In the last 30 years, "helping work" with people has not only developed rapidly, but has also become a sociologically and legally regulated profession. It therefore makes sense to look at what is meant by occupationalization/professionalization in detail. In addition, the development of ethical guidelines is a necessary further step in looking at what and how one does things in detail, and toward shedding light on the basic attitude with which one is active.

Professionalization and occupationalization are the process of development to become a profession or an occupation, as a social type of professional work.

According to Kalkowski (2019), occupationalization characteristics are as follows:
- Special fields of activity, special qualifications (skills and competences)
- Systematic vocational training with recognized qualification (accreditation and certificate)
- More or less high professional prestige (social position in companies and society)
- Characteristic mobility paths (ascent ladders, and further education and training)
The individual's inner attachment to the profession (professional socialization and identity, and values)

While in the beginning, whether in psychotherapy or counseling, the focus was on qualification and the development of quality standards, in the context of professionalization this was condensed into generally applicable standards and competence characteristics that were shared by the majority of the people involved. In Kalkowski’s scientific literature, the term profession is reserved for the academic field. This leads to quality improvements, standardization, and ultimately to an improvement in the results and a corresponding comparability of results to and inclusion of scientific research. "In return for the autonomy granted by society, professionals are expected to perform outstandingly and to commit themselves to professional ethics, which reward society with high prestige and income" (Kalkowski, 2019).

The better professionalization succeeds, the better known it becomes in society and the sooner a profession can develop. This is characterized, among other things, by the fact that a professional career is appropriate, combined with certain access requirements and qualifications, development opportunities, goal formulation, ethics, etc. It is part of the nature of the challenges facing the profession "that knowledge cannot be regarded as "stable" in a given situation, that one must rather "swim" in it, and that the description of a situation includes the professionals" (Buchholz, 1999, p.139) The situations that characterize professional practice are complex, uncertain, unstable, and unique, and they require value decisions and cannot be fully described (Buchholz, 1999, p.193ff.). They require permanent (self-) reflection.

Finally, a professionalization occurs through the development of appropriate organizational structures, structures that guarantee the training, the professional practice, the examination of that practice, and the development of the professional practice. This also includes professional regulations. Such forms of organization in the counseling and therapeutic field can be professional associations, psychotherapists' chambers, training institutes, university training courses, etc. In my opinion, professionalization aims at the interplay between occupational and professional development within the framework of specific institutionalization, organization, or structures.

Role and function of professional ethics and ethos

The better this occupationalization is accepted in society, the more likely it is that the professional ethics developed in each case will have an effect. Professional ethics can be understood to mean personal values that are important in exercising the tasks of that occupation. In addition, there is also the totality of the values and norms of the respective occupation, the profession, which are to be absolutely observed in the exercise of that activity. Professional-professional behavior, goal-oriented behavior, and the personal basic attitude of the active persons, the service providers, are oriented towards these professional ethical principles. Compliance with this behavior is checked by the organizations, associations, institutions, educational establishments, etc. in question and, if necessary, individuals are warned against or even punished for lack of compliance.

Cierpka (1997) postulated four additional criteria that define the profession of the psychotherapist:

The self-observation of the therapist: This includes the demand for a better understanding of one's own person in order to achieve personal maturity and professional success, and adequate self-control. The psychotherapist can only heal others if he is also concerned about his own health, in the sense of personal care.

Training and practice: Training and consecutive experience change the treatment technique, and thus, the therapist's tools of
the trade. However, these changes do not remain part of "external nature". The experiences obtained in dealing with people also have an effect on the therapists and lead to personal developments; this is a lifelong process.

**Person / personal needs of the therapist:**
This refers to self-reflection, integration, and corrective self-understanding. The means to ensure this are teaching therapy, supervision, the climate of ethical culture in one's own professional organizations, etc.

**Self-reflection:** This refers to an examination of the various aspects of the profession. The psychotherapist refers to empirical research, the acquisition of professional and practical knowledge, and lifelong learning. This has and always will have an active part in the discourse of professional ethics and personal ethos. According to Willutzki, Botermans, and the Society for Psychotherapy Research (SPR) Collaborative (1997), however, a corresponding competence development is a constructive, rather than an instructive, process that does not function like a Nuremberg funnel.

