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Paternalism and autonomy: psychotherapists' choices in dilemmas and their justifications as ethical aspects of the therapeutic relationship

Paternalizm i autonomia: wybierane przez psychoterapeutów rozwiązania dylematów oraz ich uzasadnienia jako etyczne aspekty relacji terapeutycznej

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Abstract

Aim: The aim of the study was to analyse solutions to ethical dilemmas based on the criterion of “paternalism-autonomism” in the context of psychotherapists’ professional experience and therapeutic modality. Another aim was to review the sources of choices of ethical decisions from the perspective of the “intuitiveness – ethical reflection” dichotomy, and to assess the percentage of ethical, ambiguous, and non-ethical justifications of solutions preferred in those ethical dilemmas. **Method:** It was a cross-sectional qualitative study. An original questionnaire describing three exemplary clinical and ethical dilemmas combined with a multiple-choice questionnaire containing recommended solutions to the presented dilemmas was employed in the study. The responses were correlated with the modality of psychotherapy (cognitive-behavioural, psychoanalytic-psychodynamic, psychodynamic-systemic, systemic, integrated) and the professional experience of therapists. The statistical analysis included questionnaires obtained from 191 respondents. **Results:** Statistical data indicate the general advantage of autonomous decisions in the entire group of therapists, regardless of their professional experience. A significant advantage of autonomic solutions over paternalistic solutions was demonstrated in all analysed therapeutic approaches with the exception of the cognitive-behavioural approach. Moreover, a statistically significant majority of psychotherapists reported the use of ethical reflection when choosing the solutions to the discussed dilemmas. A comparison of the total number of selected justifications revealed a significant advantage of ethical justifications over ambiguous and non-ethical ones, regardless of the professional experience of therapists and in all modalities except the psychoanalytic-psychodynamic and psychodynamic-systemic types. **Conclusions:** The principle of respect for autonomy plays an important role in the professional ethics of psychotherapists, and the preference for ethical considerations and justifications when choosing solutions to practical ethical dilemmas indicates a potential benefit of incorporating ethics into the professional training of therapists.

Keywords: psychotherapy, ethical dilemmas, paternalism, autonomy, good of the patient

Streszczenie

Celem badania jest analiza rozwiązań dylematów etycznych ze względu na kryterium paternalizm – autonomia wybieranych przez psychoterapeutów z uwzględnieniem doświadczenia zawodowego oraz modalności respondentów. Ponadto artykuł przedstawia analizę deklarowanego przez psychoterapeutów sposobu rozstrzygnięcia dylematów (rozwiązania intuicyjne lub namysł etyczny) oraz uzasadnień wskazanych rozwiązań (uzasadnienia etyczne, niejednoznaczne, pozaetyczne). Na potrzeby badania przekrojowego stworzono autorski kwestionariusz. Podstawę kwestionariusza stanowią opisy przykładowych dylematów etycznych oraz ich rozwiązania i uzasadnienia (pytania wielokrotnego wyboru z kafeterią odpowiedzi). Odpowiedzi respondentów zostały skorelowane z modalnością psychoterapeutyczną (w badaniu wyróżniono podejścia: poznawczo-behawioralne, psychoanalityczno-psychodynamiczne, psychodynamiczno-systemowe, systemowe, integrujące) oraz doświadczeniem zawodowym. Do analizy statystycznej wykorzystano dane zebrane od 191 respondentów. Wyniki wskazują na przewagę rozwiązań autonomicznych niezależnie od doświadczenia zawodowego psychoterapeutów. Poza tym wyniki badania wskazują na wyraźną przewagę rozwiązań autonomicznych nad paternalistycznymi we wszystkich badanych podejściach teoretycznych poza poznawczo-behawioralnym. Ponadto statystycznie istotnie więcej psychoterapeutów wskazywało, że wybór rozwiązania dylematu etycznego wymagał namysłu etycznego. Porównanie wskazywanych przez badanych uzasadnień dla rozwiązań dylematów etycznych wykazuje przewagę uzasadnień etycznych niezależnie od doświadczenia zawodowego oraz wśród przedstawicieli wszystkich podejść z wyjątkiem psychoanalityczno-psychodynamicznego oraz psychodynamiczno-systemowego. Zasada szacunku dla autonomii odgrywa istotną

rolę w etyce zawodowej psychoterapeutów, a deklaracje respondentów dotyczące namysłu etycznego i znaczna liczba wskazywanych uzasadnień etycznych przemawiają za korzyściami płynącymi z uwzględnienia zagadnień etycznych w szkoleniu psychoterapeutów.

