. A draft of the chapter was shared with contributors. Additionally, the themes and the textbook will inform an online event aimed at engaging people in accessing and authentically embedding relational ethics in practice.

In relation to how we present the richness of the colleagues' contributions, we identify the key themes and provide narrative that describes the theme, its scope and scale. Importantly, we include extracts from contributors' narratives, to bring alive the notion of authentic ethics in action.

The research conversations with colleagues were prompted through the following questions:

Box 1: Research conversations – key questions

1. **What are the key ethical challenges facing the psychological professions and their practitioners and clients?**
2. **What historical and contemporary theory, concepts, practices, and wisdom support you in working ethically?**
3. **What is missing from extant ethics guides and publications?**

Following the research conversations, we reviewed the transcripts and informed by Braun and Clarke (2021) used a process of reflexive thematic analyses to draw out key themes related to the above areas of questioning and to the overall topic of ethics in practice. These themes are presented in the table below and described in the following sections, where we embed comments from contributors to provide a sense of the depth, scope, and scale of each of the themes. Contributors' comments identified issues and challenges relating to ethics in the psychological professions. Each contributor brought a unique perspective, communicating contemporary and historical matters that generate current challenges.

Each of the themes identified below can be viewed on a spectrum, from problematic phenomena and situations, through to areas of ethical practice largely missing from published literature, representation of positive aspects of relational ethics, to the presence of hope to move forward positively and productively in relation to relational ethics for counselling and helping professions.

Box 1: Key themes associated with contemporary ethical contexts and challenges.

1. **Training to develop reflexive ethical literacy.**
2. **Living and relating in complex micro and macro relational, social, cultural, and professional contexts**
3. **Recognising and acknowledging personal, relational, and organisational responsibilities.**
4. **EDI and decolonization of ethics theories and practices.**
5. **Employment for counsellors and psychotherapists.**
6. **Digital technologies, AI, and the counselling professions.**
7. **Politics in the profession and beyond.**

1 Training to develop reflexive ethical literacy.

By far the largest theme, reflexive ethical literacy was conveyed as a crucial component by all contributors. The teaching and learning of practice and helping ethics must be engaging and accessible and based upon real-life complexity and nuanced experiencing and perceiving. The importance of recognising a place and a time for the appropriate use of codes of practice and ethical frameworks was important and they needed to be considered in their own place and within the context of each unique client(s)/therapist(s) dynamics and settings.

Making ethics realistic and relatable was important to contributors and the centrality of training and placements was noted. Training was seen as a key context in which trainee practitioners could learn about ethics in practice. Trainees need to be able to recognise the centrality of anti-oppressive practice, the importance of understanding social justice and epistemic trust. Essentially, being reflexively aware of people's capacity and ability to trust in the relational context of counselling and helping and how meaning making and decision making in any given therapeutic context is conducted – or rather, co-conducted and co-constructed – was crucial.

It was recognised that the 'mix' and intersectionality that plays out for and between clients and therapists, would be unique to each therapeutic context and in relation to any given client/therapist dyad, or group, or organisation. Collaboration between clients and practitioners for mutual formulation of therapy work and processes is important. There was recognition of the value of viewing multiple dimensions of relational ethics – bringing a micro/macro, in here/out there, internal/external perspective to the work and relationships. All these factors need to be accommodated in training and development activities and aimed at being able to work with an embedded ethics approach. Importantly, trainees need to learn about developing the courage and conviction to trust the client and the relational therapeutic processes, as Rich notes:

> *"…there's something here about the clients say nah, Rich, you're on the total wrong thing. I say, well, I'm really glad you could tell me, because that means that you're able to tell me and I like hearing your view and something new is born. And I'm not sure if we always have that ability." (Rich)*

> *"initially sprung from a medical model in place, where we should be separate, we should have this one, we should have this dynamic in place, whereas now, as we sit here, there*

are hundreds of models out there, massive amounts of different ways in which we practice, but yet I wonder how many times we've gone back to that core tenet that actually says hang on a minute, should we be turning it around, and saying, do you know I absolutely love your doc Martins." (Rich)

Rich conveys the challenge of authentic and ethical relating as we navigate being congruent with clients, and by implication, the importance of learning about them during our core practitioner training:

"I think it is a revolving door relationship in which we look into the honour of a client's life and they also in my experience, should also have the reciprocity of the equal, the equity to be able to look into ours, however in self-disclosure, which I'll probably come onto later, which is another thing that again traditionally we said we are a blank screen, we do not share about our life. We do not bring those elements into the room." (Rich)

Peter highlights the importance of developing our internal locus of evaluation, to foster our ability to sustain ourself and our decision making in practice:

"Supporting practitioners to have a more internal locus of evaluation when thinking about their own practice, or how can we support a therapist to reflect and assess their competence, their prejudices themselves, and not necessarily rely on external people like supervisors, or your professional body, or additional training courses." (Peter)

Of course, no training programme can ever include absolutely everything a practitioner could possibly know about the underlying theoretical premises of the training approach or the multidimensional ways in which those premises could be articulated in day-to-day practice. That said, there are certainly areas that should be encompassed in a core curriculum, as colleagues' have signposted below, beginning with a comment from Alistair:

" ....[I] know this came up in our conversation at the BACP research conference is, you know, we do have to train the trainers....it's the people who are doing the, you know, training in relationship to this and yet we also have to be utterly pragmatic which is that on any training course that you're only going to get you know, one or two or three options to talk about ethics...?" (Alistair)

"...I think there's a real challenge for the individual practitioner to find their way and know what they're doing in a way that's consistent with their professional frameworks but also that's responsive to the particular client they have". "I mean I think if I had to say one word which I think is the key, I think we need to be reflexive." (Linda)

"*A lot of the things that need to be covered could be just uploaded and students can read. It's not necessarily stuff that we have to be doing in the classroom with them in groups, but to do more of this experiential stuff in groups with people would take much more time and awareness and emotional energy from the tutors. And I don't know, I think most environments are such that there are too few people doing too much work with too many." (Gillian)*

"...very few courses that I've come across actually look at what is it to be human." (Alistair)

> *"How do we describe this in a way that helps the therapist think sensibly about themselves and the work that they do and think that …by attending to this they actually can make a huge difference incrementally within the society in which they operate." (Hadyn)*

> *"The reason we've got to this place is because we, there is very little philosophical understanding about the nature of who and what we do and why."(Alistair)*

> *"…the kinds of issues clients are coming with are created in a relational context…and any healing has to take place in a relational context." (Linda)*

> *"…increase people's awareness of their own places of fear, really, to hopefully get to know, recognise, go to those places to be able to come away and then try and go somewhere else…educate people as to what happens when you go to that place and how to mindfully be able to come out of it." (Gillian)*

> *"…the ground shifts underneath them, all of a sudden, the idea of this 'what do you do, and how do you do it, what do you get, and what happens when you do A, B and C'?" (Dwight)*

> ***"****…training courses have to be more up to being able to deliver a training that serves different counsellors and different client groups. (Gillian)"*

Perhaps an important point to highlight in relation to training is that courses could convey from the outset, the inevitability that as trainees we may feel defensive or threatened, or even triggered, when we encounter the complexities of working in the counselling and helping professions. As Gillian comments:

> *"And I do that more and more in my teaching, kind of predicting that the first response I'm gonna get is going to be defensive and the 'what I need to do' is almost getting there before that, try and get some information out to students to be able to read something about the defensive places that people go to commonly and how that's really normal. And of course, people don't wanna be seen this way." (Gillian)*

Contributor colleagues all convey the centrality of training content on 'self as practitioner' and the importance of working reflexively, non-defensively, and being mindful that inclusive, non-oppressive and compassionate care is central to the work. And yet, in the context of a curriculum that is full of theoretical content, how feasible is that? Clearly, the personal and professional development of the trainee is paramount; with the proviso that trainees are equally learning about the core relational skills required, concurrent with finding out more about their own relational defences and triggers.

Importantly, we need to recognise the personal journey involved in developing the capacity, reflexivity, and responsiveness for practice, as Rich conveys:

> *"I think it's really important that that hasn't come about easily. It's come from a journey of getting it wrong and learning and realising from getting it wrong and that it's okay to get things wrong. But I'm not sure how often in the profession we say that." (Rich)*

"Sometimes our clients ask for direction, sometimes our clients want the support in taking steps, and I think sometimes we use self-disclosure. We think that it only relies on what we share of our lives, whereas as a disabled practitioner I wheel into a room and I'm automatically disclosing that I'm disabled. There are many things that we disclose about ourselves" (Rich)

Peter emphasised the importance of taking time to embed our core training, the concepts and ways of being, in our practice prior to training in other approaches or modalities.

"…there's a real risk that people are gathering all these tools, but they're not embedding how they, how are they going to use them, how is that going to work in practice?" (Peter)

2 Living and relating in complex micro and macro relational, social, cultural, and professional contexts.

Therapy does not exist in a vacuum. It is not simply the hour of counselling, or the group intervention, or whatever other therapeutic offer is being made. People exist within political, social, cultural, familial, professional, and organisational systems and stigmas. We also live in a global society traumatised by legacy of the recent covid-19 pandemic. Moreover, we live in a competitive and neo-liberal 21st century, in which phenomena and factors intersect, often with oppressive and limiting consequences for citizens.

