First published in the Journal of the British Psychodrama Association, 14, 1/2, 3-19.

ETHICAL CONCERNS IN PSYCHODRAMA

Peter Felix Kellermann

ABSTRACT
This paper emphasizes the need for specific ethical principles for psychodrama and suggests that professional ethics be included and discussed in training programs. As a basis for such discussions, some illustrative examples of ethical dilemmas are described around the following general principles: responsibility, competence, welfare, advertisement, confidentiality, therapeutic relationships and values.
Ethical Concerns in Psychodrama

Most schools of psychotherapy adhere to a professional code of ethics that define desired standards of moral conduct for practitioners. Psychodrama should be no exception, as suggested by Moreno (1957) in his "Code of Ethics for Group Psychotherapy and Psychodrama." Surely, if psychodrama is regarded as an approach to psychotherapy (Kellermann, 1992; JD Moreno, 1991), and not as an educational role playing method or as a creative form of theater, psychodramatists should also have some ethical principles of professional conduct. It is unclear, however, if these principles should be the same as those adopted by other mental health professions (Bond, 1993; Lakin, 1988) or if they should be specific to psychodrama.
The need for a specific code of ethics in psychodrama is primarily reinforced by the fact that the emphasis on spontaneity and creativity allure participants into transgressing boundaries that would be impossible in other therapeutic settings. Secondly, the psychodrama group with its emphasis on public sharing and self-disclosure put the principle of confidentiality in serious jeopardy. Furthermore, as psychodrama sessions are often conducted outside the confines of formal institutions such as hospitals, with non-medical para-professionals who have little or no traditional professional obligations, the dangers of violation and denunciation increase. Finally, the psychodramatic action-format, involving more emotional expression, more physical intimacy and more technical experimentation than other verbal approaches to psychotherapy, increase the need for safeguard for both participants and practitioners. For example, in psychodrama, a male therapist may gave his female protagonist an affectionate kiss or a fatherly hug, chairs may be thrown on a wall, a person may stand on the balcony talking as God, people may be lying together on the floor intermingled like in a snake-pit, a person may be vomiting, or a young woman may go through the movements of breast-feeding. These are just some of the things which may occur in psychodrama and which might evoke moral indignation (and perhaps formal complaints) in uninitiated persons who observe a session for the first time. In order to put adequate boundaries around such happenings and still allow for the necessary freedom of spontaneous action, specific ethical principles are badly needed for psychodrama.
Some psychodrama associations and training institutes around the world have already developed such codes of ethics of their own, such as the American Society of Group Psychotherapy and Psychodrama (in revision), the British Psychodrama Association (1996), the Australian and New Zealand Psychodrama Association, the Finish Psychodrama Association and the Norwegian Psychodrama Association. Others have

suggested that we adopt an elaborate code of ethics of a related mental health profession (e.g. APA, 1992) or that each practitioner adopts the code of his or her own basic profession. Furthermore, discussions on ethics in psychotherapy include a proposal by Meara, Schmidt & Day (1996) to aspire ideal and non-obligatory virtues (prudence, integrity, respectfulness, and benevolence) instead of or in addition to obligatory principles that sometimes, according to Lazarus (1994) might diminish therapeutic effectiveness, if adhered to in a dogmatic and rigid manner. This latter critique was reiterated in a recent discussion on ethics by a psychodramatist who exclaimed: "I would get completely paralyzed and unable to function spontaneously if all those ethical principles were thrown in my face and if I was under a constant threat of being charged by an ethics committee."

Despite these reservations, however, 94% of all psychodramatists are in favor of a formal code of ethics, according to an American survey conducted by Kranz & Lund (1995). These respondents felt that psychodrama could benefit from a code of ethics that included definitions of a psychodramatist, boundaries of competence, standards of confidentiality, parameters of the therapeutic relationship, behavior that constitutes sexual exploitation and/or harassment, a process for reporting misconduct, standards for supervision of trainees, and termination of the professional relationship. In addition, ethical standards should include an appreciation of human differences, consultation and referral, keeping of records, fees and financial arrangements, informed consent to therapy, and standardization of education and training programs. Some of these issues were discussed by Blatner (1988) in a chapter on the principles and pitfalls of psychodrama, by Kane (1992) who described some potential abuses, limitations and negative effects of classical psychodramatic techniques, by Croghan (1974) who emphasized the necessity for ethical guidelines in encounter groups, and by Taylor & Gazda (1991) who focused on the ethical issues pertaining to concurrent individual and group therapy. Finally, in a series of papers, JD Moreno (1991; 1994) has perhaps contributed more than anyone else to our understanding of the importance of professional ethics in psychodramatic practice.