Słowa kluczowe: psychoterapia, dylematy etyczne, paternalizm, autonomia, dobro pacjenta

BACKGROUND

The therapeutic relationship is an important and independent predictor in adult and adolescent psychotherapy (Flückiger et al., 2012). Based on previous research (Jaworska, 2006), one can assume that among the processes that are indisputably desirable in the therapeutic alliance the most important ones include trust, realness of meeting between persons, individual approach to a particular patient, honesty, truth as the goal of the therapeutic investigation, ethics as the foundation of undertaken actions, and the benefit of the patient as the primary goal of therapy. Ethics is a critical factor in every helping profession in which the clients/patients are in trouble and seeking help. This issue is especially important in psychotherapy, where the focus of intervention is targeting the most internal, hidden, and intimate world of an individual (Treuer, 2008). The general principles of ethics are intended to guide the psychotherapist's decision-making when confronted with ethical dilemmas. Alternatively, considering the paradigm of financialisation dominating in the 21st century, the concept of ethics is an anachronistic construct (Coyle et al., 2007; Keep, 2003). Therefore, questions about the status of universal ethical values in the therapeutic alliance and professional training of psychotherapists, and about their readiness to ethical compromises in the therapeutic relationship, are of great importance. The analysis of ethical issues in the context of psychotherapy is growing in importance, as there are now many new therapeutic approaches and simplified therapeutic platforms for online therapy, without any direct contact with the patient, and even methods in which artificial intelligence algorithms overtake the role of the therapist altogether (Coyle et al., 2007; Luxton et al., 2016; Stoll et al., 2020). The principles of the biomedical ethics of Beauchamp and Childress (2009) cover the most important areas of the therapeutic relationship compatible with universal moral norms, and their practical application in ethical decision-making is obvious. Autonomy is most often understood as self-determination (Biegler, 2010). The principle of respect for autonomy – as the right of an individual to make his or her own choices and, therefore, the need for informed consent. Beneficence – the principle of acting with the best interest of the other in mind, non-maleficence – the principle that “above all, not harm”, as stated in the Hippocratic Oath, and justice, a concept that emphasises fairness and equality among individuals (Aldcroft, 2012). The problem of paternalism is usually understood as acting against the will or preferences of the benefactor, motivated by beneficence or protection from harm (also understood

as a preference for beneficence over respect for autonomy) (Beauchamp and Childress, 2009; Dworkin, 1972, 1988). In the article, paternalism is considered as following the psychotherapist's conception of patients' good which is basically neutral (Łuków, 2005). The latter definition was chosen because it demands fewer presuppositions than the former one. Łuków's definition does not imply the intuitions of the actor and abstains from determining the “acting against the will of preferences” (it is possible that the chosen conception of good is consistent with the benefactor's); therefore, it leaves open the question about the conditions of justification. Merely it is formal, showing that the core of paternalism lies in abstaining from agreement on the conception of good rather than acting against the will of the benefactor. It differs from typical definitions used in the ethics of psychotherapy (Annoni, 2021). Many authors argue that there is no way of avoiding ethics in psychotherapy, “the only question is whether the psychotherapist will ‘do ethics’ in a professional way” (Urofsky and Engels, 2003, p. 121). New research also indicates that the current ethical decision-making models do not yield comprehensive answers or lead to improved ethical decision-making. Consequently, such models are not theoretically grounded (Barnett et al., 2007; Cottone and Claus, 2000). To meet this postulate, and because people state they value these medical ethical principles, but they do not use them directly in the decision-making process, medical ethics has taken a turn towards empiricism, and empirically measures the ethical principles (Aldcroft, 2012). In this changing therapeutic environment, the main task is to take care of the patient's benefits and aim towards client self-reliance and autonomy (Fitzgerald et al., 2010; Vyskocilova and Prasko, 2013). Also in this study, the attitude of psychotherapists to ethical dilemmas arising in the therapeutic relationship with a patient reporting biopsychosocial health problems was analysed. The solutions to the three ethical dilemmas were used to determine their attitude to the variables being studied. The basic areas of analysis comprised psychotherapists' claimed behaviours in three exemplary ethical dilemmas and the grounds for such choices. Two types of possible behaviours were considered: paternalistic and autonomic. Paternalistic actions mean that the therapist chooses what is good for the patient. In contrast, autonomous actions refer to the therapist's compliance with what the patient him- or herself considers good for him or her (Łuków, 2005). The ground of these choices, we divided into ethical, non-ethical, and ambiguous from the moral perspective. Ethical justifications consist of rules of modality, rules of codes of ethics, care for the good name of psychotherapy, etc. The psychotherapist's understanding

