Praxis Psy

Praxis Psy
Verano 2023, N°40,
1 - 19.
ISSN 2735-695
10.32995/praxispsy.v24i40.250

Clients' and therapists' perspectives on the role of therapists' values in psychotherapy

Perspectivas de pacientes y terapeutas sobre el rol de los valores de los terapeutas en psicoterapia

María-Luz Bascuñán[1], Vania Martínez[2,3,4], Álvaro Jiménez-Molina[3,4,5]

***Correspondencia:**
Álvaro Jiménez-Molina
alvaro.jimenez@uss.cl

RECIBIDO: OCTUBRE 2023 | PUBLICADO: DICIEMBRE 2023

Abstract

Background: There has been a growing concern about the ethical aspects of psychotherapy and the role that personal values can play in this context. **Objective:** To explore the role of therapists' personal values in psychotherapy, considering the perspectives of expert therapists and former clients in Chile. **Method:** Individual semi-structured interviews with 15 expert therapists and 13 former clients were carried out. A content analysis was conducted according to Grounded Theory. **Results:** Despite the consensus among therapists and clients regarding certain core values, such as autonomy, confidentiality, and tolerance, there exists a divergence of opinion concerning the role therapists' values play in the therapeutic process. We have identified four perspectives regarding the management of therapists' values in psychotherapy. Furthermore, our findings underscore a recurring ethical dilemma faced by therapists – the delicate balancing between respecting patients' autonomy and avoiding potential paternalism as clinicians. Within this context, therapists' conceptualization of autonomy encompasses several progressive dimensions, including responsible autonomy, relational autonomy, informed autonomy, and guided autonomy. We discuss these findings in relation to the ethical pluralism and we mention some practical recommendations for therapists and supervisors. **Conclusion:** The training of therapists is inseparable from the development of an ethical sensitivity based on ethical pluralism.

Keywords: Values, psychotherapy, autonomy, ethical dilemmas, ethical pluralism.

Resumen

Antecedentes: Existe una creciente preocupación por los aspectos éticos de la psicoterapia y el rol que pueden desempeñar los valores personales en este contexto. **Objetivo:** Explorar el rol de los valores personales de los terapeutas en psicoterapia, considerando las perspectivas de terapeutas expertos y antiguos pacientes en Chile. **Método:** Se llevaron a cabo entrevistas individuales semiestructuradas con 15 terapeutas expertos y 13 antiguos pacientes. Se realizó un análisis de contenido de acuerdo con la Teoría Fundamentada. **Resultados:** A pesar del consenso entre terapeutas y clientes con respecto a ciertos valores fundamentales, como la autonomía, la confidencialidad y la tolerancia, existe una divergencia de opiniones sobre el rol que desempeñan los valores de los terapeutas en el proceso terapéutico. Hemos identificado cuatro perspectivas respecto a la gestión de los valores de los terapeutas en psicoterapia. Además, nuestros resultados subrayan un dilema ético recurrente que enfrentan los terapeutas: el delicado equilibrio entre respetar la autonomía de los pacientes y evitar posibles paternalismos como profesionales clínicos. En este contexto, la conceptualización de la autonomía por parte de los terapeutas abarca varias dimensiones, que incluyen la autonomía responsable, la autonomía relacional, la autonomía informada y la autonomía guiada. Discutimos estos hallazgos en relación con el pluralismo ético y mencionamos algunas recomendaciones para terapeutas y supervisores. **Conclusión:** La formación de terapeutas es inseparable del desarrollo de una sensibilidad ética basada en el pluralismo ético.

Palabras claves: Valores, psicoterapia, autonomía, dilemas éticos, pluralismo ético.

1 Departamento de Bioética y Humanidades Médicas, Facultad de Medicina, Universidad de Chile
2 CEMERA, Facultad de Medicina, Universidad de Chile
3 Núcleo Milenio para Mejorar la Salud Mental de Adolescentes y Jóvenes (Imhay)
4 Instituto Milenio para la Investigación en Depresión y Personalidad (MIDAP)
5 Facultad de Psicología y Humanidades, Universidad San Sebastián, Santiago

Praxis Psy

Praxis Psy
Verano 2023, N°40,
1 - 19.
ISSN 2735-695
10.32995/praxispsy.v24i40.250

INTRODUCTION

Psychotherapy is a psychological practice often designed to help subjective change in multiple areas of personal life (i.e. behaviors, attitudes, thoughts, and beliefs). This change results from a process carried out by the client within the relationship with his/her therapist, who makes use of a variety of ethical principles and values to make decisions about appropriate interventions in his/her therapeutic work (Jadaszewski, 2017; Kitchener & Anderson, 2011; Magaldi-Dopman, Park-Taylor, & Ponterotto, 2011; Walsh, 1995). In this regard, ethical aspects of clinical practice and the role of values are a growing concern in the field of psychotherapy.

Personal values are regarded as basic beliefs charged with affection that transcend specific situations and guide behavior and its evaluation, defining desirable goals to be achieved through action (Schwartz, 2012). Various aspects of the role that personal values play in psychotherapy have been studied. Discussion arose since Rosenthal (1955) observed that, during successful therapies, clients' values move closer to those of the therapist. Although this "values conversion" does not necessarily imply a conscious intent of the therapists, it raises important ethical issues related to moral values and a potential reduction in client autonomy (Farnsworth & Callahan, 2013; Tjelveit, 1999; Williams & Levitt, 2007).

Several authors have analyzed the underlying values of psychotherapeutic models, the impact of the psychotherapy process on clients' values, and the complex role that therapists' personal values play in their professional work (Fisher-Smith, 1999; Hogan, 2016; Morris, 2011; Rangarajan & Duggal, 2016; Tjeltveit, 1999). While some studies have shown that therapists are reluctant to introduce their personal values into the therapeutic process (Kelly, 1990), other studies have underlined the direct targeting of client values linked to change as an indispensable activity in psychotherapy (Bonow & Follette, 2009). This has brought up the question of whether values-neutral psychotherapy is either possible or desirable (Corey et al., 2011; Kelly & Strupp, 1992; Tjeltveit, 1999, 2006; Williams & Levitt, 2007).

Given the plurality of human values, it has been suggested that the values difference or "values conflict" between therapists and clients represents an inescapable dimension of psychotherapy (Farnsworth & Callahan, 2013; Levitt et al., 2005). In this regard, some studies have shown that a range of similar values may function as a predictor of positive outcomes (Kelly & Strupp, 1992). Other studies have shown that the real difference between clients and therapists' values is not significantly associated with therapeutic outcomes (Hogan et al., 2016). Jackson et al. (2013) have suggested that the values conflict inherent in therapy can be utilized to promote positive change if managed appropriately and ethically.

The therapeutic relationship involves negotiating agreements or disagreements regarding the treatment objectives and tasks to be carried out during the therapy, with differences or agreements rooted in values (Caro, 2019; Pastor & del Río, 2022). In connection with this aspect, a recent study examined the ethical evaluations made by mental health professionals in the Spanish public healthcare system (n=308) regarding potential situations in psychotherapeutic practice, identifying controversial and low-consensus situations (Pastor & del Río, 2022). This analysis reveals that many therapists face challenges in adhering rigorously to the principle of autonomy and in reaching consensus with patients regarding the goals of psychotherapy. According to the authors, this challenge may be related to remnants of paternalistic attitudes in psychotherapy (Pastor & del Río, 2022).