Our clients, as do we, inevitably bring social, cultural and relational influences as well as impacts from trauma, from corrupt or toxic systems, and from the consequences of injustices, into the therapeutic room, work, relational dynamics, and practice contexts. As Linda states:

"*We can no longer get away with practicing as individuals behind closed doors…there is a wider socio-political context that we need [to acknowledge] and cultural contexts that we need to consider. So, I think that's not really one challenge, but it's a context of multiple challenges. So that's one thing. I think in a micro level, in terms of the relationship between client and therapist…it's the biggest issue. Seems to me that what comes up again and again and again, particularly with supervisees, is around boundaries and the confusion of that...self-disclosure or touch or you know 'what do I do in this situation?' (Linda)*

"[Ethics] ..is the means by which I govern myself in relation to those I'm with…whichever community and context I'm in…that I govern my behaviour, I govern my impulses, I govern my ID. It is the way I might use my superego creatively rather than destructively. It is that level of self-awareness, it is the supervisor. I listen to that. I work hard to have on my shoulder. It is those things where I work really hard to listen carefully to what I'm about to say to someone and actually 'does it fit within the context in a healthy way'? That's what ethics is for me." (Haydn)

*"**…**that whole idea of actually things don't stay static…how do they see their position with regards to keeping the relational flow of ethics within the therapeutic space?...it's that relational understanding of the relational dynamics that then creates a constantly evolving ethical framework for ourselves, for our clients, for our profession, and*

having that regular dialogue, seeing it as a fluid construct and not just something defined by the organizations." [professional bodies] (Dwight)

"We have internal challenges such as the union across our profession, and of the many different levels of highly qualified professionals that come together in very different ways and means to meet clients and provide services and therapy. We also then have external threats and challenges that come with the invention of artificial intelligence." (Rich)

"…there's too much of, well, you know, this is what I do, but this is not what I am." (Hadyn)

As Hadyn pointedly highlights, surely, what we do is who we are? Dwight rightly challenges the professions with the reality that *"**…**that whole idea of actually things don't stay static…how do they see their position with regards to keeping the relational flow of ethics within the therapeutic space?...it's that relational understanding of the relational dynamics that then creates a constantly evolving ethical framework for ourselves, for our clients, for our profession, and having that regular dialogue, seeing it as a fluid construct and not just something defined by the organizations." [professional bodies] (Dwight)*

John highlighted the importance of research and evidence-building work in counselling, as well as the hidden investigation and relational research that plays out in the collaborative co-production of the therapy relationship.

"Counsellors and psychotherapists are actually researchers, whether it's formalised or [informal] research. But just the very nature of the way that we work and the way we're with our client, and we're collaborating, and we're continually hypothesising, and sharing our thoughts with our clients and so on, that good practice is essentially that we're constantly researching and I'm always talking with clients about [that], and when I'm teaching as well, about the concept of mutual curiosity, that I find that really important. So, so I think essentially that good practice actually is, it's research." (John)

3 Recognising and acknowledging personal, relational, and organisational responsibilities.

There are tensions between adhering to prescriptive ethics codes and 'rules' and the taking of personal and relational responsibility to navigate, relationally, through the complexities and nuances of being a human in helping relationships, work, and processes. How do we understand and work with therapy concepts that are not universally acknowledged or believed? For example, not all practitioners would subscribe to psychoanalytical or psychodynamic concepts such as narcissism, or transference and countertransference. How can we navigate complex conceptual terrain? Endeavouring to respond to such questions forms part of the 'backbone' of relational ethics.

What do we as practitioners regard as 'practice ethics' and how do we forge ethical virtues and commitments? The contributor comments below illuminate a range of questions,

challenges, concepts, and tensions evident in this complex helping landscape, including whether and how research can or does inform ethics in practice.

> *"don't check your humanity at the door of the session. Take your humanity and who you are into the room. Use those as therapeutic tools. Don't underestimate the power of lived experience and the ability for it to be something else that a person can relate with… When we go into that room trying to be something we're not, we encourage our clients to do the same and that is the life of trauma that I believe they've always lived." (Rich)*

> *"What, actually, is within our remit… as ethics or ethical practice, and what sits on the other side of that boundary? And I think the greatest challenge in the profession when it comes to ethics is where do we draw that line, what's included and what's excluded?...I think I know where my boundary is…what I often get back….when I put posts out there on social media to say there therapy is political therapy…that's a boundary that often gets challenged by other practitioners who say 'no politics doesn't belong in the space' or 'what's going on out there doesn't belong in this space, it's about the individual'. And I go well the individual, you can't take the individual out of that external context" (Myira)*

> *"…to build the relationships and allow the understandings to happen then that sort of ethical component of how people relate to each other, understand one another, is the thing that becomes the source of healing and movement and development as a human being." (Hadyn)*