Whether we develop a code of ethics of our own or adopt one from another school of psychotherapy, professional ethics has become increasingly important in psychodrama. As a consequence, a course in professional ethics should be regularly included in training programs in order to provide non-dogmatic knowledge of ethical principles to students and help practitioners be more aware of an accountable for their actions. An effective, stimulating and commonly practiced approach to teaching ethical principles is to confront students with ethical dilemmas (Abeles, 1980; APA, 1987; Bersoff, 1995; Herlihy & Golden, 1990; Lakin, 1991) in possible real situations of value conflicts. The purpose of the present paper is to suggest some illustrative examples of such troubling situations which may serve as a basis for discussions of ethical conduct and which might be incorporated in a teaching model. J.D. Moreno (1996) suggests that there may be various possible ways to frame principles of ethical conduct, such as the list recommended by Beauchamp & Childress (1995) which includes autonomy, beneficence, non-malificience, and justice. The code of ethics and practice of the British Psychodrama Association includes guidelines concerning the welfare of clients, professional requirements, society related requirements, child protection issues and audio-visual recording. Here, I have chosen the following principles for more in-depth exploration as they seem to be relevant for psychodrama:

1. Responsibility
2. Competence
3. Welfare
4. Advertisement

5. Confidentiality
6. Therapeutic Relationships
7. Values
In the present paper, each of these principles will be illustrated with one or more typical scenarios of disguised cases that raises ethical dilemmas and which may be used to develop awareness among students. These will be shortly discussed from the point of view of earlier work. In line with the position that value conflicts are seldom resolved by a simple judgment of "good" or "bad," no definite solutions will be suggested here. Rather, I propose that students be encouraged to reach a creative and synthetic judgment in which more than one side of the conflict can be taken into consideration. Such an approach acknowledges both the social protective needs for some general ethical principles and the needs of individual practitioners to challenge these principles if necessary.
1. Responsibility.
Psychodramatists accept responsibility for the consequences of their acts. Example: A psychodramatist presented a workshop on a congress. The workshop included a full-circle, personal psychodrama in which the protagonist re-enacted a very traumatic experience from his childhood. Though his immediate response after the session was one of relief, he started to get panic attacks some time later and felt that he had been prematurely confronted with hitherto repressed and overwhelmingly traumatic memories. What responsibility do practitioners have for sessions that are open to the public? As J.D. Moreno (1991) pointed out, if such sessions are regarded as therapy, they are hard to defend ethically, not only because of confidentiality risks and the lack of informed consent, but because the psychodramatist should accept responsibility for the consequences of the session also after it has ended, which is impossible within the agreed upon time-frame. It might therefore be better at such open sessions to focus on problems and conflicts of a general nature and to discourage the re-enactment of deep traumatic material that requires a longer period of emotional working through for re-integration. In any case, if psychodrama is conducted in a one-time demonstration or a short weekend marathon session, the leader has the responsibility to cheque with protagonists some time after their session and inquire about possible after-effects that require further attention. Naturally, this is true also in weekly, ongoing groups, in which some protagonists may have difficulties returning to their daily activities immediately afterwards. Zerka Moreno (1990) suggested to offer such vulnerable protagonists an "intensive-care" recovery room for some time until they have regained sufficient emotional balance and strength to function independently.
2. Competence.
Psychodramatists recognize the boundaries of their competence and they only use techniques for which they are well qualified. Example: A young man who suffered from excessive "blushing" and "sweating" in interpersonal situations asked a psychodramatist if she thought that psychodrama could help him. The psychodramatist, who desperately needed another man in the group, promised that psychodrama surely would help him without specifying if it would cure his symptoms or help him resolve the interpersonal problems that seemed to cause his symptoms. After more than a year in the group, the young man still suffered from his physical symptoms, dropped out from the group and demanded that the psychodramatist return the fees because he had not received what he had been promised. Despite elaborate training and certification requirements, psychodramatists are rarely successful with all client populations. For example some may work better with children than with adults and some are more focused on the clinical use of psychodrama for symptom removal than others. It is therefore important that each practitioner be aware of the boundaries