Behavior based on professional ethics is an essential aspect of the quality of the respective service as well as a relevant factor in the social acceptance of it.

Ethics is in a constant, discursive process and can never be conclusively defined. Many people working in the field of "human work" therefore experience ethics as the heart of the profession. On the one hand, such an impression results from the fact of the intensive and engaged arguments on the topic of ethics. If psychotherapy can be understood "as the art of understanding in a caring, helpful, and interpersonal encounter" (Tibone, 2017), ethical guidelines act as protection for the therapeutic relationship. In this respect, they create identity. Tibone (2017) therefore points out that the ethical guidelines of the DGPT (Deutsche Gesellschaft für Psychoanalyse, Psychotherapie, Psychosomatik und Tiefenpsychologie; German Society for Psychoanalysis, Psychotherapy, Psychosomatics and Depth Psychology) "usually do not list the prohibition of certain attitudes and behaviors, but rather create the positive picture of the desirable..... Such ethical guidelines try to answer the question "How can I treat well? They appeal to the power of the ego ideal (a realistic ego ideal) and allow - if they are really read - a strengthening, positive identification, while the notion of prohibition awakens unconscious, very widespread fantasies of punishment, which can easily be followed by corresponding internal resistance measures" (Tibone, 2017). In my opinion, such an attitude reflects something that could be described as the "heart" of one's own "helping work". Ethics and self-commitment are to be distinguished from pure professional (service) action based on orders and carried out. After all, the basic ethical attitude "in and towards" one's own activity is always implicitly an action designed for ethics. One can therefore also speak of a permanent ethical discourse in which both the individual person (the individual service provider) and the organization as a whole must be included.

Foucault, on the other hand, finds stronger words to define ethics and calls it a "battlefield". Thus, ethics is also something fluid and dynamic, i.e., behind every morality there is an enormous conflict between different forms of arguing for the binding (Foucault, 2019). Ottomeyer (2008) also sees this event as a territorial struggle on the background of the practical and economic perspective of the profession. "People who have completed a psychotherapy training want to secure their livelihood....., it has to be marketed, therefore you compete on the psychotherapy market and of course you have to raise your own school to support the aura of the special" (Ottomeyer, 2008).

In distinction to this, but also in personal expansion, personal ethos can be seen and evaluated. In educational terms, ethos refers
to the moral attitude of a person, a community, or a special social group (e.g., a service provider) in the context of one's own professional activity.

The Duden (German Dictionary) defines ethos as "an attitude shaped by the consciousness of moral values or an overall attitude as ethical consciousness". Ethos can (must?) also be seen in contrast to professional ethics. While professional ethics, one could almost say, shows the ethical guidelines and regulates the handling of these guidelines, ethos is more in the "synonym field of morality, personal sense of duty, sense of duty, loyalty to duty, morality, sense of responsibility, morality" (Duden 2015). It thus also expresses itself as a professional "habit of living", as a personal basic attitude within the framework of professional activity.

Instrumentalisation of ethics in power discourse

Christof Stock (2019) offers in his present guide for professionals in counseling and therapy a kind of toolbox for the "practice of one's own occupation". After all, the relationship with clients is always a professional-personal one, and therefore, also a legal one. Stock wants to describe, explain, and make useful the legal framework, which will be discussed in the following section. The development of occupationalization in the "field of helping work" leads above all to occupational associations, scientific societies, and occupational organizations, which serve to represent the interests of the profession. The more an occupational organization, such as further education institutes and occupational associations, develops in the therapeutic and advisory field, the more it is characterized by its own dynamics and the further this organization can distance itself "from the object of its work", the client/patient. A professional ethics, which is oriented towards the interests of the professionals as a professional group and those of the target groups, can act in the sense of a corrective to structure and prevent possible dangers. This includes, among other things, a discursive process of scientification with a stronger inclusion of social science traditions with regard to "helping work."

Hockel (1999) makes it clear, even before the Psychotherapists Act was adopted [The psychotherapists act was adopted in Germany in 1999 and it regulates the role of psychotherapists, the legal frame of occupation, and the role and function of professional (self-) organization. This psychotherapist act does not regulate psychotherapy, but the role and function of the psychotherapist], that both medical treatment and the psychological psychotherapist are (more medically) constructs. Such constructs are created by humans and occupational groups and are not primarily shaped by the object of work, i.e., the patient and his symptoms of illness.

