ORIGINAL ARTICLE

Psychotherapy and ethics

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Abstract

The central idea of the whole paper is the conviction that the ethical approaches of the therapist are the basis component of the whole psychotherapeutic process; these approaches intertwine with psychological, pedagogical, social aspects or aspects of organization and economy. Ethics is not only a matter of applying some previously given norms and principles, but it often calls for personal bravery on the part of the therapist to make decisions in situations for which no rules have been set up beforehand and to shoulder the responsibility for one's decision. However, even the everyday routine involves an element of an ethical assessment that can be detected in every position adopted, even in a question or non-verbal expression.

Introduction

The relationship between ethics and psychotherapy is inherently very close. Basic ethical issues such as the relationship between an individual and society, personal autonomy issues and freedom of moral choice are as if automatically contained, although not always fully realized, in any activity aimed at relations among humans. Interpersonal relations, whether they be the therapist-client dyad, relations among clients in a group, relationships of the patient to self, the relatives or society, are the subject, means, instrument and target of psychotherapy (Praško 1990).

The importance of an ethical point of view in psychotherapy stems from the content of the discipline itself. That is, working with the most delicate areas of experiencing such as pain, hope, self-respect, love and disappointment. The fixed point that makes a change in the client's experiencing of self and the world possible is usually the therapist. Given the fact that the therapist's work is relatively difficult to inspect, with his or her own consciousness entering the therapy. Ethical issues and responsibility for his or her own behavior guide the therapist even in situations when neither theoretical nor practical experiences are sufficient. However, even in everyday routine practice the ethical perspective is necessarily present. In any intervention, interpretation, attitude taken, even question or nonverbal expression, an ethical aspect may be found. Similarly, the psychopathology itself, that is, symptoms the patient presents with, also often reflects his or her moral problems. It seems that psychotherapy and ethics are naturally interconnected and that using psychotherapy without the ethical aspect would no longer be psychotherapy (Holmes & Adshead 2009).

Important objectives of psychotherapy are better coping and autonomy of an individual. Not only freedom from symptoms and problems but freedom in the sense of a chance to develop his or her best possibilities in a particular social context. Sometimes even a chance to change the social context. These maximalist goals themselves contain numerous ethical dilemmas. One person's best possibilities may be on the expense of others. What is perceived as the best option by the

therapist may be seen differently by the client. Moreover, "best possibilities" change in the social, time, situational, etc. context. If only minimal goals are set, that is, symptom relief, other ethical dilemmas appear. Is the help sufficient? Or will the client come back with other symptoms or problems? How will those around respond to the change that usually occurs without confrontation with the natural environment (particularly when psychotherapy is provided to a hospitalized client). And so on. The client's personality may be affected in many ways. Not all are always apparent to us. Even in optimal situations, when the therapeutic relationship develops in a more or less planned way, dilemmas occur. Is it better when the client adapts to the situation or when he or she actively adjusts the situation. How to guide the client knowing that the optimal change will bring about major conflicts with the environment? The change that is taking place inside him or her may result in changes in the family or in other people's lives. Do we have the right to do that? As a rule, we neither give explicit advice to the client nor make him or her take definite steps; we only "non-directively accompany". Every gesture, question, our entire attitude necessarily contain our life philosophy. Frequently, we are perceived as an example by the client. But we are supposed to respect the client's autonomy without imposing our model, our concept of life or our values on him or her. We do not do it intentionally but is it actually possible? How do we respect the client's autonomy and right to choice if, in fact, we cannot fully introduce him or her to the entire therapeutic process as we only estimate many things and cannot fully predict them. In psychotherapy, the client learns to gradually introspect what he or she experiences in the life and how his or her relationships with others are established. Through increased self-awareness and deeper understanding, the client's independence develops, together with changes in understanding of his or her self, place in the world and relationships. Some changes are wanted and presumed, others just intuited and yet others preferably given up by the client or not selected at the beginning of therapy (Vyskocilova 2013). Frequently, the client is unable to foresee the impact of the change on self and those around, potential redefinition of roles and behavior in relations or loss of some relations without wishing to in advance. To a great extent, these impacts are difficult to fully estimate even for the therapist. However, the therapist's honest effort is to guide the client so that his or her choices are autonomous, not induced by the therapist.

