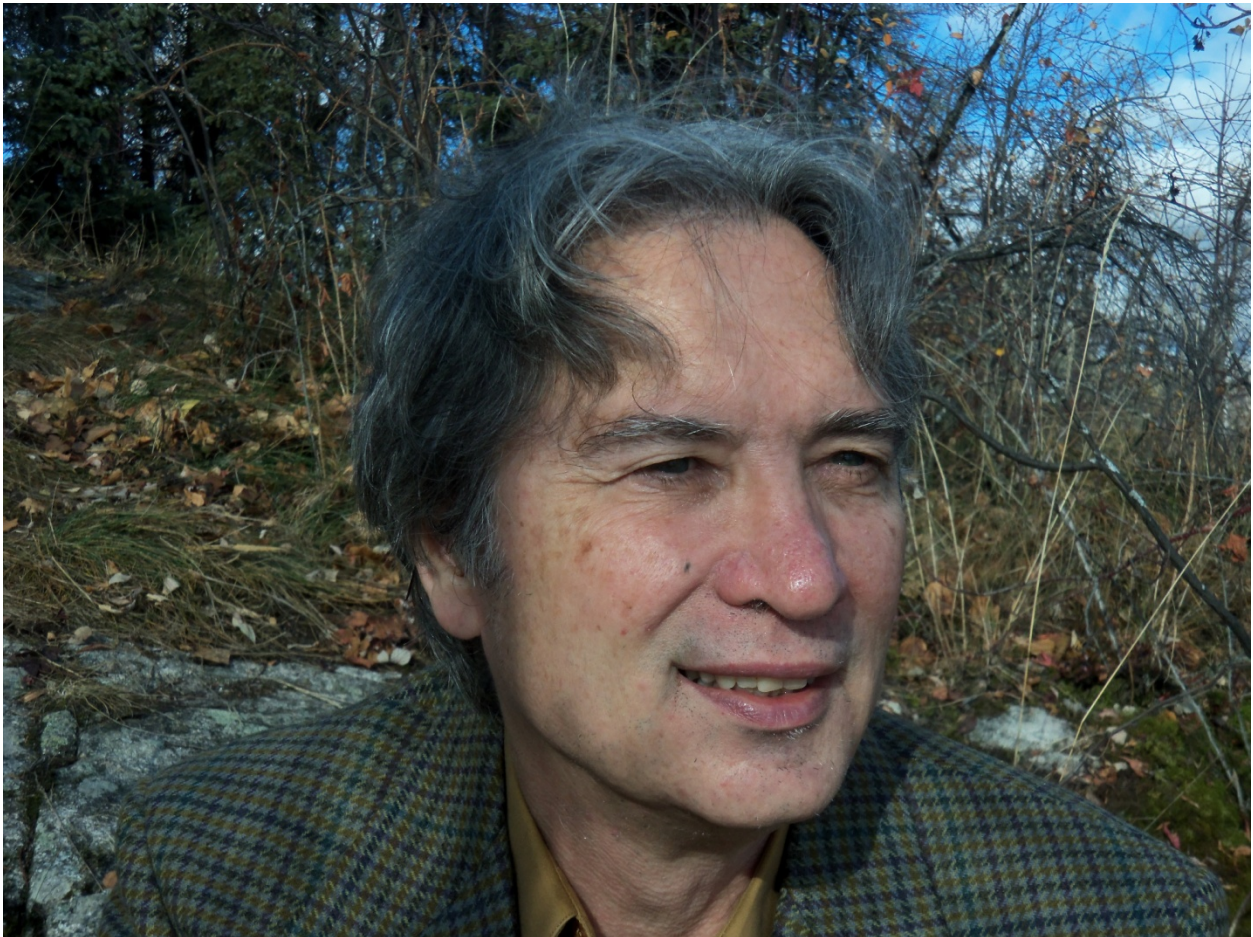


Ask Dr. Robertson 13 — A Hawk’s Eye on Counsellors’ Professional Ethics and Morals



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Sep 17 · 6 min read



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Dr. Lloyd Hawkeye Robertson is a [Registered Doctoral Psychologist](#) with expertise in [Counselling Psychology](#), [Educational Psychology](#), and [Human Resource Development](#). He earned qualifications in [Social Work](#) too. Duly note, he has five postsecondary degrees, which is a lot, of which 3 are undergraduate level. His research interests include memes as applied to

self-knowledge, the evolution of religion and spirituality, the aboriginal self's structure, residential school syndrome, prior learning recognition and assessment, and the treatment of attention deficit disorder and suicide ideation. In addition, he works in anxiety and trauma, addictions, and psycho-educational assessment, and relationship, family, and group counselling.