In a study that considered the perspective of Chilean therapists (n=141) and clients (n=120), Bascuñán (2014) observed that most professionals (87%) stated that they had rarely or never felt troubled due to a conflict between their values and those of their clients. However, 65% of therapists believed that their personal values and beliefs are relevant and affect clients' therapeutic process. Likewise, a large part of the clients (68%) considered that the therapists' personal values and beliefs are important and affect the therapy. Additionally, 74% of the clients

Praxis Psy

Praxis Psy
Verano 2023, N°40,
1 - 19.
ISSN 2735-695
10.32995/praxispsy.v24i40.250

believed that problems might arise due to conflicts between therapists' and clients' values.

It has been suggested that the most effective way to safeguard clients is to cultivate a heightened professional awareness of one's own values and recognize the impact these values may have on the therapeutic process (Clarkson, 2000; Farnsworth and Callahan, 2013). Additionally, it is crucial to consider the potential ethical issues that may arise when conveying personal values about what is deemed appropriate or inappropriate (Caro, 2019). In addition, evidence suggests that there is a set of ethical values that therapists regard as essential for clinical practice. These values include relational connection, beneficence, non-maleficence, autonomy, and justice (Beauchamp & Childress, 1999; Jennings et al., 2005; Jennings et al., 2016; Jensen & Bergin, 1988). Within the normative framework of these principles, clients' right to self-determination should be respected, promoting their well-being and the fair distribution of the benefits of therapeutic interventions (Beauchamp & Childress, 1999; Birnbacher & Kottje, 1996). In this context, the value of client autonomy seems to be one of the core values in the Western psychotherapeutic tradition (Jadaszewski, 2017; Knapp and VandeCreek, 2007).

Autonomy and the psychotherapeutic process

From a sociological perspective, psychotherapy is inseparable from the normative horizon of modern democratic and individualistic societies where individual autonomy is a supreme value (Champion, 2008; Ehrenberg, 2018). In this context, empowering clients to help them become more autonomous is perceived as morally respectful and therapeutically efficient (Marquis, 2019).

However, the term "autonomy" is polysemic. It has been conceptualized as the right to make independent choices about one's own actions and life circumstances –the possibility for everyone to ultimately decide what is good for them (Jennings et al., 2016; Marquis, 2019). In an ontological sense, autonomy can be regarded as a constitutive property of human beings, as free subjects who can self-determine (Gracia, 2012b). When autonomy is understood in an ethical sense, it alludes to one's responsibility for one's own acts (Gracia, 2012a).

Currently, ethical guidelines and legal norms in health care are based on the principle of respect for autonomy. This principle is expressed in the therapeutic idea of working *with* the client rather than *on* the client (Marquis, 2019), which means that professionals have to promote self-determination in client decision-making over the course of treatment (Beauchamp & Childress, 1999). Since clients frequently request therapeutic help due to self-governance issues (Nesis, 2003), autonomy is likely to be a common reason for consultation and usually an objective of psychotherapy. According to Krause (2005) and Jennings et al. (2016), an increase in autonomy could be used as a criterion for the overall evaluation of success in psychotherapy (Jennings et al., 2016; Krause, 2005). From this perspective, clients need to be allowed to determine the direction of the therapeutic process and take responsibility for helping themselves.

Despite the importance of the autonomy goal, therapists can anticipate conflicts between respect for autonomy and other overarching ethical principles such as beneficence (Knapp & Vandercreek, 2007; Tjeltveit, 2006). For example, when damage risk is noticed, therapists tend to act according to their own values, bypassing clients' autonomy (Williams & Levitt, 2007). The principle of beneficence goes beyond the principle of non-maleficence (the obligation not to cause harm), since it refers to a general concern to do good to others or provide them with the goods necessary for a "good life" (Beauchamp & Childress, 1999; Gracia, 2001). Frequently, there is a misalignment between what a professional deems beneficial for their client and what the client perceives as being in their best interest (García, 2006). In this context, the tension between the principles of beneficence and autonomy and the intention to seek a middle way between them is a popular style of bioethical reasoning for establishing the moral limits of therapeutic action (Brodwin, 2013; Marquis, 2019).

Praxis Psy

Praxis Psy
Verano 2023, N°40,
1 - 19.
ISSN 2735-695
10.32995/praxispsy.v24i40.250

Paternalism is one of the risks of subordinating autonomy to beneficence. Paternalism occurs when the therapist directly attempts to make the client adopt his/her values and beliefs, working on the assumption that he/she always knows what is best for their clients (Kelly & Strup, 1992; Knapp & Vandecreek, 2007).

Nowadays, we are faced with the task of making explicit the role that we attribute to therapists' values and the ethical challenges that therapists must confront in the course of their professional practice (for example, when therapists must deal with conflicting values). Concerning these issues, conventional bioethics offers an inadequate representation of the moral experience of therapists, since the "everyday ethics" of therapists is contextually immersed in ordinary local practice (Brodwin, 2013). Nevertheless, when the problem has been addressed from an empirical point of view, most studies have taken place in the normative contexts of developed countries.

Instead of exploring abstract values, this article aims to describe the role of therapists' personal values in psychotherapy, considering the perspectives of Chilean clients and expert therapists, with an emphasis on the relevance attributed to the agreement/disagreement between therapists and clients' values and the ways in which therapists try to resolve "ethical dilemmas". We define ethical dilemmas as situations where therapists are faced with a conflict of values and it is not easy to define a correct course of action in the therapeutic process (Barnett, 2019). In order to explore this problem in detail, we analyze the particular notions that Chilean therapists have about their own values and about client autonomy in psychotherapy. What role do the values of the therapist play in the course of the therapeutic process? How relevant is the agreement or disagreement between the values of the therapist and the client for the development of the therapy? How is the autonomy of clients addressed throughout the therapeutic process? In the last section, we discuss some practical recommendations for therapists, supervisors, and trainees.

Study method

Employing a qualitative design, individual semi-structured interviews were held with 15 expert therapists with different theoretical orientations and 13 former clients. The interview guidelines included open questions on how therapists behave, how clients expect therapists to behave with respect to their values, and clients' autonomy. The interview scripts for therapists and for clients were analyzed by a specialist in qualitative methods and subsequently piloted with two therapists and two clients.

The role of professional values in therapy and the notion of autonomy were first explored through open-ended questions and then in relation to clients' own decision-making in psychotherapy. It is important to stress that the interviews focused on the difficulties in the therapeutic process and did not explore the way in which the therapy is conducted or the factors that allow it to progress.

Participants and Recruitment

In this study, "expert therapists" were defined as those who were in charge of therapist training in renowned institutions in this field. In Santiago of Chile, 29 training programs for adult or family therapists have been certified by the National Accreditation Commission of Clinical Psychologists. All these centers were invited to participate in the study, with a 52% response rate being attained. As a result, the sample eventually comprised 15 expert therapists from training programs for adult or family therapists offered in Santiago of Chile. All participating therapists were the directors of their therapeutic training centers. The sample was composed of 7 women and 8 men; 13 psychologists and 2 psychiatrists. The mean age of the participants was 55 years (ranging from 35 to 70). They had a variety of therapeutic approaches: psychodynamic (6), systemic (2), cognitive-behavioral (2), humanist (3), and integrative (2).