Ethics and psychopathology

Moral or ethical dilemmas are frequently contained in the patient's complaints. These may be self-accusing thoughts in depressive patients, accusations of those around in touchy patients or the need to get what is wanted in obsessive patients. In psychiatric patients, somehow quantitatively (hypertrophied or missing) or qualitatively impaired ethical schemata may be frequently observed. Even though ethical dilemmas are not directly expressed by the client, we perceive or realize them in the background. There is no situation in a healthy or ill individual's life without ethical assessment. It is always contained no matter whether we realize it or not. Ethical dilemmas in exploration and ethical attitudes and behavior contribute to our better understanding of the client's uniqueness, even outside models of a particular psychotherapeutic school of thought or a particular diagnosis. In our own work, these allow us not to want the impossible, not to hurt and let the client view his or her conscience as a part of one's self-concept, cope with it, free oneself from excessive dependence on authorities, strengthen one's decision function, etc.

According to Freud (1971), conscience is a special mental instance constantly assessing the relation between the actual I and the ideal I. The basis of conscience is formed during early development, mainly through internalization of what is accepted by one's parents, siblings, relatives and, later, teachers, schoolmates or other important persons, and cultural heritage (Kepinski 1986; Matoušek 1986). A person's ethical attitudes are under constant strong social pressure. According to Kepinski (1986), an individual never grows up from one's childhood to the extent that he or she no longer seeks support and affection from those around. However, the more a person is dependent on value judgments from the outside, the more difficult it is for him or her to be oneself and the less he or she follows his or her conscience. It is as if he or she needs to be reassured that his or her actions are correct, or possibly wrong. Rejection leads to moral anxiety. For a dependent person, feelings of moral condemnation may be so unbearable that they may manifest in a sublimated form as symptoms. The patient's role is a role of a person not fully responsible for one's behavior. By escaping into this role, one may get rid of burdensome twinges of conscience. Moral anxiety makes the subject split into an assessing person and an acting person, with the assessment itself being subjected to further evaluation. Self-disapproval or self-appreciation leads to many different feelings towards self. Self-appreciation itself, however, not only depends on current acceptance by the environment but also comprises internalized values of important persons as well as examples contained in the cultural tradition (Matoušek 1986). Thus, conscience and character develop through upbringing. But they do not result merely from upbringing. Humans are not only products of upbringing but also actors in it (Růžička 1983). Conscience means not only reflection of one's behavior towards others but also reflection of one's relationship with self. Understanding one's actions helps a person be independent of an external authority and act authentically.

Most psychotherapeutic schools of thought consider a symptom as emergency discharge or a defense and at the same time compensatory mechanism allowing

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reestablishment of impaired mental balance (Syřišťová 1977). Therefore, a symptom is not impairment of an isolated function (perception, emotions, thinking, memory, etc.) but it comprises some sort of organization of the subject's relations with self, others and the world. A symptom mostly develops due to a conflict in an interpersonal relation or internal conflict between two tendencies of the subject. It is a conflict that the subject is unable to solve openly. The subject either does not fully understand it, or cannot see it, or is too cowardly or too dependent to resolve to do it by oneself. A symptom does not stem from a conflict consciously. It replaces quality relationships that the client is incapable of in his or her environment (Růžička 1983). Frequently, the client is unable to perform a responsible conscious act – the responsibility is transferred to authorities. Refusal or acceptance of certain values – the client does not have the courage to assume the responsibility and risk of error. In a situation when responsibility cannot be transferred, symptoms appear. Although they mean suffering from a disorder, symptoms may be beneficial in the psychosocial context. The responsibility is transferred to a disease. As a result, the individual is protected, being not fully responsible to his or her decisions. Alternatively, he or she may make no decisions at all, postpone them or transfer them to someone else. But there is no sense in directly pointing to or interpreting these phenomena. This would make the symptoms worse. The process of replacing a conflict with symptoms is usually unconscious and the vulnerable individual would be unable to endure the confrontation with his or conscience. If the client by himself or herself gradually reveals the ethical aspects of his or her disorder, these are slowly internalized and the client matures. During maturation in psychotherapy, the conscience matures as well, being able to endure the conflicts openly.