of the patient's psychopathology was considered a non-ethical justification. Effectiveness and efficacy were considered an ambiguous justification. The first study question regarded the type of behaviour - understood as the solutions of the dilemma - is preferred by psychotherapists (paternalistic or autonomic) and what grounds they name for their choice. So the question was whether therapists follows their patients' or their own understanding of the patient's good, and how they justify it. Another goal of the analysis was to identify differences in the paternalistic and autonomous approaches and their grounds in different therapeutic modalities and according to different psychotherapeutic experience. Beneficence was recognised as the principle of acting in the interests of the other person (seeking their good), and respecting the patient's autonomy as recognising the right of an individual to make his own choice (Beauchamp and Childress 2009; Suszek et al., 2017). These variables were correlated with the modality of psychotherapy, and the experience of the psychotherapists.

METHODS

Design of the study

The study had a cross-sectional design, used a qualitative methodology, and was conducted in the period from February 2019 to February 2020. Data analysed in the paper are part of a larger research project studying the problem of autonomy and other goods in psychotherapy. Participation in the study was anonymous, with recruitment occurring via psychological social networks (e-survey available on the website of the Institute of Psychology of the Jesuit University Ignatianum in Kraków) and at scientific conferences (survey in a printed version). Eight national psychotherapists' associations and two others were asked to cooperate in the conduct of the research. Among them, there were both those consociating psychotherapists of different modalities and those consociating psychotherapists of the same modality. Five national associations and two others agreed to collaborate by either sending the link (electronic version) with short information about the research to their members or allowing the conduct of the study during their conferences (hard copy). Printed surveys were used during psychotherapeutic conferences. Both versions are almost the same. The only one difference is one extra question in the electronic version: "Are you a psychotherapist?"

Study group

Inclusion criteria: current active employment in the profession of a psychotherapist and possession of a psychotherapist certificate or participation in a comprehensive certified psychotherapy course for at least two years. The psychotherapists' declaration was used in judging whether the inclusion criteria are met. Two hundred and nine therapists (88 completed the e-questionnaire and 121 the printed version)

Level of experience	Number	%	Mean [years]	SD
Beginners	57	29.8%	4.98	2.66
Advanced	93	48.7%	12.41	3.50
Experts	41	21.5%	23.95	5.98

Tab. 1. Professional psychotherapeutic experience of respondents

were recruited. One hundred ninety-one participants met the above-mentioned criteria. The study group included 30 men (16%) and 160 women (84%); one participant did not specify gender. The age of the respondents was 27–70 years (mean 42.6, standard deviation, $SD = 9.03$). The time of professional employment ranged from one to 40 years, with an average of 12.77 years ($SD = 7.75$ years). Comparing these data with the information from the study on the population of psychotherapists in Poland, it can be concluded that in terms of the demographic variables, the structure of the study group was representative (Suszek et al., 2017). In terms of professional experience in psychotherapy, the respondents were divided into three levels: beginners, advanced, and experts (Tab. 1). The category of beginners referred to qualified psychotherapists with less than 10 years of psychotherapeutic experience who have not obtained a psychotherapeutic certificate issued by an appropriate professional association. The category of advanced included practitioners with a psychotherapeutic certificate and less than 20 years of practice and psychotherapists without a psychotherapeutic certificate who have practiced psychotherapy for at least 10, but less than 20 years. The category of experts referred to qualified supervisors and psychotherapists who have been practising for at least 20 years. When qualifying psychotherapists to a modality, two variables were taken into consideration: the modality of being trained and the modality used in practice. The psychotherapeutic modalities of the respondents are presented in Tab. 2.