In this context, he explains that only doctors define what a sick person is. It remains open how the terms illness, medical, psychotherapeutic treatment, and "what is in need of treatment" are defined in psychotherapy guidelines. The extent to which the specific interests of patients are taken into account as independent issues within the framework of the psychotherapy guidelines has been the subject of constant discussion since the Psychotherapists Act came into existence, and the aforementioned construct is conditionally questioned. Such a discourse represents an important corrective to the implicit power dynamics in the field of psychotherapeutic activity, training, and development.

In this context, Hockel (1999) refers to the difference between psychological expertise and medical expertise, a difference which certainly exists and which logically should lead to a different professional ethical viewpoint. At this point, I will refrain from going into the discussion, which is certainly useful, as to who is entitled to practice medicine and how. If such a discourse reflects, on the one hand, factual and ethical
aspects, it is, on the other hand, also a means/instrument in a power discourse.

Therapeutic institutions and organizations, such as training institutes, are discursive places of power. Therapeutic training institutes are like a system that "contains such high oedipal gratuities, as soon as one has penetrated to the - as Kernberg (2007, p 186) calls it - power elite.... that it is equal to a direct satisfaction of the oedipal phantasm. It is very difficult to question the system itself from the position of this gratification" (Zagermann, 2014, p. 12).


The necessity of addressing such power relations within the framework of professional ethics is reflected in the logic of professional ethics itself; it also makes systemically clear the paradox that exists in such an organization. Can and should this be applied not only to the therapist-patient relationship, but also to the way in which the respective professional organization applies professional ethics to itself? Therefore, an important yardstick for the implementation of professional ethics is the, one might say, ethical climate culture within the organization itself. This makes the professional application of professional ethics possible or more difficult and is on a permanent discursive test bench due to professional ethical incidents. "Because of the real existing power gap between teacher and student, the education system in all psychotherapeutic schools is a gateway for the establishment and permanent establishment of abuse of power.... It only becomes problematic if the training methods force infantilisation and regression and the abuse of power is institutionally anchored" (Wirth, 2007).

Zagermann (2014) therefore believes that it is an illusion to think "that the individual could evade this unconscious dynamic of the institution in which he finds himself". Whether an organization/institute/association has abused or anchored its power is reflected, on the one hand, in the statutes/statutes/structure of the organs in the association. Even if today ethics committees are an integral part of the organizational structure as a rule, they often embody, to the greatest possible extent, the basic orientation of professional ethics. On the other hand, in rarer cases, there are only basic remarks on the procedure of dealing with ethical guidelines and hardly any arbitration or mediation committees. Democratic structures in society and politics make a clear distinction between their legislative and executive branches. If this does not happen in a training institution or in a professional association, abuse of power is anchored, potentially and structurally. At this point, I do not want to go further into specific dynamics of the abuse of power.

From a psychoanalytical and organizational point of view, one can also understand what happens in a psychotherapeutic organization in terms of the self-idealization of the functionaries. One of the roots for this is "...the ambivalence of the idealization, of the person... (of the school founder, the author) who consequently withdraws this idealization through a collective identification with... (the school founder, the author), which leads to the self-idealization of... (the person responsible for training, the author) as the guardian of the true teaching and the pure gold of... (the respective psychotherapeutic method, the author). This is about the longing for the appropriation of the creative capacity of the founder of the ... (own psychotherapeutic school, the author) and the appropriation of the father's phallus with all the aggression contained therein directed against the father" (Zagermann, 2014, p. 28). Unfortunately, it is not possible for me at this point, although this is appropriate, to respond to specific dynamics of abuse of power.
"Helpful work" in the field of tension between service, successful occupationalization, and reflexivity

"Helping work" with people is counseling, therapy, psychotherapy, coaching, supervision, and mediation. Moreover, a promising, successful, but also lucrative service sector has developed, which is being used by more and more people. If the work, and by this I mean the "helping work" with people, was initially based on a specific, often personally supported motivation, it has varied, been specified, and technically and substantially developed over the last 30 years. In the beginning, it was personal initiative, individual commitment, or the endeavor of educational institutions to professionalize "helping work" to justify it scientifically and to test it or to make it verifiable, but the way was paved for what could be called occupationalization.