Although symptoms of a mental disorder have their ethical aspect, this is just one of many features of the disorder. It is either not realized by the client at all or it is realized inadequately or in a modified manner. In practice, it is advisable to distinguish the unconscious moral aspect of the disorder from conscious unethical behavior. This is to prevent a conscious escape into disease and manipulations.

Selecting the patient for psychotherapy

Psychotherapy is sensible and leads to the desired goal only if clients are adequately selected. External limitations are apparent, such as a total lack of trained psychotherapists and large numbers of suitable clients in our country, a lack of financial resources and time needed for adequate psychotherapy, etc. A colleague of ours called that a Sophie's Choice. These social causes have to be dealt with throughout the entire society, by changing the status of psychotherapy in this country, increasing the awareness, improving psychotherapy training or making the literature more accessible. Yet every psychotherapist contributes to the situation, at least to a certain extent, and escaping into one's own practice and to one's own selected clients only is rather short-sighted.

A client is selected for psychotherapy based on his or her own characteristics and suitability for that particular type of psychotherapy, compatibility with the therapist or group so that the psychotherapy goals are achieved. The selection depends on the therapist's or therapists' subjective assessment and is influenced with numerous ethical dilemmas. On the one side, there is the necessity for the client; on the other side, there are the type of problems, diagnosis, compatibility with the group or therapist, motivation for treatment, liking, potential negative changes in the client or those around, potentially limited goals due to the client's disorder or personality or the social situation, etc. Inadequate assessment during the selection process may harm the client's condition and lead to changes in his or her family or social group potentially harming both the client and the others. Talking about the wrong selection, however, means that we know which therapy is suitable for particular problems, which clients may be matched to form a group, etc. This is by far not always the case.

Some types of therapy may be more effective in certain problems, some may be effective in others and some approaches may even be contraindicated in particular problems (Roth & Fonagy 1996). The question is how ethical long-term psychodynamic therapy is in a client with severe manifestations of obsessive-compulsive disorder in the context of the fact that the only approach that is proven to be effective is cognitive behavioral therapy. Similarly, in a client with an adjustment disorder unable to cope with a new work situation, it is probably unnecessary to use exposure therapy for childhood traumas.

In psychotherapy, the client may only be guided to a goal for which there are both internal prerequisites and external conditions and to which we are able to guide that particular client by ourselves. Thus, when selecting a client, several issues may be generally considered: the client's suitability for psychotherapy, the therapist's ability to work with that particular client, the client's willingness to accept a change in oneself, and willingness of those around us to accept our work with that client. When working with a group, another issue is compatibility of the client with the other group members.

Goals of psychotherapy

Issues related to goals of psychotherapy incorporate theoretical postulates and expectations of the therapist, dependent on the school of thought that he or she follows, general ideas about health and, last but not least, his or her personal attitudes. The problem is that there is no generally valid model of mental health (Coan 1985). Every model is time-related, individually determined

and subject to fashion trends and situational changes and may be altered by new findings. From the point of view of mental health, many qualities may be considered desirable, such as freedom to self-determination, insight into one's own motives, prosocial orientation, emotional wealth with balanced emotional tuning, positively managed aggression, positive relationships to self and others, creativeness, etc. (Říčan 1983). Despite these noble aspirations, ethical issues are mostly related to practice carried out in their name (Karasu 1983). The therapist cannot impose his or her concept of life or value system on the client as the only valid one. By proclaiming his or her attitudes as the norm, the therapist may indoctrinate the client. The client may accept the attitudes; rather than actual reorientation, "pseudoorientation" develops, with a new underneath layer of interpersonal and intrapersonal conflicts (Říčan 1983).

According to Kratochvíl, the goals of psychotherapy are formulated in two significantly different ways (Kratochvíl 1978):

a. Removal of difficulties – the goal is achieved when symptoms are removed. This goal may be specified as recovery of the ability to work, ability of experiencing, contact, hope, and ability to enjoy life.
b. The goal is to transform the client's personality in the direction of maturation and realization of the life purpose. Removal of symptoms is expected as a side consequence.