Questionnaire

The survey questionnaire does not measure traits in a psychological sense - or other psychological characteristics. It examines selected solutions to dilemmas (due to the authorship of the patient's well-being concept), justification of dilemmas, as well as methods of solving the dilemmas (based on ethical reflection or intuition). The depicted constructs are independent of each other. The questionnaire is

Modality	Number	%
Cognitive-behavioural	26	13.6%
Psychoanalytic/psychodynamic	54	28.3%
Integrated	57	29.8%
Psychodynamic-systemic	39	20.4%
Systemic	11	5.8%
Other	4	2.0%

Tab. 2. Psychotherapeutic modalities of the respondents

not a psychometric test. It is a survey questionnaire that allows collecting quantitative data. The researched variables are qualitative in nature (nominal variables – resolving ethical dilemmas and justifying them) and concern ethics. To verify the reliability of this tool, the method of competent judges was used twice. The original questionnaire describing three exemplary clinical and ethical dilemmas (short case presentations) combined with a multiple-choice questionnaire containing recommended solutions to the presented dilemmas was used. Other authors have also used the short case study method in studies investigating ethical issues (Bhola et al., 2015; Coverdale et al., 1997; Politis and Knowles, 2013). The original version of the questionnaire survey was drawn up by Anna Bogatyńska-Kucharska. It is written in Polish and consists of two versions: electronic and hard copy. The development of the questionnaire was a multi-stage process. Firstly, a total of 10 ethical dilemmas were chosen. Then, eleven psychotherapists were interviewed to check the cases by means of a specially prepared semi-structured interview. Afterwards, four competent judges estimated the dilemmas and questions, taking into account the answers of interviewees as well. Three dilemmas meeting a set of criteria (compliance of the competent judges with regard to the conflict of pairs of principles creating the dilemma, high formal evaluation, disagreement between the patient and the psychotherapist as to the understanding of the patient's good and the necessity to choose the good implemented in psychotherapy between various competing goods of the patient) were chosen for compiling the questionnaire. Afterwards, five competent judges evaluated the answers to the dilemmas (paternalistic/autonomic) and their justifications (ethical-non ethical). The judges' assessments were very similar in terms of their classification of items concerning the solutions to the ethical dilemmas due to the authorship of the implemented concept of the patient's good (either from the patient's or the psychotherapist's perspective). The agreement of the judges as to the assessment of the items was 100% in two cases; in the third case, it was two out of four cases – 80%, and another two – 60%. According to the justifications, only those were selected for which the agreement of the judges' assessments was at least 80%, except for efficacy, for which an extra category was created (ambiguous). The questionnaire prepared in this way was tested in a pilot study. At the core of each of the three dilemmas, there is a different understanding of the patient's good between the psychotherapist and the patient. The described situations were considered exemplary in a pilot survey of the questionnaire by a team of competent judges. The cases also refer to situations where the patient's primary autonomy interferes with his or her current life or health status, such as in the case of mental problems (1), marriage (2), or pregnancy (3). Case 1: The mother of 30-year-old Mr. M. would like the psychotherapist to provide her with information about her son's treatment and prognosis. The patient repeatedly discusses this issue during therapy. The psychotherapist believes that

his conversation with M.'s mother and providing her with information will negatively affect the progress of psychotherapy and the achievement of goals specified in the contract. Nevertheless, Mr. M. asks the psychotherapist to reveal requested information to his mother. Case 2: Mrs. G. is depressed, plans to start psychotherapy, and attends the first meetings. It is immediately evident that the symptoms of depression are related to her marital situation (dominant husband, very traditional family model). The therapist believes that it is impossible to achieve any change beneficial for the patient without a critical overview of her marriage. The patient wants to participate in therapy but understands the therapeutic goals differently. She expects emotional support rather than inspiration to change her marriage. She claims that this relationship model suits her. Case 3: 23-year-old Ms. C., diagnosed with personality disorders, has been participating in therapy for 2 years. Her therapy leads to favourable changes. However, Ms. C. continues to occasionally engage in risky sexual behaviours with random partners and, as a result, becomes pregnant. Speaking freely during the session, she confesses that she wants an illegal abortion. She does not want to have a baby and look after him or her. She believes that having the baby would also prevent her from achieving her plans (graduation, becoming independent). The proposed answers in the questionnaire (selected by the therapist) reflect the differences between the patient and psychotherapist in identifying the best solution for the patient (beneficence) and can be interpreted in terms of the paternalism-autonomy dichotomy. The paternalistic choices were understood as following the psychotherapists' understanding of the patient's good, while autonomic actions are treated as following the patient's understanding of his or her own good. These choices are the basis for determining the accepted ethical norms in the event of a disagreement between the psychotherapist and patient. The competent judges assessed the types of justification. Due to fluctuations in social approval, it makes no sense to ask people directly about the accepted norms. Thus, these norms can be deduced from the choices made (for the English version of the original Polish questionnaire used in the study, see the section Supplementary Material).