A client is defined as a person who had a psychotherapeutic experience in his/her life (they are former clients), regardless of the reason for

Praxis Psy

Praxis Psy
Verano 2023, Nº40,
1 - 19.
ISSN 2735-695
10.32995/praxispsy.v24i40.250

consultation, the duration of the therapy, or its outcome. A snowball sampling method was used to recruit participants, which allows progressive access to specific populations through the participants' social networks. No former client consulted refused to participate in the study.

The average age of the 13 clients interviewed (9 women and 4 men) was 38 years (ranging from 24 to 74 years). Seven of them attended higher education centers, 3 attended technical education centers, and 3 completed high school. All of them were working at the moment of the interview. The average time of therapy attendance was 3 years (ranging from 3 months to 12 years).

The number of interviews with clients was determined by the principle of saturation of emerging information (Tweed & Charmaz, 2012).

Former clients who were psychologists or psychiatrists were excluded. Clients who were involved in a psychotherapeutic process during the interview period were also excluded to avoid interfering with the ongoing psychotherapeutic process.

Interviews

All interviews were conducted in person by the first author (MLB). The interviews were audio recorded and lasted approximately 90 minutes. A semi-structured format with an exploratory style of interaction was adopted, in which open-ended and non-directional questions were used (see Table 1). Sub-questions were used when necessary to facilitate exploration and discussion.

Communication with the participants was established after they agreed to be contacted by the researcher. All participants, both therapists and former clients, were informed about the objectives of the study and signed an informed consent. The Institutional Review Board of the Faculty of Medicine, Universidad de Chile, approved this research project.

Table 1.

Interview Guideline for therapists and clients

Thematic objective	Starting questions
To identify the main values in psychotherapy	*In your opinion, what are the central values in psychotherapy?*
To describe the role of the therapist's values in therapy	*What is the role of therapist values in therapy? Do you believe that the therapist's values influence therapy and the patient? Why do you think they influence/do not influence them? Can you provide any examples?*
To analyze the relevance of the convergence or divergence of values between the therapist and the patient in the therapy	*In your opinion, is the similarity or discrepancy between therapist and patient values relevant in therapy? Can you provide any examples? If there is a value discrepancy, how do you think it should be handled?*
To describe the notion of patient autonomy	*How can the autonomy of the patient in therapy be understood? That is, how would you define the patient's autonomy in psychotherapy?*
To identify possible difficulties in relation to the patient's autonomy and the strategies to manage them	*Do you think patient autonomy could lead to problems in therapy? What kind of problems? How do you think these difficulties should be handled?*
Closing	*Is there anything you would like to add in relation to what was discussed?*

Praxis Psy

Praxis Psy
Verano 2023, N°40,
1 - 19.
ISSN 2735-695
10.32995/praxispsy.v24i40.250

Data Analysis

A content analysis of the data was conducted according to Grounded Theory, a systematic methodology which operates inductively, and which has been widely used in psychotherapy research (Corbin & Strauss, 2008; Glaser & Strauss, 1967; Tweed & Charmaz, 2012). Firstly, two researchers independently constructed a hierarchical classification scheme from which the thematic categories were identified. Meaning units were assigned labels that remained close to the language used by the participants themselves. The categories were compared to one another, looking for commonalities, and combined with each other, forming higher-order categories. Secondly, a descriptive analysis based on the agreed-upon categories was sent to the respondents in order to triangulate the information. Finally, both relational and selective analyses were conducted to establish connections among the topic categories identified.

Beyond the structured content analysis facilitated by grounded theory, this analytical process places a significant emphasis on reflexivity. This focus extends beyond acknowledging the potential impact of researchers on result interpretation and recognizing how their biases may shape the analysis. It also considers the socialization of therapists, including the researchers themselves, into therapeutic approaches that inherently embody culturally rooted ethical assumptions.

RESULTS

Results are presented in three sections. The first section sheds light on the role of therapists' values in the therapeutic process from the perspective of (expert) therapists and (former) clients. The second section deals with the ways in which Chilean therapists and clients negotiate value conflicts during the therapeutic process. The third section aims to illustrate the discussion around the role of values in psychotherapy based on the analysis of the conceptions of clients' autonomy, a central therapeutic value emphasized by both therapists and clients in Chile. We use quotes from the interview corpus to illustrate the results. The nomenclature at the end of the quotes indicates if they belong to a therapist (T) or client (C) and the interview code number.

Therapist values: their influence and management in therapy

Therapists and clients share a set of values that represent certain attitudes expected from the professionals (respect, responsibility, autonomy, confidentiality, openness, tolerance). Nevertheless, when their perspective on the participation of the therapist's personal values in professional practice is examined, heterogeneous opinions are observed. The material obtained from the interviews makes it possible to identify four basic ways in which therapists' values and personal beliefs are conceived and managed in psychotherapy.

First, for some of the interviewees –mostly clients and only one therapist– psychotherapy is a value-free scientific activity. In their view, *"values are not at stake, they stay out of therapy"* (T2) and the professional acts as a technician applying a knowledge based on the neutrality of empirical evidence.

> *"The values of the therapist have nothing to do with it. What do I care what he thinks about his life. I care if he knows how to do his job well, like a dentist knows how to remove a tooth or not" (C12).*

Secondly, a group of clients and therapists distinguish between professional values and those of a moral or personal nature. From this perspective, the moral world remains in the margins of professional activity, and only those values derived from empirical evidence in psychotherapy, including conceptions of a lifestyle appropriate for maintaining good mental health, participate in the therapeutic process.

> *"When one has a conceptual and formative background, one knows the evidence that shows*

Praxis Psy

Praxis Psy
Verano 2023, Nº40,
1 - 19.
ISSN 2735-695
10.32995/praxispsy.v24i40.250

that certain things are more appropriate than others; those are the values you have to transmit to the patient. For example, if parents beat their children and have a whole foundation that this is a good educational system, I think it is absolutely legitimate for you to say 'OK, that's what you propose, but today it has been demonstrated that this form of parenting does not help develop a good relationship with the child'" (T9).

Here, the therapist has a psycho-educational role to play, favoring people's well-being and health.

"I believe that every psychotherapist must do psycho-education work with respect to the consequences of patients' behaviors. It is an ethical duty, that is to say, there are behaviors that are harmful for patients, for example the consumption of marijuana, you can say to him that it has been demonstrated that it can cause this and that, just like a doctor tells his patient the consequences of smoking tobacco" (T11).

For their part, clients appreciate the information and guidance offered by professionals for making their own autonomous decisions. *"If everything was clear to you, you would not go to therapy"* (C1); *"it can lead you to adopt the perspective that the therapist believes is the most convenient"* (C9); *"the therapist has the power to convince the patient, but in the end it is the patient who has the last say"* (C3).

Third, it is contended that moral and professional values cannot be isolated from one another, just as therapists cannot ignore their own selves in their clinical practice. Although it is conceived as inevitable for the therapists' personal values to be present in therapy, this is considered to be undesirable. Therefore, an important part of the therapists' job is self-regulation in order to keep their values aside and facilitate the emergence of clients' own values. In the words of the clients: *"The therapist has to neutralize the values he/she has; religious, sexual, everything"* (C3), *"he has to be impartial with the patient, he is not a judge"* (C9).

"I can imagine, for example, a therapist who does not tolerate drug users and has to take care of one, then he must detach himself from his prejudices in order to approach the patient. I believe that he should neither impose his judgment nor take advantage of the influence he has on a patient" (C13).