of their professional competence and openly state who they can work with and who they can't. Considering the limitations of both individual psychodramatists and psychodrama in general, it is advisable to be careful about any promises of specific cures. Furthermore, in order to become more accountable (e.g. to third-party payers), practitioners need to provide more reliable empirical evidence on its benefits and risks and on its comparative advantages over other psychotherapeutic approaches. We need to learn to specify to participants what they can and cannot expect to gain from psychodrama; for example that they might develop in terms of personal growth and interpersonal functioning, but that specific symptoms might be better ameliorated through other psycho-therapeutic or pharmacological methods. Moreover, as there are as yet no clear indications and contra-indications for psychodrama, any psychodrama treatment of severely disturbed, emotionally vulnerable, and suicidal clients in non-institutional settings, without a proper psychiatric and family networking supportive team effort, or without adequately trained auxiliaries, can be regarded as irresponsible and a sign of negligent practice. In instances when psychodrama does not seem to be the treatment of choice, the practitioner needs to know how to consult with, and how to refer clients to, other professionals who have specialized in those areas of psychopathology. Psychodramatists are expected to be competent only in what they do and to acquire a recognized certification of this competence before they start to work independently. The competence needed to practice psychodrama is, according to Kellermann (1992), a minimum level of skillfulness in the roles of action analyst, producer, therapist and group leader, as well as some suitable personality characteristics. However, when institutional economics take precedent over quality requirements and human compassion overrides personality flaws, less suitable students get accepted to training programs and these later become certified as practitioners. Some of these may lack any basic education in psychology, psychiatry and social work, and may be accepted and certified as psychotherapists with only a degree in, for example, the history of theater. Through it is true that neither previous degrees in mental health professions, nor extensive psychotherapy can guarantee the quality of future professional performance, these credentials, together with regular supervision, seem to basic requirements in order to minimize the risks of negligent practice.

3. Welfare.

Psychodramatists have concern for people's welfare and protect them from harm and injury. Example. The father of a girl who had been sexually molested presented a scene in which he met the rapist in court. At the height of the session, the director urged the furious protagonist to confront the rapist directly and to "let out all his anger." Following this suggestion, the huge protagonist picked up the poor auxiliary man who played the rapist and threw him violently on the floor, leaving the auxiliary moaning with pain because of a few broken rips. At the same time as we observe the sometimes incredible therapeutic effectiveness of psychodrama, we also start to recognize the possible adverse consequences of this powerful treatment modality. Though the problems of casualties and iatrogenic effects of psychodrama is rarely discussed in the psychodrama literature, clinical experience and some empirical studies (e.g. Lieberman, Yalom & Miles, 1973; Hartley, Roback & Abramowitz, 19767; Dies & Teleska, 1985) indicate that psychodrama may be as harmful as helpful, if not practiced in a proper manner. As described in the above example, participants may accidentally be physically hurt during sessions. Physical injuries are of course violations of the principle of non-maleficience or "first, do no harm." Occasional sprains, bruises and broken bones may be caused by the unrestrained expression of anger and the worship of catharsis which is prevalent in some groups. In