Here we talk about counselling and ethics.

Listing of previous sessions with links at the end of the interview.

Scott Douglas Jacobsen: You give **insight** into counselling in the fact that, in general, advice is not given, as in counsellors do not tell clients what they should or should not do.

Dr. Lloyd Hawkeye Robertson: That is correct, Scott. As explained previously in this series, I practise in Adlerian tradition where advice giving is anathema, and this view comes from a humanistic view that we, as a species, are defined by our ability to reason in an objective, volitional and internally consistent way. I made the argument that psychology, as a profession, seeks to teach people to reach this human potential in their individual lives (see: [Free Will](#)). While the advice giver is usually well-meaning, advice giving puts the receiver in a dependent position. In its most extreme form, advice giving reduces the receiver to an automaton waiting for direction. The advice that is given is necessarily from the perspective of the one who is giving it, not from the perspective of the receiver.

Often counselling and psychotherapy are considered to be synonyms, but Adlerians make a distinction: counselling is essentially joint problem solving done with clients who have intact selves while psychotherapy involves the reconstruction of part of the self (for a discussion of reconstructing the self see: [Self-mapping](#)). In either case the psychologist acts as a kind of consultant who has expertise in change while the client is recognized in having expertise in understanding himself. The counselling session becomes the collaboration of two experts.

I think the notion that counselling is advice giving comes from outside the profession, but is popular enough that some psychologists accept that definition. But they then typically view themselves as psychotherapists. As I said, the professional ideal is to promote individual volition, and this typically involves constructing alternatives with the client mapping pros and cons and deciding on a plan.

Jacobsen: What is a way in which counsellors violate professional ethics and codes of conduct here? How have things gone wrong in the past? What examples speak to this in the history of counselling?

Dr. Robertson: Were the therapist to impose his views on a client that would be unethical. We need to understand that the client is in a vulnerable position, and that is why they are seeking counselling or psychotherapy. A therapist with the best of intentions may think that the answer is obvious, but unless the client arrives at that conclusion by considering his or her alternatives, priorities, goals and worldview then the imposition of a “solution” that appears right to the therapist does nothing to build the client’s capacities as an independent volitional individual. I

think this is a standard understanding of most historic schools of psychotherapy, but there are exceptions.

Soviet psychology of the 20th century provides an example of systemic unethical diagnosis. Soviet psychologists viewed the communist man (inclusive of women) to be more collectivistic and altruistic than others. It seemed to them self-evident that the mentally healthy person, if given the opportunity, would want to participate in such a society. Those who did not agree with this worldview and were in conflict with the authorities were deemed to suffer from what was termed “sluggish schizophrenia.”

When an ideology or religion is used to modify terms like “psychology,” “counselling” or “psychotherapy,” I become wary. For example, how does “Christian Counselling” differ from counselling? Christian counsellors I have talked to define their religion as having certain superior attributes with respect to love and spiritual fulfillment. But a secular counsellor, on finding that a client believed in prayer, for example, might invite the client to pray as part of his or her therapeutic plan. A difference might be that if the prayer does not work to the client’s satisfaction, the secular counsellor might be more willing to explore other alternatives while the Christian counsellor might be more prone engage in self-limiting platitudes such as, “Maybe God does not want this for you.” Counsellors employed by Catholic Family Services are routinely required to sign a statement stating they will respect the Church’s beliefs regarding “the sanctity of life.” This is regularly interpreted to mean that counsellors in their employ may not explore the option of abortion with pregnant clients, and if a client chooses that option, she will do so without the support of her counsellor or therapist. Counsellors from a variety of Christian denominations actively discourage people who are non-heterosexual. A particularly unethical practice is encapsulated in the oxymoron “Conversion Therapy.” Conversion implies a template outside of the individual to which the individual converts. It is, therefore, the opposite of therapy where the client defines his own template. Overall, Christian counselling does not add to the professional practice but is subtractive, limiting the options permitted clients.

