

How Do We Think About Professional Ethics?

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Overview

1. History of Boundary Violations at Boston Psychoanalytic (BPSI) and the aftermath
2. Resistance
3. Education
4. Fictional Vignette about Confidentiality
5. Discussion/Questions

History at Boston Psychoanalytic (BPSI)

- Between 2000-2007- two senior Training Analysts committed sexual transgressions with patients.
- A few years later another senior TA affiliated with BPSI also committed a sexual transgression with a patient.
- Breakdown in open discussion across the institute. Gossip was rampant; open discussion across institute was shut down.

Reasons for Silence

- Shame
- Conflicting loyalties
- Concerns about privacy
- Anxiety about frightening the trainees
- Fears of tarnishing the Institute's reputation
- RISK OF BEING SUED BY THE OFFENDING ANALYST

Ethics Education Committee (EEC)

- Create a safe environment for open discussion
- Address both serious/severe as well as common-place ethical questions and dilemmas
- Use of elaborated fictional vignettes as a springboard for discussion
- Open discussion groups across settings and membership - students, faculty, Training Analysts, administrators and mixed groups
- Opportunity for individuals to learn about their own individual ethical-thinking-process

How is this relevant to my organization?

*Power differentials

*Asymmetrical obligations around confidentiality

*MULTIPLE OVERLAPPING ROLES OF MEMBERS

*Issues around conflicts of interest, roles/boundaries, dilemmas around privacy

****Analogous to MANY other organizations***

Who needs a forum to discuss ethics?

- *Graduate students/analytic candidates
- *Clinicians
- *Clinical Directors
- *Educators/faculty
- *Psychotherapy/analytic supervisors
- *Training Directors
- *School /Institute/Facility Administrators

Why?

Without a forum to discuss complex ethical dilemmas, the individual's conflict will go underground. Shame, anxiety and confusion will drive behavior, rather than thoughtful decision-making.

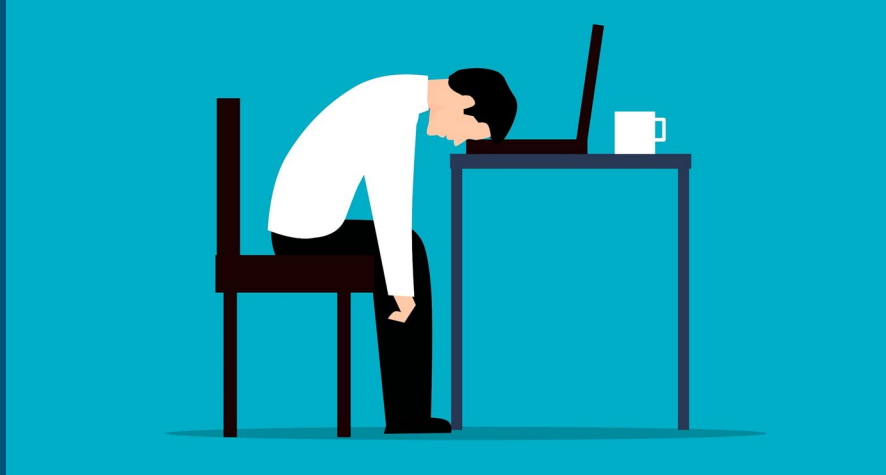
Resistance

Why is there resistance to discussing professional ethics?



Boredom

Rules-Based Ethics, binary (right v. wrong) thinking



Trauma

“...he profoundly violated each of us, distorting our professional code, abandoning his medical and analytic vows, exploiting patients for his selfish purposes, concealing and denying his wrongdoing, and through his abusive actions expressing contempt for the ideals that illuminate, inspire and govern our analytic work.” (Ruskin, 2011).

Trauma

“The main cause of our reluctance to deal more openly with this phenomenon is our horror of actual violations of the incest taboo which is at the psychological core of these boundary violations. We do not wish to acknowledge such potential in our colleagues or in ourselves.” (Margolis, 1997)

Trauma

“The shock and bewilderment that follow serious ethical breaches typically lead to a kind of moralizing conjecture about what “happened” that effectively breaks up our ability to think, individually and as a group.” (Kite, 2016)

Polarization

“Typically, there was extreme polarization between those who viewed the training analyst as a victim of an unscrupulous patient and those who viewed the training analyst as a psychopathic predator. The result was a paralysis that was made worse by fear of litigation.” (Gabbard, 2016)

Anticipatory Shame (conscious and/or unconscious)

- *Awareness of past or present mistakes/transgressions
- * Fear of causing (or having caused) harm
- *A (false) belief we should know the “correct” answers to complex dilemmas
- *Confusion
- *Fear of exposure
- *The “gap” between our aspirational selves and our actual behavior

4. Insoluble Dilemmas



Examples of Insoluble Dilemmas

- A therapist realizes two of his patients have entered into a romantic relationship with one another and do not yet realize that they have the same therapist.
- An instructor must decide whether to include a seminal paper in her curriculum written by a psychiatrist who committed a sexual boundary violation.
- A therapist must decide whether to disclose highly sensitive information she learned from her patient to her own therapist in the same community.
- A child therapist about to give a big presentation notices the parent of the child he'd planned to present in the audience.

Safety : What creates a safe environment?

- *Dialectic between radical openness and awareness that right and wrong do exist
- *Group leaders who do not claim to be the experts (more difficult than it seems)
- *Group leaders who help the group sit with uncertainty (also more difficult than it seems)
- *Playfulness - participants' abilities to try on ideas

“Impossible Ethics”

(Sarah Ackerman, 2020)

*“Each moment is unique...and must be navigated contextually.”