> *"…being a responsible person means taking responsible responsibility for how we are in the world relationally with people, with the world, with the environment, with organisations, with everything…giving that responsibility to something else is fundamentally suspect" (Gillian)*

> *"The consequences of a breakdown of relationships centuries ago, which remain imbued within the culture and the cultures of that of that fragile society, and there's still reaping the whirlwind of that, and the failure in time. And again, whether it's at an institutional level, organisational level, or global level, is the failure to realise that you have to pay attention to those relationships between people and the ethics." (Hadyn)*

> *"… the shift that students often have to go through between being prescriptive of what the rules are…versus taking personal responsibility and that personal thought process that goes with actually developing their own internalized ethical framework and the journey they go through." (Dwight)*

> *"…recognise that [professional bodies] are potentially part of the problem. How would you take [members] money and use those resources to shift it?...how do you shift this vast ocean going liner out on the high seas? How do you get it gradually to turn around and come back to a sort of safer harbour, more ethical way of being…turn around the profession, where the focus becomes the profession and those who are served by the profession." (Hadyn)*

"So I think one of the biggest things for me is that counsellors themselves don't always recognise how important research is. And I don't, I think the profession for too long has ignored the possibilities of research."(John)

"Part of that collaboration [with participants or clients] is sharing with them, sharing what I've written, sharing and sharing data with them. Checking it's OK, checking that my observations match what they think I should be watching, see, yeah. I think the contact process I think is constantly doing…" (John)

"I mean, I wonder if it's about, you and I have talked about this before, it's not about tick boxes and protocols, it's about a mindset of always being aware of where you are in the position of power with the person that you're working with and doing your very best to ameliorate that power imbalance." (John)

"And I think it's only over time as you get more experienced, do we do we then it's individual practitioners are we able to loosen those boundaries ourselves. But I do recognise though that I think there is a proportion of the profession, of practitioners that kind of feel more contained and held by what feels like fairly explicit binary rigid ethical boundaries because then there's a very clear sense of what's right and what's wrong, what's ethical, what's unethical…I think it's about a level of confidence in the practitioner to feel like at what point can I start to loosen?" (Myira)

"I guess you can harm different people in different ways, a lot of it again is around that kind of pluralistic approach where you work closely with the clients or the research subject to offer some you know some degree of choice …and I'm aware sometimes it's difficult to get that balance right. You know, I strive to all the time, and again, it's around constantly ….checking with them." (John)

Practitioner fear, defensiveness, and narcissism were recognised by some. It was acknowledged that defensive fear can block engagement with relational ethics. It can also prevent constructive and collaborative conversation. Some thought that narcissistic practitioners, professions, and professional bodies were problematic at times. Whilst recognising that all humans could probably be located somewhere along a narcissism spectrum, there was concern about striving for and providing genuine care and compassion for oppressed, excluded, misrepresented, and disadvantaged peoples. Associated self-awareness and endeavouring to understand self and self-in-relation to others, featured in research conversations.

"That it is only with that depth of self-awareness and continued commitment to your own self-awareness, whether that's forming your own groups with like-minded practitioners to help you remain fully aware so that your way of being isn't just something that you artificially assume as a mantle when you walk into the room … it's something that you live and breathe, but it's who you are that you challenge at every turn." (Haydn)

"…the reason we've got to this place is because we, there is very little philosophical understanding about the nature of who and what we are and why… I think the biggest ethical challenge is the narcissism of therapists." (Alistair)

> **"…***there's so many examples I've seen where it hasn't been a faintest trace of hope that someone has even attempted to understand themselves in any depth and yet feel they can work with highly complex issues which often are born out of dysfunctional relational dynamics in their client's past and history." (Hadyn)*

> *"So, what happens is that they construct their own little world in their own consulting room. It and a user, whatever therapeutic space that use, are not privileging a particular room and everything becomes very self-centred. So, ethics is something they that they're not really that interested in until impinges on their world and the idea of there might be values, principles, practices that are beyond them, they're not really interested in, you know, it's, and I know you'll have done this, but if you've ever tried to manage a group of counsellors." (Alistair)*

> *"So, if Freud was starting to work today, he wouldn't have used Oedipus...he'd use the story of Narcissus as the Greek myth that has the greatest relevance to how you know how we are, you know, and what, what is it like when there is no mirror?" (Alistair)*

> *"...I am with Hienz Kohut, who would say that there is a necessary narcissism...it's not all pathological but what gets rewarded is the kind of, uh, but that's the nature of media." (Alistair)*

Importantly, we cannot underestimate the process of adjustment as we realise the magnitude of developing our own inner relational ethic. As Dwight notes:

> "*… the shift that students often have to go through between being prescriptive of what the rules are…versus taking personal responsibility and that personal thought process that goes with actually developing their own internalized ethical framework and the journey they go through.*" *(Dwight)*