It is interesting to note that not only therapists but also clients mention the importance of the psychological work that therapists should do with themselves. Therapists need to maintain a constant self-reflective attitude to be able to restrain themselves and suspend their own values. Interviewees point out that an abstinence-based attitude allows therapists to contact and empathize with the client with the impartiality needed to provide an embracing space where they can reconstruct their own subjectivity and express themselves freely. From this perspective, the professionals recognized their own bias as therapists insofar as they are embedded in a certain political, social, ideological, and value-based context.

"One has biases, evidently. One cannot say that one is aseptic, that does not exist. Therapists' values and ideas about mental health are a bias of which they should be aware" (T6).

In this regard, it is proposed that *"if neutrality is not possible, abstinence is necessary"* (T4), *"the central thing is for the therapist to permanently ask himself whether interventions are implemented because they are good for the patient or because of his own values"* (T5).

"We are full of situations where the patient's discourse is built on what 'my therapist told me', that is, he understands his life in the light of what the therapist told him to do or not do, without analyzing it further. I think it is a delicate subject because it implies a conception of the mental world, of how a therapy is understood" (T10).

Praxis Psy

Praxis Psy
Verano 2023, N°40,
1 - 19.
ISSN 2735-695
10.32995/praxispsy.v24i40.250

Finally, for a group of interviewees, therapists' values are not only inevitable in therapy but also desirable. Therapists' "biases" make them who they are, and only by being genuine can a therapeutic relationship lead to change. As one client argues, *"values influence who the therapist is, you can't deny who you are"* (C1). Therapists must be "real people", and their authenticity is their main tool. As a therapist points out, "*We do not deny values; instead, we try to show patients what we are, because only a genuine relationship can be transformative"* (T12).

> *"As a therapist, you can talk about your values with the patient and show them your own gaze. I think you can be transparent and tell them: 'look, you know that, from my point of view, I consider that this is not adequate'" (T1).*

From this perspective, psychotherapy training is mainly based on the development and work of the therapist as a person.

While for some professionals psychotherapy rests on a body of "scientifically" proven knowledge, some trainers include their own theoretical perspective as a "bias" that may more or less inadvertently influence the therapeutic process. Thus, some therapists argue that, among other reasons, they opted for a certain therapeutic approach because of the values associated with it. That is why some professionals always explain their values at the beginning: *"Which values I am going to work with is something I have to say explicitly to my clients... they need to know this to decide if they want to work with me"* (T13).

Value agreement/disagreement between therapists and clients

As both clients and therapists come into the therapeutic process with certain expectations and a preconceived notion of what subjective change entails, many interviewees recognize that alignment of values serves as a crucial facilitator in psychotherapy. In other words, regardless of the position of the interviewees regarding the presence, relevance, and type of management of values in psychotherapy, agreement on values is considered a facilitating variable of the therapeutic process.

Additionally, for therapists and clients, value conflicts end up being uncommon and non-disruptive. Some clients agree that *"it would be enough if they [therapists] share the universal value of respect for the values of others"* (C1), hoping that professionals will be able to work with a diversity of views and values. Likewise, the therapists believe that professionals should be able to work with a diversity of values and ideological postures.

While both therapists and clients can agree with a set of values, they can disagree when deciding on a course of action and prioritizing a value over another according to the circumstances of the case. In other words, for therapist, the most complex cases are not those in which actions go against a certain value, those in which two or more positive values are in conflict and they must prioritize one over the other. For example, therapists agree on the importance of trust, and therefore encourage confidentiality and oppose unjustified breaches. However, it is complex to decide whether they should breach confidentiality (loyalty, trust, and commitment) when the client is somehow at risk and their responsibility regarding his/her care is at stake.

> *"For instance, when a patient wants to interrupt the therapy in order to initiate a very unconventional treatment, and you know it is not the right moment, you feel conflicted: you can respect his/her autonomy or break confidentiality to alert someone against his/her will" (T9).*

Furthermore, both therapists and clients recognize that there are some extreme situations in which value discrepancies lead either of them to experience a conflict that makes it very difficult (or impossible) to work together. Therapists exemplify these situations with cases of abuse and torture, while clients tend to state differences in religious beliefs.

Some interviewees consider that therapists may

Praxis Psy

Praxis Psy
Verano 2023, N°40,
1 - 19.
ISSN 2735-695
10.32995/praxispsy.v24i40.250

legitimately set their limits and refer clients if they consider that the level of impact and interference that they feel hinders the therapeutic process.

> *"If you feel it is incompatible with your own values and that you will get emotionally involved with the patient in an inappropriate manner, you have the right to say: 'I cannot treat this patient'. In other words, there are limits that you have to recognize and accept" (T9).*

Interestingly, a client points out that *"this is what preliminary interviews are good for. If therapists feel uncomfortable with a patient, they should not treat him/her"* (C11).

Beyond therapist responsibilities, clients feel capable of making the decision to interrupt a treatment if they consider that there is a conflict of values interfering with the therapeutic relationship. Most of them state that they would simply abandon the therapy instead of expressing the conflict to the therapist.

> *"This [values concordance or difference] is a pivotal point to determine if you want to continue the therapy with that therapist. If it bothers you, you will have to look for another therapist, you must simply leave" (C1).*

On the other hand, a group of interviewees noted that overcoming these value conflicts is a sign of professionalism. In other words, "[the therapist] *must be professional enough to manage these conflicts; interrupting the therapy or referring the patient to another therapist is being mediocre*" (C9).

> *"I think it is unethical and unprofessional to deny treatment to certain persons... I have encountered very hard circumstances and I had to do the job anyway; I had to treat a person nobody wanted to treat due to their values, for example a torturer. It could not have been more horrible, but I know there is a person asking for my help and it is my duty to give him/her professional assistance" (T2).*

Therefore, the analysis of interviews with clients and therapists reveals the intricate dynamics of values within the therapeutic relationship. Although it is argued that conflicts of values between therapists and clients are infrequent and generally non-disruptive, the importance of value agreement is emphasized as a key factor in the therapeutic process, regardless of diverse opinions on the role and management of values. In other words, the way clients and therapists navigate their agreements or disagreements is inevitably embedded in values. Situations are identified where discrepancies in values can give rise to conflicts that hinder or make collaboration impossible, leading therapists to establish boundaries or prompting clients to interrupt treatment when they perceive that values significantly impede the therapeutic process. In this regard, this topic allows us to appreciate the multifaceted interaction of values in the therapeutic context, recognizing the complexities and ethical considerations inherent in navigating these dynamics and their importance in determining the continuity of the therapeutic relationship.