Statistics

Statistical computations were performed using the statistical package STATA/SE 14.2 (StataCorp, 2015). Comparisons of the number of responses in the questions allowing for more than one answer were made using the Cochran Q statistical test (Cochran, 1950). The test enables an analysis of dependent data by comparing the proportions of the answers obtained by b subjects in k binary variables. The null hypothesis of the test assumes that the proportions of k variables are equal, and the alternative hypothesis assumes a difference in proportions. In the case of comparisons of independent data, the Pearson χ^2 test was used. Statistical analysis was performed at the set level of statistical significance $\alpha = 0.05$.

	Paternalistic solutions	Autonomic solutions	χ^2, p
Case 1	70 (37%)*	26 (14%)	$\chi^2(1) = 22.00, p < 0,0001$
Case 2	132 (69%)	156 (82%)	$\chi^2(1) = 7.38, p = 0,0088$
Case 3	21 (11%)	186 (97%)	$\chi^2(1) = 157.37, p < 0,0001$
The sum	150 (78%)	191 (100%)	$\chi^2(1) = 41.00, p < 0,0001$

* The results do not sum up to 100% because in each case more than one solution could be chosen.

Tab. 3. Differentiation of paternalistic and autonomous solutions in specific problem situations (Pearson's χ^2 correlations)

RESULTS

A general analysis of the solutions to the presented ethical dilemmas (question A of the questionnaire) in the “paternalism-autonomism” dichotomy in the context of the therapists' professional experience showed that each of the 191 respondents (100%) chose at least once an answer indicating an autonomous solution. One hundred fifty therapists (78%) additionally chose at least one answer allowing a paternalistic solution. The result indicates the general advantage of autonomous decisions in the entire group of therapists ($\chi^2(1) = 41.00, p < 0.0001$), regardless of the level of their professional experience. In situation (1), concerning the provision of information to the patient's mother, most respondents (51%) used the option of choosing their justification, and among those who marked at least one of the proposed answer options, paternalistic solutions prevailed (37% vs. 14%). There were no significant differences in the professional experience of therapists. When presenting their responses, the psychotherapists also opted for not informing the mother, while emphasising the importance of understanding and discussing the patient's request in the context of the therapeutic process. Some psychotherapists pointed out that the patient's initial diagnosis (e.g. whether the patient concerned suffers from psychosis) is also important in the decision process. The predominance of paternalistic decisions was significant among beginners in the profession ($\chi^2(1) = 8.05, p = 0.0046$) and among experienced professionals ($\chi^2(1) = 13.09, p = 0.0003$), but it was not observed in the group of experts ($p = 0.1444$). In situation (2), regarding the orientation of therapeutic work, more than half of the respondents (55%) selected both types of responses simultaneously, both paternalistic and autonomous.

In situation (3), a significant predominance of autonomous decisions was observed, regardless of the professional experience of the therapists. The results presented above are summarised in Tab. 3.

Analysing the solutions to the ethical dilemmas (cont. question A of the questionnaire) in the “paternalism-autonomism” dichotomy in the context of the therapeutic modality of the respondents, a significant, global (situations 1–3) advantage of autonomic solutions over paternalistic solutions was demonstrated in all analysed therapeutic approaches (integrating, systemic, psychoanalytical-psychodynamic and psychodynamic-systemic), but not in the cognitive-behavioural approach. In situation (1), concerning the provision of information by the psychotherapist to the patient's mother (confidentiality), representatives of the psychoanalytical-psychodynamic and integrating approach significantly more commonly chose paternalistic solutions, i.e. they refused to provide such information to the mother. In situation (2), concerning the determination of the direction of psychotherapeutic work, people representing the integrating approach significantly more frequently chose autonomous solutions, similarly to representatives of the systemic approach, accepting the scope of work that the patient would agree to. In situation (3), concerning abortion, the autonomous solutions dominated without significant differences among the representatives of all discussed therapeutic approaches. The results discussed above are summarised in Tab. 4.