Both extreme attitudes are full of ethical dilemmas. With the former one, unchanged value orientation and personality attitudes may result in new conflicts and new symptoms develop. Moreover, even if the goal is symptom removal, changes in personal orientation may occur that remain unnoticed, followed by unpredictable interactions the client's environment. Transformation of the personality as the goal brings about numerous ethical issues. Besides the aforementioned fact that the optimal model of mental health is unknown, there is another issue. This is the freedom of the client as a human being, his or her right to self-determination and self-control. In fact, the client is denied that from the beginning. According to traditional medical ethics, even psychotherapy clients should know the goals and means to be used from the beginning. However, it is naive to point to anticipated unconscious conflicts or personality traits that have to be changed. After all, these are difficult to determine at the beginning of therapy. As the therapy proceeds, the optimal outcome for the client, environment and society in that particular case is shown more specifically. Another ethical dilemma directly related to psychotherapy goals is the question of whether the client should be encouraged to rebel against the repressive environment or to adapt to it. Yet another ethical dilemma is establishment of therapeutic goals corresponding with the therapist's dual loyalty – to the client and to the society (Karasu 1983). In everyday practice, both psychotherapists and organizations must necessarily deal with conscious conflicts between therapy options, clients' wishes, their and clients' ideas and the real world (Vyskočilová 2013).

An important aspect of therapy is aiming at the client's autonomy. Help with developing an autonomous mature individual is one of the most cited goals of psychotherapy (Holmes & Adshead 2009). However, this goal is only rarely thought of by the client seeking therapy. Rather, he or she suffers from depression, anxiety, life dissatisfaction and relationship problems. He or she wishes to be helped by the therapist, not to be taught to be autonomous. Primarily, the client wants to get rid of negative experiences. The fact that he or she should mature is more or less perceived as humiliating by the client (that is why the therapist often does not tell the client even though he or she thinks this is true). The client rather demands advice and instruction on what to do in his or her life situation; the client usually does not consider seeking his or her way to independence and autonomy (Vyskočilová 2013). This results in a strange paradox, with the client – freely – asking for help and the therapist responding that he or she should gradually learn to help oneself.

In a particular client, the goals are characterized less generally. The goals may be symptom removal, interference with causes of the disorder, sometimes simply return to the non-diseased state, or better adaptability and performance, or possibly managing the current crisis. In other cases, the goal is just to help the client cope with his or her limitations and achieve better mental balance. Frequently, goals must be reformulated in the course of psychotherapy. Sometimes, problems may be created by the therapist setting unrealistic goals that the client is not capable to achieve. The goals either exceed the client's abilities or promote false hope for rapid progress. As a result, the client develops feelings of guilt as he or she fails. The need to achieve the desired effect rapidly may result in the therapist giving advice or authoritative recommendations (Říčan 1983). The client may mistakenly think that the therapist will solve all his or her problems. In that case, it is not necessary to change the attitudes and the client remains unfree and dependent on an external authority. In other cases, psychotherapy aimed at weakening of seemingly excessive conscience may be effective at the cost of some psychopathization of the client by weakening of barriers (Mrázek 1983). It is good to ask how the client will use the abilities learned during the therapy. When setting the goals, the therapist also works with oneself. It is necessary to distinguish the therapist's goal from what may be the client's goal. The therapist needs to understand his or her own motives in goal setting. When elaborating the goals during therapy, the therapist must repeatedly consider his or her own motivation. Even for the therapist, therapeutic work often means seeking and clarifying. However, the client must not be used as a tool.

A serious ethical issue is whether the client should be treated by methods the effectiveness of which has not

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been empirically evidenced (Holmes & Adshead 2009). The ability to consider, while keeping reasonable distance, data from research, expert opinions, one's school of thought convictions and being unbiased are all complex ethical dilemmas. An issue may be being blinded by one's approach and a blind faith that the approach will be helpful in spite of opposing research evidence (Vyskočilová 2013).