Client autonomy and therapist values in psychotherapy

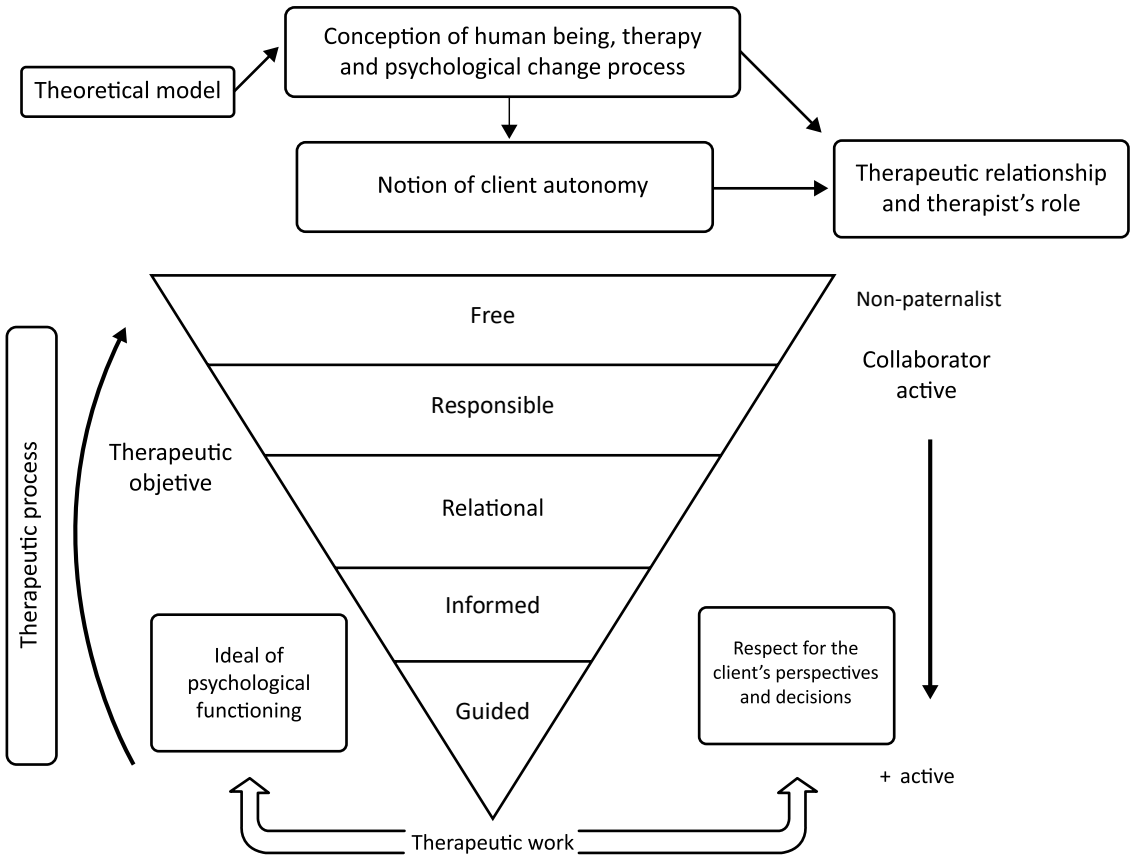
All therapists point out that psychotherapy implies managing the power attributed to them by avoiding a paternalistic exercise of their professional role. In this context, the value of respect for autonomy is explicit or implicit in most narratives. However, the conception of autonomy described by therapists is progressive –a question of levels– rather than binary (autonomy is either present or absent), and materializes in different ways according to the aspects that are prioritized. As can be seen in Figure 1, both therapists and clients conceive autonomy in an ontological sense that links it to the essential freedom, dignity, and uniqueness of human beings, and tend to specify this notion in a moral sense emphasizing the responsible exercise of that freedom. However, this autonomy acquires certain "surnames": autonomy must be exercised responsibly, informally, and in relation to others.

Praxis Psy

Praxis Psy
Verano 2023, Nº40,
1 - 19.
ISSN 2735-695
10.32995/praxispsy.v24i40.250

Figure 1.

Conceptions of autonomy in psychotherapy



One way to understand autonomy is to define it as the client's freedom to make his own decisions according to his preferences, values, and life project. Therapists tend to exemplify this "autonomy as an expression of freedom" through the client's establishment of the aims of his or her treatment. As expressed by a therapist,"[autonomy] *has to do with deep respect for individuality and the projects of the patient, and not for my own projects and views*" (T4). Here, the therapist not only places himself in a non-paternalistic or non-judgmental position before the client, but also has the function of recognizing and favoring this human dimension in the therapeutic process.

> *"It means respecting the other, basically not putting yourself in a place of absolute authority. The therapist cannot impose anything, it is a relationship between two subjects, not between a therapist subject and a patient object" (T3).*

Another way of understanding autonomy is as "responsible autonomy". In this form of autonomy, the client responsibly exercises his personal freedom, assuming the consequences of the decisions and actions he or she takes. Responsibility is associated with the evaluation of the effect that one's actions have on oneself and others. Therefore, autonomy would not mean "doing what one wants according to one's own preferences", but taking action within a framework of respect for others and the environment. Emphasizing the client's responsibility in the choices they make would also mean specifying the limits of professional responsibility.

Praxis Psy

Praxis Psy
Verano 2023, N°40,
1 - 19.
ISSN 2735-695
10.32995/praxispsy.v24i40.250

"[In decisions], responsibility belongs to the other. [...] So if [the client] makes a decision, he/she must assume full responsibly. Responsibility goes hand in hand with freedom, and therefore the decision you make must always be fully responsible" (T8).

For a group of therapists, autonomy must be understood in the context of the common good. Unlike "responsible autonomy", this implies that our behaviors not only affect or have consequences on others and the environment, but that they must be oriented toward the good of the collective. From this point of view, a notion of "individualistic" autonomy centered on one's own interests and preferences is questioned, and what we call "relational autonomy" is introduced, a view that rests on a conception of human beings as individuals necessarily linked and dependent on others.

"I do not believe in autonomy with a capital A, because we interact, we are interconnected and therefore I prefer to think about heteronomy. [...] [Unlike other approaches], where 'what happens to me is what happens to me and what happens to you is your story', from an existential point of view I take responsibility and in some way I am responsible for the environment, because I am part of a world and take care not only of mine but also of yours. In that regard, there is no total autonomy" (T8).

From another perspective, the freedom of the clients to make their own decisions requires understanding and reflecting on the reasons for their actions and the circumstances in which they find themselves. In other words, a person would enjoy full freedom to exercise his autonomy only when he possesses some degree of self-knowledge and self-consciousness. For some interviewees, this notion of "informed autonomy" is directly linked to therapeutic work and the role of the therapist in the client's self-understanding process. In this regard, *"the therapist should help the client to explore the consequences of their decisions"* (T6).

"It is about favoring it [autonomy], but in a sense of an informed autonomy. It is not saying: 'hey, take your own decisions, why do you expect me to make a decision for you'... I would say 'well, let's talk about everything you need to know so that you can make an informed decision' [...] Autonomy without information is not autonomy... the therapist should contribute with information" (T5).

A group of clients explain that a person who goes to therapy does so in a state of need and confusion, so their autonomy cannot be understood independently of the help they receive from the therapist. Autonomy would thus be the ability to make one's own decisions but "assisted" by the therapist. This notion of "guided autonomy" is linked to the notion of informed autonomy insofar as the therapist collaborates in the client's reflection process, based on which he makes certain decisions in his life. However, in this case, the active role of the therapist in determining the direction of these decisions as psycho-educator is emphasized.

"To say that the patient has to freely make their decisions is a fallacy. [...] I believe that when a good psychotherapist can guide the patient in a process so that he/she can make some decisions or produce some changes. But I am absolutely convinced that it is an illusion to think that the patient makes decisions by himself autonomously, without any influence from the therapist" (T9).

In all cases, autonomy is perceived as a condition of healthy human functioning and therefore described as an explicit or implicit objective of psychotherapy. For therapists, to favor the autonomy of the clients would mean maximizing their freedom, placing themselves in a non-paternalistic and non-prescriptive position and therefore encouraging the clients to believe that they have the ability to change for themselves. This means helping her in the process of self-knowledge and self-reflection, to take responsibility for her actions, considering the consequences and motivations that guide her.