order to prevent such injuries, "a plethora of ethical factors must be taken into consideration, such as the fact that while emotional expressiveness is to be emphasized, a leader should be wary of eliciting aggressiveness or affectional behaviors by modeling them and inviting imitation" (Howes, 1981, p. 229). Unfortunately however, in order to get protagonists really angry, some directors inflict actual frustration with personal insults and a concretization of physical blocks against outlet of anger which can in itself cause injuries (Kellermann, 1996). If nothing else works, a protagonist who does not express sufficient anger may be hit with a bataca (I know this for a fact, because I was the protagonist). As J.D. Moreno (1994) pointed out: "often risks are taken when the director feels an obligation to help a protagonist to complete a catharsis even though the physical arrangements are inappropriate, such as permitting an auxiliary ego to be wrestled to the ground on a hard floor and without the protection that can be afforded by several sturdy and experienced co-therapists" (p. 108). On the other hand, harm of a more emotional nature may come from a failure to reach a suitable closure (Kellermann, 1992), leaving participants all opened up and vulnerable without any consolation or support. Similarly, sociometric investigations may simply identify rejected isolates of the group without doing anything to re-integrate them into the group after the exercise. Moreover, people with more primitive defenses who refuse to participate in some warm-up exercises are accused of "resisting" and forced by the leader and by group pressure to do things that might lead to overwhelming anxiety, psychotic decompensation or other grave emotional injuries. Because of these dangers, and beyond the obvious responsibility of doing everything to prevent such injuries, an absolutely necessary element of the preparation of the group is to inform participants about the risks and benefits of the treatment (J.D. Moreno, 1991). The absence of such information ("informed consent") has been taken by the courts to be highly negligent. Information should include an explicit description of the major techniques used in psychodrama as well as a statement of the risks involved and of the responsibilities of everybody to prevent injuries. Naturally, the rights of group members, including their right to refrain from participating in specific exercises and their right to leave the group if they so decide, should also be clearly stated. Finally, in order to reinforce the cooperative nature of each psychodramatic process, Sachnoff (1985) suggested using a kind of treatment contract which is a mutual statement arrived at by both director and protagonist that declares a specific goal for a particular session.

4. Advertisement.

Psychodramatists represent accurately their profession when advertising. Example. An advertisement was published in a university newsletter announcing the opening of a weekly psychodrama group. The headline read: "Meet your mate for life through Psychodrama!" and explained that "sociometry will be used to investigate your interpersonal choices," and that "Many couples have been formed through such groups." It ended: "If you are shy and have difficulties in relating to the opposite sex, this will be the final solution of your problems!" A college took the ad to the ethical committee for investigation. Practitioners frequently advertise their services in the press and in pamphlets but often it is unclear what they are actually offering. If at all advertised, psychodrama should naturally be described accurately and in a proper manner with a realistic account of techniques used, as well as the qualifications of the staff. Grandiose promises of health and happiness are of course out of place, as well as any statements that are likely to create unrealistic expectations. Individual pre-group screening interviews is a good place to inform and discuss the happenings of the group.

5. Confidentiality.

Psychodramatists respect the confidentiality of information obtained from participants except in those circumstances in which not to do so would result in danger to the person, him- or herself, or to others. Where appropriate, participants should be informed of the limitations of confidentiality. Example: A 17 year old unhappy girl confided to the psychodrama group that she sometimes contemplated suicide. After advice from her supervisor, the psychodramatist talked to the girl's parents who (together with a child psychiatrist) decided to hospitalize the girl against her will. After being released from hospital in more or less the same state as before, the girl complained that the psychodramatist had breached her confidence and that she would never again trust an adult psychotherapist because she had been promised that nobody would reveal anything said in the group. Maintaining confidentiality is one of the basic pillars of psychotherapy and any disclosure by a psychodramatist without permission by a group member may be rightly considered a severe ethical misconduct and a reason to complain. However, in certain circumstances, the psychodramatist has a duty, according to the law in some countries, to disclose material from sessions also without permission from individual group members. Obviously, such circumstances include cases in which clients pose a predictable threat of harm to themselves (as in the example presented above) or to identifiable other persons and in cases of child sexual abuse. But because of the various other legal, financial, educational, medical and social factors that also interfere with confidentiality (Spiegel, 1990), it is always advisable to take counsel when in doubt. A further complication of confidentiality in group psychotherapy stems from the fact that, while group therapists are bound by their oath, group members are not and the therapist cannot be held responsible for disclosure done by other participants. As a result, the common practice of extending the Hippocratic Oath of confidentiality to all group members, as Moreno (1957) suggested, is highly questionable and doesn't apply in practice (J.D. Moreno, 1991). Actually, any promise of confidentiality in a group setting is quite misleading because, in reality, the possibility of keeping the vow is severely limited. This was made all too clear when participants in an Alcoholic Anonymous support group testified in a homicide trial that another member had disclosed to them in confidence that he might have killed some people a few years previously. As a partial solution to the problems of confidentiality, Roback, Moore, Bloch & Shelton (1996) suggested that therapists must provide information to group members of the significant potential for violations of confidentiality and that they might even sign a form that they are aware of this possibility. Any failure to obtain such informed consent by prospective participants under these circumstances produces serious ethical problems and potential legal problems as well (J.D. Moreno, 1991).