A general analysis of the sources of choices in ethical decisions (question B of the questionnaire) in the “intuitiveness of choice – ethical reflection” dichotomy revealed that a statistically significant majority of psychotherapists indicated the use of ethical reflection and less intuitiveness when

The modality	Case 1					Case 2					Case 3				
	Paternalistic		Autonomic		$p(\chi^2)$	Paternalistic		Autonomic		$p(\chi^2)$	Paternalistic		Autonomic		$p(\chi^2)$
	n	%	n	%		n	%	n	%		n	%	n	%	
Cognitive-behavioural	3	12	4	15	0.7055	21	81	22	85	0.7389	2	8	25	96	<0.0001
Psychoanalytic-psychodynamic	33	61	8	15	<0.0001	41	76	40	74	0.8084	6	11	53	98	<0.0001
Integrated	18	32	4	7	0.0017	35	61	47	82	0.0233	7	12	56	98	<0.0001
Psychodynamic-systemic	12	31	8	21	0.3711	28	72	34	87	0.1088	3	8	38	97	<0.0001
Systemic	2	18	2	18	1.0000	4	36	11	100	0.0082	2	18	10	91	0.0114
Other	2	50	2	50	1.0000	3	75	2	50	1.0000	1	25	4	100	1.0000

Tab. 4. Paternalistic and autonomous solutions depending on the modality of the respondents (Pearson's χ^2 correlations)

Case	Intuitiveness of choice		Ethical reflection		p (χ ²)
	Number	%	Number	%	
1	71	37%	116	61%	0.0010
2	65	34%	123	64%	<0.0001
3	59	31%	130	68%	<0.0001

Tab. 5. Intuitive choice or ethical reflection as the basis for choosing a solution in the presented situations (Pearson's χ² correlations)

selecting the solutions of the discussed dilemmas. There was no correlation of this variable either with the therapeutic modality or with the professional experience of the respondents. The results are presented in Tab. 5.

Justifications for the solutions (question C of the questionnaire) preferred in situations 1–3 were correlated with the therapeutic modalities and the level of professional experience of therapists. Comparing the total number of selected justifications, we noticed a significant advantage of ethical justifications over ambiguous and non-ethical ones, regardless of the professional experience of the therapists. We also observed a significant difference in favour of ethical justifications versus non-ethical and ambiguous justifications among the representatives of the cognitive-behavioural approach (χ²(1) = 7.00, p = 0.0082), integrating (χ²(1) = 10.00, p = 0.0016), and systemic (χ²(1) = 4.00, p = 0.0455), but not among representatives of the psychoanalytical-psychodynamic and psychodynamic-systemic approaches. The results are presented in Tab. 6.

DISCUSSION

The findings of the international research on the development of psychotherapists indicate that inexperienced therapists face more challenges than experienced practitioners in the later stages of their professional development. These challenges include anxiety about moral or ethical issues when interacting with clients (Bhola et al., 2015). However, there are no broader prospective studies analysing ethical issues specifically among psychotherapists. Murray et al. (2007) conducted a cross-sectional study on a nationally representative sample of American doctors. It turned out that 75% of doctors preferred to share decisions

with their patients, 14% preferred paternalism, while 11% preferred an autonomic approach (informed consent). Senior doctors (50 years or older) saw themselves as practitioners of paternalism. Complementing these observations, our study, which fills the gap in the area of prospective research on ethical issues in the group of psychotherapists, suggests that there is no relationship between the professional experience of psychotherapists and their solutions to ethical dilemmas regarding the conflict of paternalism and autonomy. Most psychotherapists opt for autonomous solutions regardless of the level of their professional experience. However, psychotherapists also accept paternalistic activities. Depending on the presented situations, the percentage of paternalistic decisions either did not correlate with professional experience, or if it was dominant, it was noted in the groups of beginners and experienced therapists, but not experts.

The results indicate a relationship between the psychotherapeutic approach and the type of solution to ethical dilemmas regarding the conflict between paternalism and autonomy. A significant global (situations 1–3) advantage of autonomic over paternalistic solutions was demonstrated in all analysed therapeutic approaches (integrating, systemic, psychoanalytical-psychodynamic, and psychodynamic-systemic) but not in the cognitive-behavioural approach. This finding is consistent with the conclusions reported by other authors who attribute more paternalistic tendencies to the cognitive-behavioural therapy, in which the main technique of work involves explaining the impact of negative biases and to teach strategies to 'de-bias' the judgments that are coloured by them (Biegler, 2010). Alternatively, in situation (1) concerning the provision of information by the psychotherapist to the patient's mother (confidentiality), the representatives of the psychoanalytical-psychodynamic and integrating approaches significantly more commonly chose paternalistic solutions, i.e. they refused to provide the information to the mother. Perhaps this behaviour can be explained by referring to other studies showing that autonomy requires an appropriate relationship between the patient and therapist. Therapists are faced with an inherent tension between their desire to respect and support the patient's autonomy and their responsibility to act in the best interests of the patient, which some authors call paternalism (Rodriguez-Osorio and Dominguez-Cherit, 2008). If the analysed