Hierarchical tensions do exist in the social, relational, cultural aspects of the helping professions, with disparities of perceptions about what constitutes a working professional, however, we would do well as practitioners to enable our clients or patients to understand that all humans are flawed, as Rich notes:

"know that they are not the only broken one amongst a fixed community, that we as human beings are broken." *(Rich)*

Significantly, we need to be able to make clinical and professional decisions about the wellbeing and safeguarding of individuals we work with, paying mindful attention to the importance of enabling individuals to talk with us about their distress and despair:

"People come into our rooms that are hopeless, that are suicidal, that wish pain to stop, that want a space in which they can look at these elements." (Rich)

4 Inclusivity and decolonization of ethics theories and practices.

A central tenet across research conversations is that EDI (Equality, Diversity, Inclusivity) is essential, alongside adopting core principles of compassion, collaboration, co-production,

consultation, inclusivity, social justice, and the prevention of 'othering' of any kind in our navigation of relational ethics. The whole notion of decolonization of ethics concepts and practices was recognised by contributors as an area needing authentic and ongoing work in the counselling and mental health professions. It was also an area that until recently was missing from the philosophical and ethics literature and as with other areas identified from the research conversation, warrant work, research, and publications. Given that there are challenges in embedding ethics concepts and resources into day-to-day practice, as some see ethics codes and guidelines as shelf items that are only referred to when risk or safeguarding issues arise,

> *"So, things being called out a lot more, I think, and colonialism being on the agenda. You know, all those things are talked about a lot more and I think it's really a, you know, we're barely off the starting line, you know to actually think what that means for us individually, in our relationships, for the profession, for institutions, is with you know, with so much work to do. But the fact that it is started and being recognised as a problem has got to be a good thing, surely." (Gillian)*

Deconstructing ethical models derived from dominant practice ethics literature is essential. Predominantly medicalised, Eurocentric, white, westernised, paternalistic, and oppressive, the underpinning philosophical and epistemological needs deconstructing, with a view to identifying an ethical framework that acknowledges non-Westernised approaches to ethics. Developing anti-oppressive concepts, practices, and processes for relationships in the counselling and mental health professions is necessary. How can we develop a decolonised relational ethic without recourse to the dominant approach to professional ethics? We need to mine sources that offer compassionate and relational ways of being, as Dwight indicates.

> *"I was actually writing this morning on that topic of decolonization, cause it's not as simple as just putting some new books on a shelf. And whatever else, it's we you both understand this, so it's a massive topic area. You're talking about hundreds if not thousands of years of learning ethics… OK, let me just, thinking off my head as I write some notes to myself. We'll talk about the relational and ethics. You mentioned pluralism as well. The 'what relationship means from a non-westernized perspective' is slightly different thing. Our interconnectedness with things. Then the more, the thing about colonization is, it's quite objectifying of the other…Where it's built between two people or a group or whatever it is, that brings us more into a more relational framework. Just sort of sits outside of the sort of Western philosophical paradigm."(Dwight)*

Sources of pragmatic inspiration that can provide non-Westernised or non-Eurocentric perspectives can be found. For example, matriarchal cultures have been characterised by their relational, gender and socially egalitarian ways of being, living, working, and relating. Their societies tend to demonstrate a 'power with' culture, rather than a Eurocentric and Westernised patriarchal and objectifying 'power over' culture. Philosophical sources can also be found, including through indigenous cultures and faiths such as Tibetan Buddhism.

EDI in UK counselling professions is, currently, largely evident at the level of strategy and principles. What is missing and much needed are processes of embedding inclusivity and anti-oppressive practices into all aspects of work, life, living, relating, and organisational contexts.

> *"…statements of welcoming diversity do nothing. You know, it just obscures the problem, rather than saying we recognise we have a problem in this profession…racism is endemic in everything." (Gillian)*

Understanding the nature and impact of intersecting injustices or oppression is crucial knowledge that all practitioners in the counselling and mental health professions need to be aware of. Additionally, we need to consider intersecting influences brought into dyadic, group or systems work by both clients and practitioners.

> *"…what you do with one client may be different from another. My being with one client may be different from my being with another client… think if you're working relationally, and relational ethics, you're thinking about the client, the therapist, and what's going on between, and you're thinking of the social context in which the three are embedded…you're attending to it all" "…I like intersectionality as a concept in that, you know, we're complicated you know, different levels of power and powerlessness…"(Linda)*

5 Employment for counsellors and psychotherapists.

There are evidently insufficient employment opportunities for counsellors and psychotherapists, as well as potential exploitation through ongoing proliferation of voluntary placements for trainees and trained practitioners. Tensions between seeking a vocation and a job were identified as a feature of the current employment opportunities – or rather lack of – in the professions. Further conflicts between the need to generate an income to survive and hopefully thrive and that of wanting to translate training and development into an offer of a quality professional service were evident.