6. Therapeutic Relationships.

Psychodramatists do not engage in sexual relationships with clients and they do not engage in therapy with close fiends and family members. Example: A male psychodramatist directed a regressed woman in a passionate session dealing with unfulfilled love. In a moment of extraordinary intimacy, in which the helpless protagonist was "rescued" by the "strong but sensitive" director, they developed an erotic affection towards one another which later became a brief sexual affair. However, as it turned out, the affection had been nothing more than an erotic love transference and when the woman came to her senses, she felt hurt and exploited by the male psychodramatist "who should have known better." We have already pointed out that the quality of therapeutic relationships in psychodrama is somewhat different from other, more neutral and less self disclosing approaches in that it allows for more intimacy and mutuality. From the theoretical basis of Moreno's principles of "tele" and reciprocal "role reversal," the psychodramatic setting becomes a fertile ground for

"real" friendships. The various vicissitudes of these forms of "real" or "mixed" relations, as well as physical holding (Rosental, 1976), are discussed fully in the general literature of psychotherapy and need not be repeated here. However, in order to keep the boundaries of such multifaceted relationships clear, univocal, and therapeutic, it is recommended that therapist and client refrain from sexual relations during the course of treatment and even some time after. According to the BPA Code of Ethics, "any sexual relationship between a psychodramatist and a former client or trainee should only be contemplated after an interval of 12 months from the end of the therapeutic or training contract" (p. 5). By the same token, it is very difficult to remain objectively helpful when including close acquaintances in psychodrama. Though some psychodramatists argue that friends and colleagues and family members may very well be treated together in psychodrama, as they were at the Moreno Institute in Beacon, others find that multi-role interactions become very complicated and suggest that it is therefore better to keep them more separate from one another (Roll & Millen, 1981). Whether we advocate a more or less strict rule of boundaries in therapeutic relationships, it seems to be essential for practitioners to be aware as much as possible of their own personal and interpersonal sensitivities and biases and how they affect their work. Finally as protagonists regress to earlier, more childlike and dependent modes of functioning, they might become more vulnerable to undue influence and exploitation by their therapists. It is therefore important to guard against the tendency of some therapists to dominate the lives and control the decision making of clients.

7. Values.

Psychodramatists do not let themselves be unduly influenced by personal values, such as those pertaining to age, gender, race, ethnicity, religion, sexual orientation, disability or sociometric status. Example: A young woman re-enacted a situation in which she was raped by an elderly man. The psychodramatist (who had herself been abused by men) identified strongly with the protagonist and suggested to the protagonist that she kill him in a surplus reality scene. As a closure, they both celebrated their "victory" over "dirty old men" through a symbolic castration ritual. Her male supervisor who witnessed the drama, felt that the psychodramatist was highly biased and suggested that the director continue to explore her personal relations to men. Obviously, objectivity in psychotherapy is more an ideal than a reality and there are few psychodrama sessions which do not stimulate some kind of value conflict of one sort or another. According to Strupp (1980), "psychotherapy is not a value-free enterprise, and therapists do communicate their values to patients" (p. 397). However, because of psychotherapy's aim to augment the client's own capacity for self-determination (Szasz, 1965), there should be a conscientious effort by psychodramatists not to let their own values contaminate sessions. If this is too difficult, and practitioners let their own prejudice affect them in a way that leads to discrimination, it may surely be a breach of ethical conduct. Though such misconduct may perhaps be difficult to bring to a formal complaint, they can be brought up and dealt with in further therapy and in supervision.