Modality	Ethical justifications		Non-ethical and ambiguous justifications		p (χ ²)
	n	%	n	%	
Cognitive-behavioural	26	100%	19	73%	0.0082
Psychoanalytic-psychodynamic	53	98%	50	93%	0.1797
Integrated	57	98%	47	82%	0.0016
Psychodynamic-systemic	38	97%	35	90%	0.1797
Systemic	11	100%	7	64%	0.0455
Other	4	100%	1	25%	1.0000

Tab. 6. Ethical and non-ethical justifications as the basis for choosing a solution in various psychotherapeutic modalities (Pearson's χ² correlations)

responses of psychotherapists are seen as an expression of recognised norms, it can be concluded that the principle of respect for autonomy plays an important role in the professional ethics of psychotherapists, which supports the rejection of the paternalistic model of professional relations in this field. At this point, our results are in accord with the observations of Biegler (2010) and Peltó-Piri et al. (2013) who conducted studies in seven psychiatric clinics for adults and six psychiatric clinics for children and adolescents, where participants had the opportunity to freely describe the ethical considerations associated with their work by keeping an "ethics diary" for a week. One hundred seventy-three respondents were finally taken into account. Paternalism was the primary perspective among the participants, but there was also an awareness of their patients' right to autonomy (Peltó-Piri et al., 2013). This specific coincidence of paternalism and autonomy, also observed in our study, can be explained by the concept of maternalism proposed by Laura Specker Sullivan (2016). While paradigmatic paternalism involves the father deciding what is in his children's best interests and supporting his decision 'because he said so', paradigmatic maternalism involves the mother selecting her children's activities based on her understanding of their emerging interests (Specker Sullivan, 2016). To paraphrase, the author argues that a well-trained and sensitive therapist, whom the patient knows well, is able to know reliably what his or her patient wants without the patient having to express those desires. Perhaps this understanding sheds better light on the motivation of the moral choices of therapists, including the evaluation of the presented results. In each professional group, paternalistic solutions were predominantly selected in situation (2) – the scope of therapeutic work, significantly less in situation (1) – confidentiality, and most uncommonly in situation (3) – abortion. In terms of autonomic decisions, similarly significant differences were found in all groups. In situation (3), the greatest number of autonomic decisions was selected, significantly fewer in situation (2), and the fewest in situation (1). Situations related to the provision of information (confidentiality) are the most widely described in the literature on psychotherapeutic ethics. Green (1995) suggests that the effectiveness of psychotherapy for the individual and society at large would be greatly undermined by growing doubts about the privacy of the therapeutic setting. Most clinicians acknowledge that confidentiality is neither an absolute nor an objective norm in the daily practice of medicine but rather it exists as a value-laden standard (Green, 1995). In situation (1) concerning the provision of information by the psychotherapist to the patient's mother, the representatives of the psychoanalytical-psychodynamic and integrating approaches significantly more commonly chose the paternalistic solutions, i.e. they refused to release information to the mother. Importantly, the presented situation is not a typical example of a situation requiring disclosure, e.g. a threat to the patient's life or health. The premise for the disclosure of the information is the patient's preference. In the presented situation,

the autonomy of the psychotherapist is also important, as he or she believes that disclosure of the information would not be beneficial and, therefore, works to the benefit of the patient. Perhaps in these approaches, Conly's (2013) perspective applies, stating that even if autonomy is an important value recognised in solving ethical dilemmas, it does not mean that it is the primary value. Commenting on the idea of paternalism, Conly says that it could have a beneficial effect on peoples' lives by helping them achieve a lifestyle they want to live (Conly, 2013).