Another dimension associated with employment opportunities for counselling and psychotherapists is recognition of the annual numbers of people being trained. That and the tensions and realities of a counselling professions landscape where we have counsellors, psychotherapist, counselling psychologist and clinical psychologists competing for employment opportunities in organisational and mental health contexts. Many more people are entering training, as Gillian states:

> *"…more and more younger people are going into this work as a profession…and that's right, you know, it's a profession and it also requires far more than we will ever be paid for… I think the only regulation we can ever trust is our own sense of our own integrity. And the only way to have any say about that is to make sure that that's really prioritised throughout all the training and throughout the structures that work for counsellors to practice." (Gillian)*

6 Digital technologies and AI.

6.i Online video counselling: Learning about the context and identifying what works for whom, with what type of presentation/issue was evident, as were the needs to be aware of the space, and the impact of the online context for both the practitioner(s) and the client(s). Consideration of appearance and backdrop, including the practitioner's own appearance were thought to be important. Consideration of eye contact and conversations between practitioner and client need to be explored and agreed. Collaboratively negotiated and agreed boundaries

were important, as was awareness of professional body guidance and training courses available to prepare practitioners for online work.

> *"I think the world is changing and we see online work… I think there are a whole load of new ethical issues that we haven't perhaps thought about enough. That. That that's all part of the new, the New World. And I think it just generally increases the diversity around [practice] and I think if you understand ethics as I do, as totally depending on the relational and the broader social context, this makes a difference." (Linda)*

6.ii Social media platforms: Complex challenges and a potentially toxic environment make it important to have clear behavioural and relational boundaries on social media. Social media platforms can and are used positively. In some ways, paradoxically, social media gives more opportunity for discourse and dialogue. Practitioner awareness of their social media presence and contributions was important, including the impact on past, current, or future clients. Clients nowadays are more likely to search for their practitioner online and on social media platforms, hence the need for practitioner awareness and reasoned decisions about how they choose to be visible and engaged in these public domains. Additionally, younger generations are familiar with social media platform where many relationships play out and communities of likeminded individuals are formed. Interactions tend to occur now, in the moment and there is no depth or sustained dialogues exploring intentionality, content or meaning making.

Peter talked about the challenges we face where we have public facing social media accounts, and some of the issues posed for our client work.

> *"To not cross those boundaries I suppose, because clients will be looking and watching things I'm doing. So, I'm talking about therapy and they're having therapy with me. It's kind of those issues are going to come up whether they like what I've said or whether they don't like what I've said…. so that can be a real difficult balance and I think one of the things that I find difficult is a lot of the guidance from the membership bodies is about not making personal disclosures online. I don't know how you do that." (Peter)*

> *"I talk about counselling and psychotherapy and other professions online. And you know, 'if you come across anything and you want to talk about it' then it's an invitation to kind of do that…. Generally, clients don't tend to bring it and discuss it, but they appreciate the conversation." (Peter).*

Alistair and Dwight convey the challenges of appropriate behaviour and posts on social media, whilst Linda notes how young people are familiar with social media platforms and tend to use them frequently.

> *"So, the culture of media has changed, but also social media...but the shadow side of it is, is that it's very self-referential, you know, nobody's accountable to anything. The real issue is 'am I liked, or am I not liked?' … Move away from a values-based system into a much more pragmatic, what's in it for me, and the value-based system implies, that has an implicit notion, of community and society. So, I think we've lost that sense*

that we're part of it. We're part of a community. What we've replaced that with is a meet, a social media community, so we've recreated community but it's, but it's a community in our own image. So, the whole notion of social media is, it's all about me." (Alistair)

"...young people are so used to being on social media..." (Linda)

"The negative side of it, of therapists or of practitioners talking about their client, work on social media, because that's just a no go umm.
But even that then brings up issues about OK, what is OK to talk about and what is not OK to talk about? How much does one get involved in that whole area?
Because it can be quite toxic. There's that side of things." (Dwight)

6.iii Responding to rapid technological development: We cannot ignore technological advances; we just need to critically consider how we advance in ways that are meaningful and hold value for the counselling and mental health professions and their clients. Further evidence and research are needed on the challenges and opportunities provided by digitisation and AI. Whilst social media provides an important medium through which to connect and share, it can also be toxic. Trolls instigating hostility and aggression have created harmful, sometimes deadly, consequences. Given the potential for harm, there is no doubt that social media and AI present the next big challenge for relational ethics.