Psychotherapeutic relationship as an ethical issue

If the client is to be really helped, it is not sufficient to reflect the causes of his or her difficulties and his or her past history or present conflicts, At the same time, the therapist needs to concentrate on how their mutual relationship develops. The mutual relationship aids in better understanding of how the client relates to people that he or she has met, and shows how he or she may feel in such relationships, what to expect from them and what to put in them, or how he or she behaves. Apart from the potential for understanding, however, this relationship forms a protective frame in which the client's view of the world may change, the client may learn to be oneself without an effort to play a role corresponding to his anticipation of other people's expectations rather than to himself or herself. The therapeutic relationship also brings about the risk for abuse, albeit unconscious. An easy gain for the therapist may be the feeling of omnipotence, power over others and emotional dependence, with the therapist solving his or her own problems through the therapeutic relationship. Another risk is the so-called therapeutic egoism, with the mutual relationship between the therapist and the client becoming the most important area of the client's experiencing, which makes the client's adequate openness to others difficult (Skála & Maťová 1986). In therapy, the therapist cannot be fully separated from the client and frequently, or possibly regularly, changes occur in both participants (Mrázek 1986). Therefore, constant reflection of what is happening in the relationship, considering one's own motivations in each step and supervision are a part of responsible therapeutic work.

The possible harm in psychotherapy is less obvious in acute jeopardy of somatic health but can grow from the exploitation of therapeutic relation consciously or unconsciously (Adshead 2004). Such a danger is always present if one of the partners in the relationship is dependent on the other one, as is the case in psychotherapy. Exploiting the other person means using him or her to one's own advantage rather than to achieve the other person's goals (Kant's supreme principle of morality). The client can be exploited to confirm therapist self-confidence, because of economical or sexual reasons (Gabbard 2009).

It is a psychotherapist's ethical obligation to maintain clear therapeutic boundaries. Since the 1990s, when studies about sexual abuse of patients were published, most professional codes have considered a violation of these boundaries as professional failure or, in Canada and some US states, even crime (Holmes & Adshead 2009). Sexual abuse in medicine, psychiatry and psychotherapy is a relatively common problem. It can appear in 1–12% of male therapists and 0–3.1% of female therapists (Holroyd & Brodsky 1977; Pope *et al* 1979, 1986; Akamatsu 1988; Gechtman 1989; Borys & Pope 1989). The therapist's sexual contact with the client is unethical for several reasons. The relationship is unequal from the beginning because the therapist has at least the advantage that the client comes for help, shares his or her problems and is less able to understand what happened in the relationship, while the therapist is a professional who was trained to understand relationships and his or her activities are paid (Vyskočilová 2013). The therapist fails to provide service he or she has been contracted for.

Other types of client abuse and boundary crossing or threatening may include abuse of the client's trust or information, economic or political abuse, or abuse of the relationship to pursue one's own interests (Vyskočilová 2013). Financial abuse can happen very easily in numerous ways known from common business. Clients may be charged different amounts for their sessions. As in the market, sometimes the fees are exorbitant even if the therapist is much in demand. In such cases, however, the client knows the conditions from the very beginning. But other approaches may be ethically flawed, for instance increasing the fees in the course of therapy or prolonging the duration of therapy on various pretexts (Holmes & Adshead 2009).

It is more or less a rule in the therapeutic relationship that the deeper is the client's personality pathology, the more irrational are the expectations he or she puts on the therapist (Chovancová 1986). Only at the end of therapy, the relationship becomes dyadic in the real sense of the word. Initially, the therapist is seen as omnipotent. The client expects that as a result of the therapy, his or her desires and wishes will be fulfilled. He or she expected the same from previous relationships that were disappointing. In a situation when the client has lost the relationship to oneself, he or she is full of doubts and unsure about any relationship. Besides the expected understanding, the future therapeutic relationship would mean a lot of privation, hard work and disappointment. This dynamics, difficult to estimate in advance, requires the therapist's stability, patience, tolerance and kindness. The client needs to experience a fully reliable interpersonal relationship without fear, insecurity, ambiguity, insoluble disagreements and manipulations (Říčan 1983). The client becomes emotionally dependent but he or she cannot be deprived of freedom and right to autonomy (Syřišťová 1977).

A general ethical issue in the psychotherapeutic relationship is concerned with its democratic nature. A democratic egalitarian relationship is considered to be

more humane, producing a more intimate atmosphere, than the traditional physician-client model or the classical behavioral mentor-mentee model. The democratic nature, however, may be the truth, a strenuous effort or a phrase (Mrázek 1983). It may degenerate and become manipulation, a democracy play, or it may express the therapist's helplessness. Despite its democratic nature, the relationship is always asymmetrical due to the therapist's greater responsibility, which should not be hidden.