Discussion.

Ethical violations are usually reported to a local committee on ethics which has the task to investigate the complaint and to suggest corrective sanctions if indicated (APA, 1996; Palmer-Barnes, 1998). In a course on ethics, students can be encouraged to role-play such an ethics committee which may receive the above or other complaints and be instructed to go through the stages of investigation, discussion and litigation of the complaint. For example, a training group can be divided into a few small committees of three persons each who are instructed to use both their intuitive moral sense, their knowledge of ethical guidelines and standards and some of the

principles of ethical decision making in order to reach a just and hopefully synthetic verdict. It is my experience that such an exercise is valuable not only in teaching the actual desired behaviors of psychodramatists, but also in taking into account the entire situation of personal motivations and social restraints which form the background for each complaint. While it may be difficult at times for ethics committees to enforce decisions, they have an important role in preventing misconduct, in enhancing the quality and professional accountability, and perhaps in reducing the propensity for malpractice claims which have become more common during the last decade. In their overview of malpractice claims in individual psychotherapy, Conte & Karasu (1990) listed the following specific areas of liability: (1) mismanagement of the therapeutic relationship (e.g. sexual exploitation); (2) breach of confidentiality; (3) non-prevention of harm to patients themselves (e.g. neglecting the duty to warn); and (4) failure to practice appropriate treatment. In order to protect themselves against such claims, more practitioners than before have decided to take malpractice insurance.
The future of psychodrama rests on the careful selection and training of ethically minded practitioners. It is of course questionable if a short ethics course, an elaborate code of ethics or even an active and powerful ethics committee are sufficient to ensure the proper ethical conduct of psychodramatists. Obviously, powerful self-serving economical, sexual and other interests keep interfering with ethical standards and various "hidden persuaders" have a tendency to distort our sense of professional responsibility. For example, narcissistic directors in psychodrama may be trying too hard to receive the approval and admiration of an audience who "wants to see blood" while forgetting the personal needs of their protagonist. Institutional demands of cost-effectiveness may be a further reason for unethical conduct. Finally, during the infamous examination sessions in which candidates are expected to direct in front of a supervising examiner, the risks of subtle abuse by the director for the sake of "drama" are greatly increased and the hazardous potential for all involved is magnified by powerful parallel processes, that interfere both with sound therapy and with valid examination. As a result, many training institutes and psychodrama associations around the world have ceased to demand such live examination sessions and have substituted them with other forms of evaluations. Practicing psychodrama in this time and age demands more than only innovative techniques and therapeutic results. Psychodramatists of today will be evaluated also from the point of view of their ethical behavior and human virtues. It is my hope that we learn to appreciate that how we act as fellow human beings will be as important as what we do professionally when directing psychodrama, or perhaps more important.

References.

Abeles, N. (1980) Teaching ethical principles by means of value confrontations. Psychotherapy: theory, research and practice. 17, 384-391.

APA. American Psychological Association (1987). Casebook on ethical principles of psychology. Washington, DC: APA.

APA. American Psychological Association (1992). Ethical principles of psychologists and code of conduct. American Psychologist, 47 (12), 1597-1611.

APA. American Psychological Association (1996). Rules and Procedures of the Ethics Committee. American Psychologist, 51, 529-548.

Beauchamp, T. & Childress, J. (1995) Principles of Biomedical Ethics, 4th Ed. Oxford: UP.

Bersoff, D.N. (Ed.) (1995) Ethical Conflicts in Psychology. American Psychological Association. Washington, DC.

Blatner, A. (1988) Acting-In: Practical applications of psychodramatic methods. New York: Springer (2nd ed.).