"It's a key issue for us, that how do we deal with how we imbue artificial intelligence with relational ethics... If we see that the whole, the whole, centrality, what it is to be human, and to be healthy, and to grow and develop, actually is through those relationships and the development of the relationship of one person to another, and getting it right, is that the means by which someone can improve and develop. How on earth can we get that into artificial intelligence when artificial intelligence is being heralded as the way in which economically [viable] therapy can be delivered on mass to people who need it?...Yes, perhaps artificial intelligence can answer those questions, but I'm not sure it can take a client any further than that and I become really anxious about what gets perpetuated through that artificial intelligence and who is it, who is feeding the artificial intelligence that become the resource? (Hadyn)

The professions need the 'how to' of working and relating through online media and with regards to how AI is integrated into counselling and helping work. Practice needs a safe frame, privacy, and safety in relation to the online work and prompts many questions including, for example, in relation to online work, is the session secure? Who is around? Can the client have privacy in their home or other online space? Can they be heard by others? What impact does a move from the online session back into usual space/place/people have upon clients and practitioners? How can we use technology competently. What eye contact can be achieved or desired when working online? Are there particular needs or presentations that clients might have? For example, there are challenges working with young people online as they are so used to being on social media and using WhatsApp that the therapy can become simply as if it's just like another zoom call with a friend. Additional factors include specific contracting for online working including contingencies if technology fails, such as a 'plan B' to connect via telephone, or whether the session can be extended if technology issues arise and interrupt the session times. Whilst professional bodies offer competencies or guidance in relation to online working, training must also provide a context in which online,

digital and AI work can be explored and experienced through case studies and live examples, as well as through evidence and research informed decisions about whether and how to use digitised or AI technologies.

7 Politics in the profession and beyond.

Micro and macro level political contexts were evident, with evidence of challenges faced in NHS contexts and those involving professional bodies. One contributor who had worked within NHS contexts, described them as environments not conducive to relational ethics. Their concern about the medical model and the pathologizing of people within a medicalised conceptualisation of mental health undermined humanistic approaches to interventions was palpable. They also considered the oppressive powerplays that operated within NHS and other organisational contexts, highlighting inequities in UK culture, politics, and societies.

Below, Gillian concisely and compellingly narrates some of the challenges that individuals and the professions need to engage with when working in organisational and politicised environments like the NHS:

> *"…how to work in a society that's so full of inequalities… the people who are training to be counsellors are going to be the most privileged. So, the difference between the people who are offering and the people who are receiving it just gets bigger and bigger."*

> *"…it became increasingly clear to me how impossible it is….how extremely challenging and at what a big cost. It came to counsellors trying to hold on to relational ethics…I don't know how people do it now…so I think there's very few safe spaces left that where the organisations enable counsellors to hold on to relational values and valuing the clients they're working with…so I think working ethically or relationally in that context, I don't know how people do it now… I think there's few safe spaces left where the organizations enable counsellor to hold onto relational values and valuing the clients they're working with."*

> *"…You know, all these medical ideas that counselling has kind of bought into to some extent to get a place at the table in medical services but has ended up biting in the foot because it just makes no sense. It's where all the requirements for RCTs in research come from, assuming we're medical and it's, it just makes nonsense of the relational endeavour that we're trying to do…another thing to do with organisations that make it very difficult for counsellors to work ethically is the medicalization of counselling and so it's not just the economic commodification of it all and the clients becoming numbers, it's assuming that mental distress is like a pathology, a disease that is just treated, that counsellors are interchangeable…"*

> *"…I guess it's like the counselling profession is in the world where mental health isn't taken seriously, and this profession isn't taken seriously. What it takes to train people to take this all seriously, isn't taken seriously, and given enough resources to do it."*

> *"…what we all do individually depends on who we are, how we are situated, what feels possible, what inspires us, what influence we have in different circles. What suits us? It's now. It's like we're not short of things to try and change our way, you know? And we've gotta look after ourselves as well as in that process to be able to then*

respond relationally to the people who come into our most immediate sphere of influence, in a way that's different."

Of course, oppression and misdirected use of professional and researcher power do not just occur within dyadic or group interventions, they traverse all sections of the counselling and helping professions, including research, as John highlights:

"People like John McLeod are doing so well, Robert Elliott and so on … trying to move us away from this hierarchy of research importance and, you know, research value in a sort of 'we'll start with the randomised controlled trial and then we gotta move down and somewhere at the bottom is the case study'. And I think, I think we still need to really work hard at a political level to change that and to give some equal value."