As previously stated, occupationalization is characterized by, among other things, scientification, institutionalization, and expertise, especially in the field of "helping work" in which a positive professionalization has developed to the extent that in many cases a social-scientific orientation and an increase in reflexivity have become visible or a leading paradigm. The sociology of professionalization therefore states, and this applies in particular to "helping work", that the fact that psychology can no longer claim to offer an objective and reliable truth, but at most a plurality of transient truths, can compel one toward reflexivity, which is guaranteed precisely by the social sciences. One can regard the development process of qualification, occupationalization, professionalization, and development of professional ethics as successful, even if in individual cases there are quite different developments in the fields of counseling, coaching, psychotherapy, and supervision. They can only be compared to a limited extent. Structurally or sociologically, however, they are subject to a similar dynamic.

Determination and implementation of ethical guidelines

The need to develop and define professional ethical guidelines arises from the special need to protect the people being helped, be they clients or patients. "Comparable to the situation between parents and children, patients are entrusted with their care and are therefore also largely unprotected against abuse of psychotherapeutic power" (Schleu, 2018). However, it also results from the potential and/or structurally conditioned danger of abuse of power in organizations. Finally, the necessity also arises from the fact that the persons involved are in some cases in complex dependency relationships. This is how one meets others as a colleague, as a trainer, as a certifier, as an ethics officer, etc. The possible danger of narcissistic abuse of power as well as of role diffusion or overlapping in principle can be counteracted by professional ethics. However, this can also be seen as an expression of the general defense against ethical discourses (Tibone, 2017). One is the opinion that it would be sufficient to have ethical guidelines. If the ethical body of rules then lacks information on implementation and application of the guidelines, or on the structure of the procedure, it is to be feared that the ethical guidelines thus formulated will have more of the character of an announcement. A specific form of concrete defense in individual cases can be the behavior of members, namely "preferring not to learn anything about the cases and to have to vote on them at all, but to leave the decision to the board or the arbitration commission (the author: insofar as there is an arbitration commission) itself" (Tibone, 2017). In principle, one can understand such a pattern of behavior as arising from the unconscious imagination; "ethical principles and legal norms would .....be superego norms to be rigidly combated" (Tibone, 2017). This also seems to be part of a great narcissistic fantasy that can be understood as an expression of one's own powerlessness in the occurrence of serious
border violations.

The reflections of Richter (1963), Schmidbauer (1977), and Willi (1975) on the specific role relationships, diffusions, and collusions point to two typical (helper) role types. "Either the therapist seeks a substitute in the patient for an aspect of his own self (narcissistic projection) or he wants to urge the patient into a role of being a substitute for another partner (transference)" (Wirth, 2007).

In principle, it seems as if these role types could also be transferred in principle to organizational relationship patterns. If such a role dynamic serves the therapist to stabilize the fragile self-esteem through admiring dependency, one could fear that many dependency relationships, especially in educational institutions, embody a special form of organizational dependency.

Possible differences in the formulation and design of these ethical guidelines are due to the particularities of the respective occupational group, the respective professional association, or the specific training organization, or the respective level of professionalization. On closer examination of the established ethical guidelines, however, two aspects stand out, as already mentioned. On the one hand, there is often no detailed definition of implementation rules, namely a procedure for dealing with the ethical guidelines. On the other hand, quite a number of professional groups or associations or institutes find it difficult to apply and implement the ethical guidelines in practice if they are applied in practice in individual cases. There are very different reasons for this. I would like to briefly mention a few of them at this point:

- The circle of relevant, interrelated persons within the scope of the established ethical guidelines of an institute is so small (one is so familiar) that there are no representatives who would have sufficient distance, neutrality, and objectivity for the professional application of ethical guidelines.
- The drafting of ethical guidelines, in addition to their implementation and handling, can often collide with the internal (power) dynamics in the respective association/institute/profession. Thus, the procedure for dealing with ethical guidelines rather reflects power interests that are expressed in the respective procedure/handling of the ethical guidelines.