Praxis Psy

Praxis Psy
Verano 2023, N°40,
1 - 19.
ISSN 2735-695
10.32995/praxispsy.v24i40.250

Therapists also agree that the clinician may perform different functions throughout a therapeutic process to facilitate or restore the client's capacity for self-governance. What is considered appropriate in each case is supported by an assessment of the client's level of autonomy. For example, interventions with a client who is conceived as self-directed would not be the same as those with a client who is considered dependent or passive. However, therapists and clients express different opinions on how to act in each case. Some interviewees argue that, when faced with a client who is more vulnerable and less capable of self-direction and regulation, the therapist should play a more active role as an "auxiliary self". However, other interviewees consider that, in these cases of greater vulnerability, the therapist must self-restrict and control his influence even more, as the client is more sensitive to the therapist's prescriptions.

Beyond the different forms that the principle of autonomy can assume, participants identify some limits to the principle of respect for autonomy. Therapists identify two situations in which the professional must override the client's autonomy in response to the principle of beneficence: cases of risk to the client and/or third parties and disability of the client. Clients only allude to extreme exceptions and both therapists and clients exemplify this with suicide risk. More directive forms of intervention are justified not only in cases of high suicide risk or psychosis, but also in less extreme situations where the client's capabilities may be affected by contextual factors or biased by his emotional state.

Overall, when therapists must deal with conflicting values, their moral reflectivity is influenced by ideals that aspire to be universally applicable (such as beneficence or autonomy); however, these ideals are constantly modified through the flow of face-to-face encounters. Therapists determine their course of action guided by their clinical judgment and their day-to-day ethical sensitivity.

Finally, therapists' conception of autonomy is linked with how the psychotherapeutic model to which they adhere regards human beings. In other words, their theoretical perspective enables them to attribute a specific meaning to autonomy in the context of the therapeutic process.

> *"Respect for the individuality of the client is related to the experiential psychotherapy approach. It has a specific ideological position, all the functioning of non-directive attention in terms of not pointing out what they have to do with their lives is related to the principle of respect" (T1).*
> *"The ethics of psychoanalysis has to do with respect, and everything is derived from it. For example, why one should not get involved with patients, not transfer one's views to the patient, everything is inferred from one's understanding of the logic of the analytic relationship" (T4).*

DISCUSSION

This study sheds light on the role of therapists' values in the therapeutic process from the perspective of therapists and clients by addressing the ways in which Chilean (expert) therapists and (former) clients negotiate value conflicts. Consistent with the observations of other studies (Corey et al, 2011; Tjeltveit, 1999; Williams & Levitt, 2007), both therapists and clients consider that respect for autonomy is a central aspect in psychotherapy, highlighting clients' freedom and therapists' duty to respect clients' experiences, decisions, and life plan.

Despite participants' agreement on some central values, they disagree with respect to the role that therapists' values have in therapy. The present study identifies four perspectives associated to the participants' notion of psychotherapy and therapists' professional role.

First, when psychotherapy is perceived as a value-free, scientific activity, therapists see themselves as technicians, and neither value transfer or conflict seem to be a problem. Second, when psychotherapy is considered to be based on professional values, the therapist assumes the role of psycho-educator, promoting what is convenient and healthy according to empirical evidence. From this perspective, the transfer of professional values is a therapeutic duty,

Praxis Psy
Verano 2023, N°40,
1 - 19.
ISSN 2735-695
10.32995/praxispsy.v24i40.250

although personal or idiosyncratic values do not take part in clinical practice.

Other therapists argue that it is not possible to separate personal and professional values. However, the way values are treated in psychotherapy is different. According to the third perspective, when it is believed that the professional's personal values may have an impact on therapeutic activity, abstinence or self-restraint are viewed as a professional duty. Although there are also extreme situations in which a divergence in values can prevent a professional from helping a client, both therapists and clients point out that professional ethics should encourage therapists to recognize their limitations and refer a client if they consider that it is not possible to work together. Finally, some participants think that the involvement of the therapists' personal and professional values in the therapeutic process is a tool rather than a problem. According to this discursive position, the genuine character of the therapist as a person becomes a central aspect of the therapeutic relationship and the change process.

A central question guiding this study is whether therapists need to reflect more deeply on how values should participate in psychotherapy. We approach this problem from the perspective of therapists by considering the principle of individual autonomy, a core value shared by both therapists and clients.

Therapists are usually confronted with the need to balance patients' self-determination and their own paternalism, expressed by the formal ethical discourse in terms of the conflict between the principles of client autonomy and professional beneficence. However, ethical values are general statements, while clinical situations are specific, contextual, and involve the interaction of multiple values frequently at odds. As the results suggest, it is particularly complex for therapists when two or more values are in conflict and they must prioritize one over the other in the course of a therapy. Indeed, values may have several meanings and participants may interpret them taking into account a variety of elements of the context in which they are applied. There are cases that cannot be anticipated or regulated and instead require a process of reflection on the values at odds according to the particular circumstances of each situation. Thus, the ethical sensitivity and ethical dilemmas of clinicians are not structured in terms of mainstream (bio)ethics, but from a position inside the treatment process. In other words, therapists engage with the ethics of psychotherapy not by invoking abstract principles or rules of conduct, but rather through local idioms and reflections on their practice.

As shown in other studies (Ehrenberg, 2018; Marquis, 2019), in therapists' discourse, autonomy is presupposed to be inherent to clients in the form of both a potential to be activated and an expected conquest: the client must behave not as a passive receiver but as an actor of the therapy. Thus, it is essential for the therapist to facilitate the client's process of self-knowledge of this individual potential. In this process, the professional can "guide" clients' autonomous decision-making.

The distinction that Childress (1990) makes between upholding a certain ideal of autonomy and the principle of respect for people's autonomy helps us understand these results. For the interviewees, autonomy constitutes both an ideal of human functioning and the safeguarding of certain pragmatic aspects that make it possible to ensure respect for self-determination in decision-making. Therapists and clients seem to agree on the perception that competence for the exercise of autonomy is relative and not absolute.

While therapists and clients agree on the former's duty to respect clients' decisions even when they are not shared, therapists describe some limits to respect for autonomy. These limits are associated with the assessment of the client's disability and risk, and are based on the principle of beneficence. From this perspective, respect for the client's autonomy in psychotherapy does not mean that the therapist should not influence the client's decisions. As the results show, some therapists consider psychoeducation to be part of their expected professional influence, distinguishing moral values and personal preferences from values derived from empirical mental health research.

Praxis Psy

Praxis Psy
Verano 2023, N°40,
1 - 19.
ISSN 2735-695
10.32995/praxispsy.v24i40.250

Implications for training and practice

Although values are acknowledged as an important element of psychotherapeutic practice, Chile has insufficient guidelines on how to address conflicts between therapists and clients' values. Historically, psychotherapy training has failed to establish a clear sense of the role of therapist values in the therapeutic process, leaving professionals poorly equipped to face some ethical dilemmas inherent to psychotherapy (Jackson et al., 2013). Therapist training needs to take into account the role of both therapist' and clients' values in therapeutic relationships (Farnsworth & Callahan, 2013). The results of this study show that awareness of personal values and their impact on clients' autonomy seem to be particularly important for the therapeutic process.

As shown by Knapp and Vandecreek (2007), paternalism is a constant concern that must be addressed in the therapists' training process by recommending personal therapy and supervision. In this regard, Veach et al. (2012) show that clinical supervisors are not sure to what extent they should insist that supervisees behave according to their own values. Supervisors have the difficult task of protecting client autonomy at the cost of reducing the autonomy of their supervisees. One way supervisors can address this dilemma is to train supervisees in the perspective of cultural and ethical pluralism.