Of significance in the UK, in relation to micro and macro politics, is the employment of counsellors and psychotherapists. In the UK, the counselling professions include counselling, psychotherapy, counselling psychology and clinical psychology. Counselling psychology and clinical psychology are subjected to statutory regulation through the Health and Care Professions Council (HCPC), whilst counsellors and psychotherapists participate in a voluntary registration scheme, approved by the Professional Standards Authority (PSA), whereby professional bodies can apply to host a PSA accredited registrar within their organisation. Professional bodies pay a fee to PSA to host the register and trained practitioners can apply to be entered on the register to denote their upholding of professional standards and public safety. PSA is the supra-regulator in the UK, overseeing multiple regulatory bodies including the General Medical Council (GMC) and the HCPC. There are differing opinions on the status of each of the professional areas that fall under the title counselling professions. It is widely recognised that those subject to *statutory regulation* (practitioner psychologists) are perceived as being of a higher professional status than counsellors and psychotherapists who fall within the lighter touch *voluntary registration.*

Typically, many counsellors work in private practice or in voluntary roles, as paid employment within an organisational context is limited. Whilst philanthropic practice is an honourable choice for some, for others, cost-of-living challenges mean a living wage is essential. Earning a living and providing quality care are not mutually exclusive. The counselling employment situation in the UK has generated inequities and misperceptions, and fostered degrees of hostility in the counselling professions. The UK professional body British Association for Counselling and Psychotherapy, worked in collaboration with other key UK professional bodies to develop the SCoPED (scope of practice and education) framework, which aims to offer a way of identifying counsellor and psychotherapist roles and associated competencies, similar to HCPC professional practitioner protocols. However, SCoPED is contested; not least in relation to what is regarded as a negative distinction between counselling and psychotherapy, setting in place a hierarchy of roles. Hopefully, the professional body consortium that developed the framework will provide opportunities for non-defensive and open dialogue on SCoPED as it begins to influence UK training and practice. Whether it influences counsellor and psychotherapist employment opportunities remains to be seen.

Sociopolitical influences within the UK labour market have seen an increase in counsellor and psychotherapist job opportunities, however employment is limited and there are

significant concerns around the volunteer culture that grew around counsellor training and post-training practice. As Peter identifies, there are tensions evident in counselling contexts where trainee practitioners accrue required training practice hours. Peter notes:

> *"'And we don't want you to leave once you've got, you know, your 100 hours or whatever' and you can understand it in part, from an organisational point of view. But at the same time, these people have given their time for free, for free." (Peter)*

> *"Sometimes it feels within the bigger organisations that change can be really slow and I feel like some of the innovative practice is actually happening outside of those organisations, in groups and communities of therapists that are kind of setting up and they're pushing and driving for change and some of the organisations are a bit slow in terms of how they respond to that and they understand these issues to do with funding and structures…" (Peter)*

> *"Working in those big organisations, it's quite difficult not to become corporatised…. But if you truly foster an environment of debate and discussion and openness, you can still you can still have people who have to deliver what the organisation decides but it creates a different type of environment for therapists to talk about how they think the profession should be." (Peter)*

Peter also highlighted how different therapeutic modalities can encounter or foster unhelpful stereotypes and misunderstandings of therapeutic approaches. For example, person-centred counselling can be seen as apathetic and shallow, whereas in reality, the approach provides compassion, challenge, and change opportunities in the context of an inclusive and respectful therapy relationship.

Chapter conclusion

Evident from rich contributions made by the research contributors, the reality is that the relational ethics landscape is a complex and contested one. Our contributors have eloquently and richly portrayed just how challenging it is to navigate this landscape. The themes developed from our research conversations with contributors were: *training to develop reflexive ethical literacy; living and relating in complex micro and macro relational, social, cultural, and professional contexts; recognising and acknowledging personal, relational, and organisational responsibilities; EDI and decolonization of ethics theories and practices; digital technologies, AI, and the counselling professions; and politics in the profession and beyond (including practitioner employment).* These themes capture the multidimensional areas that practitioners, professional bodies, and training organizations need to be able to reflexively comprehend in the context of day-to-day practice settings. Research and perspectives papers related to each of the thematic areas is needed and, given their socio-psycho-politico dimensions, interdisciplinary inquiry is vital.

Radical recognition of the importance of embedding ethics in our behaviours, ways of relating, meaning making and decision making is fundamental to contemporary ethics for counselling and helping practice. What is also crystal clear from our research conversations is the reality that ethics in practice is not, cannot be, and never should be, mechanistic or narrowly manualised areas of practice. More realistic is to aim for evidence informed ways of being that acknowledge complexity, that authentically respond to diverse social and cultural influences, that seriously challenge injustices and oppression, and that compassionately

engage in the complex and relational minutiae of therapeutic thinking, reasoning, relating and practice. Importantly, the textbooks already commissioned for this Routledge series resonate with and reflect the areas identified by our research contributors, offering valuable affirmation for this innovative body of work.

References

Braun, V. & Clarke, C. (2021). Thematic Analysis: A Practical Guide. Sage Publications.