Another ethical issue is the client's dependence on the therapist. Sometimes, the client's need to get support from someone who is a promise of help resembles a young child's dependence on parents. This dependence, especially in severe mental disorders, is sometimes necessary for the development of the psychotherapeutic relationship. It cannot be refused at the beginning of therapy. If, from the very beginning, the client is explained that dependence may be accepted even without losing self-esteem, he or she will be able to break free from it later (Říčan 1983). Apart from tact, coping with one's need for dependence or need to control others is required. However, there is a certain group of clients for whom dependence on the therapist may be the only way of living in the real world outside a psychiatric facility. Realizing this fact and enabling the client to continue meeting the therapist or group, either in a club or through writing letters, should be included among the therapist's ethical considerations.

Another important component of the therapeutic relationship is respect to the client. Respecting him or her, showing the therapist's respect to him or her, treating him or her as an autonomous and independent individual aid in creating his or her self-esteem. Respect to the client means respecting his or her personality with all the peculiarities, privacy and even innermost secrets (Říčan 1983), having confidence in his or her self-recovery potential, being willing to learn from him or her, and not attempting to cover up, at all costs, one's mistakes noticed by the client. The opposite of respect is contempt. Even if hidden, it may devastate the therapeutic relationship. Frequently, contempt may be hidden by false sympathy. On the other hand, putting the client on a pedestal may be similarly traumatizing because of what the client expects from himself or herself; this may produce feelings of guilt and even poorer self-image (Kepinski 1986).

Yet another important component of the therapeutic relationship is confidentiality. This is especially supported by confidence in the therapist's discretion. The client's innermost wishes, fantasies and feelings may sometimes make the therapist feel embarrassed, especially if therapy is family-oriented. The only important exception to the rule of confidentiality is being a threat to others. However, clients should be informed about the limits of their therapist's confidentiality (Karasu 1983). The obligation of confidentiality is not an end in itself; it serves to protect the client from being abused. However, it is superior to the obligation to protect life (Havelková 1978). A loss of confidence in the therapist usually destroys the therapeutic relationship. Moreover, it often leads to a general loss of confidence in other human relationships (Hadley & Strup 1976).

If the therapeutic relationship is to be seen as a frame of change it should be noted that the frame must be a real one. The therapist should reflect the client truthfully, in a way that mature people may reflect him or her. A false frame not reflecting the client in a truthful manner leads to his or her failure after leaving the frame. Any type of overestimation and flattery aimed at achieving greater openness or satisfaction of the client and at accelerating symptom removal results to the client's failure after his or her confrontation with the natural environment. Or, conversely, the client suppresses those around. Such a frame creates a false role of the patient and cannot lead to understanding. Naturally, the time plays an important role in interpretation. Some confrontations are justified only after the client matures in the therapeutic relationship. Accurate hurting, albeit truthful, reflection of the client leads to withdrawal and loss of the therapeutic relationship.

Ethics and the therapist

Apart from being the main tool of psychotherapy, the therapeutic relationship is the most frequent source of negative effects. This results in the need to care for one's own personality (Mrázek 1983). Ethical reflection is a process stemming from the therapist's deeper attitudes and values. Attitudes and values of an individual or a group significantly influence therapy, strategy selection and behavior towards clients, often at an unconscious, unreflected level (Vyskočilová 2013). The therapist's basic attitudes towards others and towards oneself are typically not subjected to routine analysis in the course of therapy of a particular client unless the issue is dealt with by supervision. A typical example of such attitudes is labeling of clients. If therapists or therapy teams are convinced, for example, that personality disordered patients actually do not suffer from their symptoms and problems, exaggerating them and striving for the so-called secondary gains, they automatically label, moralize and tend to trivialize anything the clients say, confront them vigorously and punish for their symptomatic behavior. Although they consider such behavior as "establishing boundaries", most frequently it is emotional abuse. The ability to realize one's own attitudes, their ethical dimension and how these influence practice is one of important tasks of responsible therapists. The main ethical issues related to therapists themselves are classified into two categories:

a. Inadequate personality traits of the therapist;
b. Lack of skills and training.