Autonomy and pluralism are fundamental values in democratic individualistic societies. These values oblige us to recognize and respect our differences, but also to establish basic agreements. Of course, multiple conceptualizations of autonomy exist, but in general this principle involves promoting relative control over several parts of one's life. Autonomy has a paradoxical status: on the one hand, it implies a reduction in dependency; on the other hand, it implies the recognition that our daily lives develop in a wide network of mutual dependencies. For its part, the value of pluralism shows us that diversity is positive but also that we can only respect each other based on basic common agreements. In other words, autonomy does not mean absolute independence and pluralism is not relativism. Thus, respecting the coexistence of multiple psychotherapeutic views is necessary but not sufficient. If we believe in psychotherapeutic pluralism, it is also necessary to set a shared basis from which we can operate as therapists.

The training of therapists is inseparable from the development of an ethical sensitivity, which is embedded in underlying values that are usually reflected in the general principles of codes of ethics for mental health professionals. However, no code of ethics can provide sufficient guidance to address all the potential ethical dilemmas that therapists face in the course of their professional practice, for example on how to determine which principle takes precedence over another when a value conflict is evident in working with diverse clients (Barnett, 2019). Since there is a gap between the ideals expressed in professional codes of ethics and daily practice, ethical guidelines cannot eliminate the ambiguity of clinical practice. It is not only a matter of defining what we cannot do in therapy (or what is ethically inappropriate), but also of declaring what we do and why it is ethically appropriate.

Some authors recommend the use of an ethical decision-making model when general ethical principles seem to be in conflict and thus determine the most appropriate way to apply their professional judgment (Knapp et al., 2017; Barnett, 2019). Others recommend that therapists participate in peer groups that provide mutual support, and especially consult with expert therapists, not only to resolve an ethical dilemma but even to determine whether a real ethical dilemma exists (Johnson et al., 2013). However, these strategies do not seem to be sufficient when therapists are faced with ethical dilemmas in their daily practice. At the front line of therapy, interventions are a matter of personal, clinical, and ethical sensitivity. Thus, instead of trying to homogenize our views, we can value this diversity and promote it explicitly in the process of training therapists, as well as in the therapeutic process itself. When therapists are forced to think explicitly about ordinary decision-making

Praxis Psy
Verano 2023, N°40,
1 - 19.
ISSN 2735-695
10.32995/praxispsy.v24i40.250

and their "everyday ethics" (Brodwyn, 2013), they also start thinking differently about themselves as ethical agents.

Ultimately, psychotherapy training must consistently acknowledge the existence of a differential power dynamic between the client and the therapist. The authority vested in therapists is connected to socially constructed knowledge that provides diverse justifications for their practice (Caro, 2019). However, this authority is also intertwined with a dynamic that inherently involves a power asymmetry—an aspect that must be addressed as a fundamental ethical concern.

The significance of exploring these ethical questions stems from the understanding that the training of psychotherapists should extend beyond the exclusive emphasis on conceptualizations of mental health, intervention techniques, or research methods. Instead, it should also involve thoughtful consideration of the attitudes and values that form the foundation of these theories, practices, and methods.

Limitations of this study and future directions

The main limitations of this study are related to the characteristics of the sample and the social desirability factor inherent to the phenomenon explored. It is also difficult to assess the extent to which clients' responses to questions about their ethical values may be influenced by the transference effects of therapy. It is possible to assume that those who agreed to participate in this study differ from those who did not, at least with respect to their interest in the issue of ethics in psychotherapy.

In this study, values in psychotherapy are understood primarily as personal values. However, being a therapist is, in itself, an identity that influences the moral world of the therapist. Psychotherapy, in all its forms, has an inherent value system and each therapeutic approach has its own way of defining the good life. For a CBT therapist, for example, adaptation to life is fundamental, while for an existential therapist the fundamental thing is the meaning one attributes to life. Future studies should investigate the ethical dilemmas that arise in relation to the therapeutic approach and how these approaches influence the ethical decisions of therapists.

Future studies should address the ethical issues emerging in the field of therapeutic work with children and adolescents. Since ethical discussions involving therapists and clients are inseparable from their immediate life circumstances, institutions, and cultural beliefs, more social research is needed in a terrain still monopolized by the normative analysis of moral philosophy.

ACKNOWLEDGEMENTS

VM and AJ-M received funding from ANID/Millennium Science Initiative Program, grant NCS2021_081 and ICS13_005. The funders had no role in study design, data collection and analysis, interpretation of data and in the preparation of the manuscript.

Praxis Psy

Praxis Psy
Verano 2023, Nº40,
1 - 19.
ISSN 2735-695
10.32995/praxispsy.v24i40.250

REFERENCES

Bascuñán, M.L. (2016). *Desafíos éticos en psicoterapia. Perspectiva de formadores, terapeutas y consultantes* (Doctoral Thesis, Facultad de Medicina, Universidad de Chile).

Beauchamp, T.L., & Childress, J.F. (1999). *Principios de ética Biomédica*. Barcelona: Masson.

Barnett, J. (2019). The ethical practice of psychotherapy: Clearly within our reach. *Psychotherapy, 56*(4), 431-440. https://doi.org/10.1037/pst0000272

Bonow, J.T., & Follette, W.C. (2009). Beyond values clarification: Addressing client values in clinical behavior analysis. *The Behavior Analyst, 32*, 69-84. doi: 10.1007/BF03392176.

Brodwin, P. (2013). *Everyday ethics. Voices from the front line of community psychiatry*. University of California Press.

Caro, I. (2019). Ética y psicoterapia: Una perspectiva sociocultural. *Revista de Psicoterapia, 30*(113), 73.91.

Champion, F. [dir.] (2008). *Psychothérapie et société*, France, Paris: Armand Colin.

Childress, J.F. (1990). The place of Autonomy in Bioethics. *The Hastings Center Report, 2* (1), 12-17. https://doi.org/10.2307/3562967

Clarkson, P. (2000). Values in Counselling and psychotherapy. En P. Clarkson (Ed). *Ethics. Working with ethical and moral dilemmas in psychotherapy* (pp.48-58). Whurr Publ.

Corbin, J., & Strauss, A. (2008). *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory* (3 ed.). Sage.

Corey, G., Corey M., & Callahan, P. (2011). Values and the helping relationship. In G. Corey, M. Corey & P. Callahan (Eds.). *Issues and Ethics in the Helping Professions* (pp. 76-111). Brooks/Cole.

Ehrenberg, A. (2018). *La mécanique des passions. Cerveau, comportement, société*. Editions Odile Jacob.

Farnsworth, J. K., & Callahan, J. L. (2013). A Model for Addressing Client-Clinician Value Conflict. *Training and Education in Professional Psychology, 7*(3), 205-214. DOI:10.1037/a0032216

Fisher-Smith, A. M. (1999). *From value neutrality to value inescapability: A qualitative inquiry into values management in psychotherapy* (Un¬published doctoral dissertation). Department of Psychology, Brigham Young University, Provo, UT. http://www.ebooksdownloads.xyz/load/read.php?id=qsXKXwAACAAJ

García Pérez, M. (2006). Los principios de la bioética y la inserción social de la práctica médica. *Rev Adm Sanit*, 4(2), 341-56.