Also, the basic problem in any psychotherapy process is the question about the scope of therapeutic work and the direction of changes that are to result from therapy (Bastianen, 1974). In situation (2) presented in our study, concerning the determination of the scope of psychotherapy, the respondents representing the integrating approach significantly more frequently chose autonomous solutions, similarly to the representatives of the systemic approach, accepting the scope of therapy that the patient would agree to. In situation 3 (abortion), the psychotherapists participating in the study, representing all approaches except the systemic one, chose the most autonomous decisions, limiting themselves to analysing the situation and leaving decisions to the patients. This finding confirms the observations of other authors that in the ethical practice in obstetrics, non-directive counselling means discussing different alternatives to pregnancy outcomes and not recommending any of them in particular (Coverdale et al., 1997). The comparison of the differences found in the responses given in each described situation also shows that when assessing the admissibility of paternalistic actions, the specificity of the situations they concern is an important factor. Comparing the choices of solutions depending on the therapeutic modality and clinical situation, it can be inferred that in more emotionally involving situations (e.g. abortion), psychotherapists are more likely to choose solutions that respect the patient's autonomy. Bhola et al. (2015) also emphasise that the ethical dilemmas most frequently reported by psychotherapists during professional training include confidentiality issues related to the provision of certain information about clients to family members. Ambiguity prevailed as to who should be privy to information on the client's disclosures or the diagnosis of mental illness or intellectual disability (Bhola et al., 2015). In such circumstances, the share of non-professional morality in decisions made is greater than in others. Precisely such situations have serious consequences for the patient's life and are emotionally engaging for the therapist. This observation is consistent with similar studies showing that therapists react differently to similar ethical dilemmas (Bhola et al., 2015). This finding underlines the role of individual differences and the importance of interpreting events. In this aspect, our results are consistent with the reports by other authors. Our respondents significantly more commonly declared a tendency to engage in ethical considerations when making decisions in ethically significant situations. Assessing the effectiveness of psychotherapy or

understanding the patient's psychopathology was not equally important for making ethical choices. This relationship was revealed only in the group of therapists working in the psychoanalytical-psychodynamic and psychodynamic-systemic modalities. In these groups, it was more important to refer to the understanding of psychopathology and the effectiveness of psychotherapy. This finding agrees with the claims made by Baier (1985), who, among other things, opposes rationality as the sole basis of ethical theory and argues that human psychology and moral emotions play a major role in making ethical choices. These results suggest, in line with other studies, that supervision/consultation with peers and professional colleagues as well as guidance derived from ethical codes are the most useful strategies for resolving ethical problems (Bhola et al., 2015). Therapists should understand the range of preferences in society and offer the opportunity to participate in treatment by sharing decision-making responsibilities (Rodriguez-Osorio and Dominguez-Cherit, 2008). We hope that the findings of our study will also be taken into account by professional therapists considering the need for ethical education, training, and supervision.

CONCLUSIONS

1. Regardless of the level of their professional experience, psychotherapists, while allowing paternalistic solutions, tend to choose autonomous solutions to ethical dilemmas.
2. The principle of respect for autonomy plays an important role in the professional ethics of psychotherapists.
3. The preference for ethical considerations and justifications when choosing solutions to practical ethical dilemmas points towards a potential benefit of incorporating ethics into the professional training of therapists.
4. With respect to the preferred solutions to ethical dilemmas, what matters is not so much the therapeutic modality as the type of situation in which a decision must be made. In evaluating key aspects of the situation, psychotherapists vary depending on the approach they represent.
5. The differences revealed in the study, consisting in the lack of a significant advantage of autonomic over paternalistic decisions in the cognitive-behavioural approach, and the lack of a significant advantage of ethical justification of choices made in the psychoanalytical-psychodynamic and psychodynamic-systemic modalities, require further research in representative groups of respondents.

LIMITATIONS OF THE STUDY

It was a cross-sectional qualitative study conducted in the form of a questionnaire completed after a short written instruction, without any additional help from the interviewer. Moreover, the size of the groups being studied does not meet the criterion of representativeness, so the conclusions do not apply to the general population. The questionnaire used in the study is innovative, it has not been verified with

statistical methods, and its results can be qualitatively assessed only based on a comparison with the opinions of competent judges. In view of the lack of empirical research based on a similar method, the discussion of the results is based solely on similar studies.

Supplementary Material

Refer to the web version on www.psychiatria.com.pl for supplementary material.

Ethics approval

The institutional ethics review committee of the Jesuit University Ignatianum in Kraków approved the study on 23 May 2018.

Availability of data and materials

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

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