Bond, T. (1993) Standards and Ethics for Counseling in Action. London: Sage.
British Psychodrama Association (1996) Code of Ethics and Practice. Oxford.
Conte, H.R. & Karasu, T.B. (1990) Malpractice in Psychotherapy: an overview. American Journal of Psychotherapy, XLIV, 232-246.
Croghan, L. (1974) Encounter groups and the necessity for ethical guidelines. Journal of Clinical Psychology, 30, 438-446.
Dies, R.R. & Teleska, P.A. (1985) Negative outcome in group psychotherapy. In: D.T. Mays & C.M. Franks (Eds.). Negative outcome in psychotherapy and what to do about it. New York: Springer.
Hartley, D. Roback, H.B. & Abramowitz, S.I. (1976) Deteriorating effects in encounter groups. American Psychologist, 31, 247-255.
Herlihy, B. & Golden, L. (1990) Ethical standards Casebook. Alexandria, VA: American Counseling Association.
Howes, R.J. (1981) Encounter groups: comparisons and ethical considerations. Psychotherapy: theory, research and practice, 18, 229-239.
Kane, R. (1992) The Potential abuses, limitations, and negative effects of classical psychodramatic techniques in group counseling. Journal of Group Psychotherapy, Psychodrama & Sociometry, 44, 181-189.
Kellermann, P.F. (1992) Focus on Psychodrama. London: Jessica Kingsley.
Kellermann, P.F. (1996) Concretization in Psychodrama with Somatization Disorder. Arts in Psychotherapy, 23, 149-152.
Kranz, P.L. & Lund, N.L. (1995) Psychodramatists' opinion: should the professional psychodramatists have a formal code of ethics? Journal of Group Psychotherapy, Psychodrama & Sociometry, 48, 91-95.
Lakin, M. (1988) Ethics in Psychotherapy. New York: Human Sciences Press.
Lakin, M. (1991) Coping with Ethical dilemmas in psychotherapy. New York: Pergamon Press.
Lazarus, A.A. (1994) How certain boundaries and ethics diminish effectiveness. Ethics & Behavior, 4, 255-261.
Lieberman, M.A., Yalom, I. & Miles, M. (1973) Encounter groups: First facts. New York: Basic Books.
Meara, N.M., Schmidt, L.D. & Day, J.D. (1996) Principles and virtues. The Counseling Psychologist: special issue on ethics, 24.
Moreno, J.D. (1991) Group psychotherapy in bioethical perspective. Journal of Group psychotherapy, Psychodrama & Sociometry, 44(2), 60-70.
Moreno, J.D. (1994) Psychodramatic moral philosophy and ethics. In P. Holmes, M. Karp & M. Watson (Eds.). Psychodrama since Moreno. London: Routledge.
Moreno, J.D. (1996) Personal Correspondence.
Moreno, J.L. (1957) Code of Ethics for Group psychotherapy and psychodrama. Group Psychotherapy, 10, 143-144.
Moreno, Z.T. (1990) Note on some forms of resistance to psychodrama. Group Psychotherapy, Psychodrama & Sociometry, 43, 43-44.
Palmer-Barnes, F. (1998) Complaints and Grievances in psychotherapy. London: Routledge.
Roback, H.B., Moore, R.F. Bloch, F.S. & Shelton, M. (1996) Confidentiality in group psychotherapy: Empirical findings and the law. International Journal of Group Psychotherapy, 46(1), 117-135.
Roll, S. & Millen, L. (1981) A guide to violating an injunction in psychotherapy: On seeing acquaintances as patients. Psychotherapy: theory, research & practice, 18, 179-187.
Rosental, V. (1976) A bare Branch with buds. Voices, 12, 2-10.

Sachnoff, E.A. (1985) Brief report: The use of contracts in psychodrama. Journal of Group Psychotherapy, Psychodrama & Sociometry, 38, 106-107.
Spiegel, P.B. (1990) Confidentiality endangered. Psychotherapy, 27, 636-643.
Strupp, H.H. (1980) Humanism and psychotherapy: A personal statement of the therapist's essential values. Psychotherapy, theory, research & Practice, 17, 396-400
Szasz, T.S. (1965) The Ethics of Psychoanalysis. New York: Basic Books.
Taylor, R.E. & Gazda, G.M. (1991) Concurrent individual and group therapy: The ethical issues. Journal of Group Psychotherapy, Psychodrama & Sociometry, 44, 51-59.