Praxis Psy
Verano 2023, Nº40,
1 - 19.
ISSN 2735-695
10.32995/praxispsy.v24i40.250

Glaser, B.G., & Strauss, A.L. (1967). *The discovery of Grounded Theory: Strategies of qualitative research*. Aldine.

Gracia, D. (2012a). La construcción de la autonomía moral. Parte I. *Rev. Hosp. Ital. B. Aires, 32* (1), 1-11.

Gracia, D. (2012b). La construcción de la autonomía moral. Parte II. *Rev. Hosp. Ital. B.Aires, 32* (2), 89-96.

Hogan, L.R. (2015). *The role of Values in Psychotherapy Process and Outcome* (Doctoral dissertation). University of North Texas. https://digital.library.unt.edu/ark:/67531/metadc804912/m2/1/high_res_d/dissertation.pdf

Hogan, L., Callahan, J., and Shelton, A. (2016). Una cuestión de percepción: impacto de diferencias de valores entre paciente y terapeuta sobre alianza y resultados. *Revista Argentina de Clínica Psicológica*, XXV(1), 5-16.

Jadaszewski, S. (2017). Ethically problematic value change as an outcome of psychotherapeutic interventions. *Ethics & Behavior, 27*(4), 297-312. https://doi.org/10.1080/10508422.2016.1195739

Jackson, A.P., Hansen, J., & Cook-L, J.M. (2013). Value Conflicts in Psychotherapy. *Issues in Religion and Psychotherapy, 35*(1), 6-14.

Jennings, L., Sovereign, A., Bottorff, N., Mussell, M., and Vye C. (2005). Nine ethical values of master therapists. *Journal of Mental Health Counseling, 27* (1), 32-47. https://doi.org/10.17744/mehc.27.1.lmm8vmdujgev2qhp

Jennings, L., Sovereign, A., Bottorff, N., & Mussell, M. (2016). Ethical Values of Master Therapists. In T. Skovholt & L. Jennings L. (Eds.), *Master Therapists: Exploring Expertise in Therapy and Counseling*. Oxford University Press.

Jensen, J.P., & Bergin, A.E. (1988). Mental health values of professional therapists: A national interdisciplinary survey. *Professional Psychology, Research and Practice, 19*, 290-297. https://doi.org/10.1037/0735-7028.19.3.290

Johnson, W., Barnett, J., Elman, N., Forrest, L., and Kaslow, N. (2013). The competence constellation model: A communitarian approach to support professional competence. *Professional Psychology,* 44, 343-354. https://doi.org/10.1037/a0033131

Kelly, T.A. (1990) The role of values in psychotherapy: A critical review of process and outcome effects. *Clinical Psychology Review, 10*(2), 171-186. https://doi.org/10.1016/0272-7358(90)90056-G

Kelly, T.A., & Strupp, H.H. (1992). Patient and Therapist Values in Psychotherapy: Perceived Changes, Assimilation, Similarity, and Outcome. *Journal of Consulting and Clinical Psychology, 60*(1), 34-40. DOI: 10.1037//0022-006x.60.1.34

Kitchener, K.S., & Anderson, S.K. (2011). *Foundations of Ethical Practice, Research, and Teaching in Psychology and Counselling* (2nd ed). Routedge.

Knapp, S., & Vandercreek, L. (2007). Balancing respect for autonomy with competing values with the use of principle-based ethics. *Psychotherapy: Theory, Research, Practice, Training,* 44, 397-404. DOI: 10.1037/0033-3204.44.4.397

Praxis Psy
Verano 2023, Nº40,
1 - 19.
ISSN 2735-695
10.32995/praxispsy.v24i40.250

Knapp, S., VandeCreek, L., and Fingerhut, R. (2017). *Practical ethics for psychologists: A positive approach* (3rd ed.). American Psychological Association.

Krause, M. (2005). *Psicoterapia y Cambio*. Chile, Santiago: Ediciones Universidad Católica.

Levitt, H., Neimeyer, R., and Williams, D. (2005). Rules versus principles in psychotherapy: Implications of the quest for universal guidelines in the movement for empirically supported treatments. *Journal of Contemporary Psychotherapy, 35*(1), 117-129. https://doi.org/10.1007/s10879-005-0807-3

Magaldi-Dopman, D., Park-Taylor, J., & Ponterotto, J. (2011). Psychotherapists' spiritual, religious, atheist or agnostic identity and their practice of psychotherapy: A grounded theory study. *Psychotherapy Research, 21*(3), 286-303. DOI: 10.1080/10503307.2011.565488

Marquis, N. (2019). Making people autonomous: A sociological analysis of the uses of contracts and projects in the psychiatric care institutions. *Culture, Medicine and Psychiatry*, Retreived from https://doi.org/10.1007/s11013-019-09624-x.

Morris, E.L. (2011). The Good Life in Psychotherapy: Implicit and Influential. *All Theses and Dissertations*. Paper 2887. http://scholarsarchive.byu.edu/etd

Nesis, JE. (2003). Ética y psicoterapia: una edición dedicada al consentimiento informado. *Rev. Perspectivas bioéticas, 8* (15), 9-14.

Pastor, J. & del Río, C. (2022). Valoraciones éticas en psicoterapia: Estudio con profesionales de salud mental en España. *Revista de Psicoterapia, 33*(121), 187-203.

Rangarajan, R., & Duggal, Ch. (2016). Exploring values of therapists in India. In: S. Sriram (Ed.). *Counselling in India* (pp. 91-112). Springer.

Rosenthal, D. (1955). Changes in some moral values following psychotherapy. *Journal of Consulting Psychology, 19*, 431-436. https://doi.org/10.1037/h0045777

Schwartz, S.H. (2012). An Overview of the Schwartz Theory of Basic Values. *Online Readings in Psychology and Culture, 2*(1). http://dx.doi.org/10.9707/2307-0919.1116

Tjeltveit, A. (1999). *Ethics and Values in Psychotherapy*. Routledge.

Tjeltveit, A. (2006). To what ends? Psychotherapy goals and outcomes, the good life, and the principle of beneficence. *Psychotherapy: Theory, Research, Practice, Training, 43*(2), 186-200. DOI: 10.1037/0033-3204.43.2.186

Tweed, A., & Charmaz, K. (2012). Grounded Theory methods for mental health practitioners. In D. Harper and A. Thompson (Eds.). *Qualitative Research Methods in Mental Health and Psychotherapy: A Guide for Students and Practitioners* (pp. 131-146). Sussex: John Wiley & Sons.

Praxis Psy
Verano 2023, N°40,
1 - 19.
ISSN 2735-695
10.32995/praxispsy.v24i40.250

Veach, P., Yoon, E., Miranda, C., MacFarlane, I., Ergun, D., and Tuicomepee, A. (2012). Clinical supervisor value conflicts: low-frequency, but high-impact events. *The clinical supervisor, 31*(2), 203-227. https://doi.org/10.1080/07325223.2013.730478

Walsh, R. (1995). The study of values in psychotherapy: A critique and call for an alternative method. *Psychotherapy Research, 5*(4), 313-326. https://doi.org/10.1080/10503309512331331426

Williams, D.C., & Levitt, H.M. (2007). A qualitative investigation of eminent therapists' values within psychotherapy: Developing integrative principles for moment-to-moment psychotherapy practice. *Journal of Psychotherapy Integration, 17* (2), 159-184. https://doi.org/10.1037/1053-0479.17.2.159