The notion of limiting psychology’s ability to increase individual choice and volition is pervasive. Feminist Psychotherapists argue for equality between the sexes, but most psychotherapists already embraced this ideal long before there was Feminist Psychotherapy; indeed, Alfred Adler introduced the idea to the Viennese psychological circle founded by Sigmund Freud in 1911. The purpose of Feminist Psychotherapy has not been to develop new therapeutic techniques since the methods typically used, such as journaling, re-framing, assertiveness training were all initially developed by other schools of psychotherapy. We are left, therefore with an ideological reason for its existence, as one feminist writer of textbooks noted (Corey, 2001) “A goal of feminist therapy is to replace patriarchal ‘objective truth’, with feminist consciousness...” In this formulation, objective reality is deemed to be patriarchal, and since most schools of psychotherapy assume that there is an objective reality to which the client may reference (Narrative Therapy being an exception), then those schools are, by this definition, patriarchal. In a decision that reminds us of the Soviet diagnosis of “sluggish schizophrenia,” the American Psychological Association has decided to recognize a category called “toxic masculinity.” In a move that reminds us of Conversion Therapy, the Canadian government has decided to fund feminist organizations and therapists to convert toxic men into... something else. I have demonstrated that male stigmatization exists (see: [Stigma](#)), and my fear is that a purpose

of this conversion therapy will be to have men internalize this stigma with the long term effect of further eroding their mental health.

Scott, you asked me about professional codes of ethics. Codes of ethics are written by those with the power to do so. Conversion Therapy as practiced by some Christian groups has been ruled unethical. The feminist version has not. I believe that freedom of conscience involves a duty to conduct oneself to a higher ethic, and in my case that ethic involves supporting individual volitional empowerment. Individual volition operates within the constraint that there is a reality outside ourselves and if we stray too far from that reality we will harm ourselves and others. We cannot gain empowerment by feeding a delusion.

Jacobsen: Thank you for the opportunity and your time, Dr. Robertson, again.

For previous sessions, please see: [Ask Dr. Robertson 1 — Counselling and Psychology](#), [Ask Dr. Robertson 2 — Psychotherapy](#), [Ask Dr. Robertson 3 — Social and Psychological Sciences Gone Wrong](#), [Ask Dr. Robertson 4 — Just You and Me, One-on-One Counselling](#), [Ask Dr. Robertson 5 — Self-Actualization, Boys, and Young Males: Solution:Problem::Hammer:Nail](#), [Ask Dr. Robertson 6 — It's All About Me, Me, Meme, and the Self: From First Nations to Second Nations, Building Third Culture Counselling](#), [Ask Dr. Robertson \(and Teela\) 7 — Elate, Hawkeye on Roberts: A Happy Counselling Psychology Family Affair](#), [Ask Dr. Robertson 8 — A Social Work Betrayal of Male](#), [Ask Dr. Robertson 9 — The Age of Psychology, Low Self-Esteem, Crazy Making, Schizophrenia, Racism, and Religious Fundamentalism](#), [Ask Dr. Robertson 10 — Real Life Effects of Fantasy Categories](#), [Ask Dr. Robertson 11 — Smells Like Teen Spirit: Hell Hath No Fury Like a Youth Scorned](#), and [Ask Dr. Robertson 12 — Fault and Responsibility: If You Pass the Sentence, Then You Should Swing the Sword](#).

Image Credit: Dr. Lloyd Hawkeye Robertson.

Scott Douglas Jacobsen founded *[In-Sight: Independent Interview-Based Journal](#)* and *[In-Sight Publishing](#)*. He authored/co-authored some **e-books**, free or low-cost. If you want to contact Scott: Scott.D.Jacobsen@gmail.com.