There may be many different inadequate personality traits of the therapist. According to Hadley and Strupp (1976), the most serious are the following:

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1. Clinical decisions are based on needs of one's own personality although they might be theoretically rationalized
2. Excessive need to make people change
3. Coldness or obsessive traits
4. Excessive unconscious hostility (often masked by diagnosing the client with a more serious diagnosis)
5. Seductiveness, or, conversely, lack of interest or warmth
6. Negligence, pessimism, absence of genuineness
7. Greed, narcissism, lack of self-awareness.

Even if the therapist himself or herself does not directly contribute to negative effects in psychotherapy, he or she should be able to tell when the therapy or another variable is what produces the negative effects. The therapist should also be able and willing to take adequate countermeasures. Inadequacies in the therapist's personality or his or her pathology may lead to inadequate recognition of transference manifestations, premature disclosure of unconscious conflicts without providing accompanying support, or both. Self-reflection is one of the basic psychotherapist's competences (Praško *et al* 2012). Over the 100-year development of psychotherapy, emphasis has been put on ethics in both theoretical and practical psychotherapy. The therapist should not underestimate his or her own reactions to the client. Rather, these should be fairly formulated and dealt with. According to Hadley and Strupp (1976), the therapist's hostile countertransference to clients may have several forms:

1. A lack of respect to the client's suffering
2. An obstacle to the establishment of a working partnership
3. Failure to let the client experience selection from options
4. Aggressive attacks on the client's defenses
5. Feelings of disappointment over the client and his or her advances
6. Defaming the client in front of other therapists.

The therapist's personality is the main tool of psychotherapy. Therefore, psychotherapy ethics includes relationship to oneself, self-upbringing, personal and professional growth as well as simple consideration of oneself (Říčan 1983). According to Eis, being responsible for oneself requires that the therapist (Eis 1987):

a. Not be stuck in his or her personality potential
b. Reflect all that happens, motives of any acts in the psychotherapeutic relationship
c. Undergo supervision
d. Educate oneself to understand the broader context.

The norm in psychotherapy education should be a triad of experiential training, theoretical study and supervised practice. Training and supervision are the main defense against introducing personal issues into therapy. Emphasis is also put on the therapist's broader and deeper education in general (Mrázek 1983). Broad education is a prerequisite for the therapist's relative independence on accidental happenings of the local cultural, geographic and historical situation. Also knowing the life of various social and age groups plays as important role as knowing techniques and theory (Říčan 1983). The therapist's responsibility to oneself includes the necessity to face "oversaturation" with therapy, potentially resulting in disgust, boredom or burnout in relationships and emotional life. The main prerequisite is to avoid overworking. If need be, psychotherapy should be combined with other activities. Private and professional lives should be kept separated. Psychologization and psychotherapeutization of one's own life and relationships may lead to dominance in the family or even to being expelled from it. Another key area shaping the therapist's personality are interpersonal relationships between therapists. Instead of the frequently proclaimed solidarity, there is rivalry, either between different schools of thought or between colleagues. Sometimes, it is the client who is able to create tension between several therapists caring for him or her.

Ethics and supervision

Neither psychotherapy training nor experiences alone are sufficient as without continuous supervision and evaluation, the original mistakes may be reinforced by constant repetition (Yalom & Leszcz 2007; Gilbert & Leahy 2007). Humans simply cannot see some of their behavioral patterns. The most typical example is countertransference (Praško *et al* 2010; Praško & Vyskočilová 2010). Today, a psychologist, psychotherapist or supervisor alone cannot fully perceive the entire reality and understand it completely. The way we understand each other contains the way we have adopted the surrounding social and physical environment and its tension and made it a part of ourselves. As a result, conflicts reappear as one's own conflicts, being determined not only by personal but also others' conflict moments. These are difficult to perceive and understand for a single individual. One may get a better attitude when talking about them with others, trying to open up and discovering how to understand oneself and the world today. That is why supervision is so important (Falender & Shafranske 2008).

Conclusion

Ethical issues in providing psychotherapy cannot be solved completely. There is, and cannot be, a simple answer to complex dilemmas the therapist faces with respect to the client and society. Everything is in motion; there is constant clarification and questioning. Despite that situation, every therapist is bound to be responsible for the client's, or even the client's family's fate. There is no other way than to constantly seek and explain, discover the reality in its development with respect to the entire social context.

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