*Paradoxes inherent in psychotherapy and psychoanalysis

*We have conscious and unconscious expectations and desires for our patients.

****Embracing the impossibility of our work is part of ethical practice***

Teaching Ethics

- *Creating a safe environment is the most important goal
- *Do not underestimate the amount of anxiety students will experience
- ****Teachers should be ready to share their mistakes***
- *Students can share either real/fictional/fictionalized examples from their own experiences.
- *Ethical vignettes are a “transitional space” (Winnicott) between fantasy and reality
- *Be aware of students who will try to shut down the uncertainty by declaring “obvious” solutions
- *Be aware of use of over-intellectualization or over-analysis as avoidance of the ethical dilemma

The Crux of the Matter

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Dr. Jablonski teaches a clinical section of a fellowship class at BPSI. She knows some of her students have limited experience and is not surprised when no one volunteers to be the first to present clinical material. She decides to present her own work for the first class.

She chooses to present her work with Ms. Duarte, a patient whom she finds fascinating. Ms. Duarte is a 30-year-old single woman, an attorney who is extremely bright, successful and attractive; she is on track to become a partner at a well-known Boston law firm.

Ms. Duarte was raised in a wealthy Venezuelan family which was very religious; her parents insisted she and her sisters attend church and go to confession several times a week. Her father was a judge on the Venezuelan Supreme Court and had numerous adulterous affairs throughout his marriage.

Ms. Duarte came to the US to attend Barnard College in New York. She enrolled in a pre-law curriculum and performed well academically. Having had no sexual experience, she began to experiment with numerous partners.

Her second year of college, she learned of several women at Barnard who worked for an on-line prostitution service and was surprised to find herself intensely curious. Eventually, she joined the on-line service and had several “dates” with men which involved being paid for sex. She found these experiences exciting and terrifying. After several months, she worried about the negative impact this behavior could have on her life and

After college and law school, she moved to Boston to accept an associate position at a prestigious firm. Professionally, she performed extremely well and became known as a “rising star” at her firm. However, after a meeting where she thought she recognized an opposing attorney as one of her former “dates,” she had her first panic-attack. She developed intense fear of this episode of her life being revealed, and the panic attacks became severe and frequent. Eventually, she decided to seek psychotherapy.

Dr. Jablonski is intrigued with Ms. Duarte and her story and thinks that the class could learn a great deal about the unconscious, internalization, and intrapsychic conflict – much of which they are learning about in the fellowship curriculum. She is also aware of many of her countertransference reactions to Ms. Duarte and feels that she would like to model openness to these dynamics by discussing some of her feelings which have arisen in the treatment.

To disguise Ms. Duarte’s identity, Dr. Jablonski gives her a pseudonym and says she is an “immigrant” but does not specify from where. She does not mention Barnard, and merely says she attended a “prestigious university.” She omits that her father is on the Supreme Court but does mention that he was a “powerful judge” because she feels this is relevant to the patient’s intrapsychic conflict. She feels the patient’s career choice is also clinically relevant and says she is a lawyer, but nothing more about her work.

She decides to present a session in which Ms. Duarte is talking about a large silver crucifix she wears around her neck. She had recently been approached by the firm’s senior partner, who asked her to remove the cross, stating it was inappropriate for their work environment. Ms. Duarte spends an entire session speaking about the cross, which was given to her by her father, its meaning to her, and her conflict around being asked to remove it.

Dr. Jablonski feels that process notes from this session would be a tremendous learning opportunity for her class. She tells them the cross was one of the first things she noticed about Ms. Duarte the first time she met her in the waiting room. Most notable was the way the cross dangled seductively in her cleavage, accentuating both the cross as well as her breasts. In this session, as they work to understand the numerous nuanced meanings of the cross, Dr. Jablonski struggles with her own feelings about how to talk with Ms. Duarte about the way it hangs between her breasts, and interpretations of the sexual meanings attached to the cross her father gave her. She is open with the class about her own thought process and internal struggle to raise these issues with Ms. Duarte, including her anxieties of appearing to Ms. Duarte as if she is “judging” her.

The class goes extremely well. The group is active and engaged and, as she predicted, extremely interested in the case. They are appreciative that Dr. Jablonski chose a case which represents many of the concepts they are reading about in the fellowship. The discussion of her countertransference is especially engaging. The trainees leave feeling intrigued and positive about the course.

Dr. Heller, a fourth year psychiatry resident, is especially excited. Having struggled through her residency to feel inspired, she goes home after the class and tells her husband that she is optimistic about her training at BPSI. She tells him about the case Dr. Jablonski presented, the way she looked at the material and how profoundly the analytic approach resonated with her own views about human nature. She tells her husband that she thinks she may have found an intellectual home at BPSI.

Six months later, Dr. Heller and her husband are at a party hosted by her husband’s law firm. At the party, they are introduced to a young female attorney. Dr. Heller immediately notices that she wears a large silver cross which dangles between her breasts.

Questions to consider:

Did any ethical breaches occur in this situation? Was anyone harmed?
Whose responsibility was confidentiality in this situation?

Is some risk that a patient's identity be revealed acceptable in case presentations? How frequently do you think those risks occur? How forthright are we with our patients about the risks?

If Dr. Jablonski had changed the details, what would be gained/lost?

How do you manage the wish to present accurate and clinically relevant details with the need to protect confidentiality?