- Even if there are ethical guidelines, perhaps even references to the procedure or effects/consequences, the respective ethics committees have no arbitration function. Ethics committees then tend to have a subordinate function or fulfill orders from the superordinate (power) committees in the respective organization. This is an explosive dilemma at a time when the higher-level body itself is part of the ethics case.
- Even if at best the ethics-committee and the mediation-committee are structurally anchored, specific difficulties may still arise in individual cases. If no relevant solution/arbitration can be found in the treatment of a specific ethics case, there is no regulation as to how to proceed. Which instance is then addressed? Which next higher function can then help? In my opinion, the corresponding responsibility for dealing with such special cases must be structurally anchored.

"Helping work" and dealing with legal provisions

Occupationalization and professionalization, or legal regulation of professional activities, absolutely require a legal orientation. This is reflected in a basic orientation, in a specified guideline, but also in concrete tools, in application-related toolboxes.

Christof Stock's book "Rechtlicher Leitfaden für Beratung, Therapie, Psychotherapie in humanistischen Verfahren" (Legal Guide for Counselling, Therapy, Psychotherapy in Humanistic Procedures - Coaching, Supervision, Mediation; A manual for psychosocial professions, Verlag für Humanistische Psychologie, Cologne) is a concrete, pragmatic, meaningful, and relevant guide.
This legal guideline for counseling, therapy, and psychotherapy in humanistic procedures only refers to the German situation, and yet his proposals can be helpful for colleagues in other countries. The structure of Stock’s book can be transferred to other countries; the concrete legal provisions of each country has then to be added.

Whereas in the past, according to Stock, when there was "sand in the gearbox", one could perhaps get everything running again with a "screwdriver" or a little common sense, it is more advisable today to go to a specialist workshop. Therefore, why, one might ask, should one concern oneself with legal questions, even if the law seems to have become so complicated that it would perhaps be better to consult a lawyer?

Stock addresses those “human-workers”; I would also like to address those persons who are active in helping, namely those who are active in the field of counseling, therapy, etc. This activity presupposes knowledge of where one stands as a service provider.

The relationship with the clients is a professional-personal relationship, and thus, also a legal relationship. In the background, there is always a legal framework to be pointed out and explained. It must be taken into account that this is not a voluntary service, but an obligatory, binding, and, if necessary, legally enforceable service.

In the first part of his book, Stock describes the legal bases on which a consultant, therapist, etc. operates. In the second and third parts, he deals with the legal position that can be taken as an employed person in general or in a specific occupational field. Understandably, there are clear differences between the consulting field, the therapeutic field, and the psychotherapeutic field.

In Part 4, Stock deals with the relationship between the "human worker" and the client/patient. This, of course, is characterized by trust, good chemistry, personal circumstances, and by certain obligations. Stock explains in detail what this means and, above all, how one takes this into account, satisfies the information requirement, observes confidentiality, guarantees digital communication, complies with the abstinence requirement, etc.

The fifth part refers to the surrounding dimension, the health and social system, and one learns about triangular and quadrangular relationships "which can make their contribution to the financial security of employment". Finally, in the appendix, Stock offers sample texts that can be used as a legal toolbox.

To explain briefly, the book fills a clear gap in the context of the professionalization of psychotherapy, coaching, and supervision. It is a careful, detailed, clearly understandable, and experienced book on a subject that is usually only neglected in the context of training and practice. Stock is a proven connoisseur of the subject, having been involved for more than 25 years with the legal questions of the profession, in particular with questions of ethics. His experience before all German courts up to the Federal Constitutional Court is reflected in the thoroughness and comprehensibility of his remarks. I highly recommend this book. It is necessary in the practice of every colleague.

**General and discursive ethical guidelines**

Stock also quotes the ethical guidelines of the German Association for Gestalt Therapy. He emphasizes how important it is to develop ethical guidelines, and to give the ethics committee an arbitration function. It becomes complicated when role conflicts arise. In order to maintain the necessary objectivity and distance, members of the ethics committee should not have any further function in the association. Furthermore, they should have no further role relationship with the persons concerned, be it through (previous) training or through specific project work, if necessary, external experts would have to be called in.

Moreover, professional regulations, laws, and ethical guidelines of a professional
organization may collide. This is particularly the case if, for example, a training institute operates on a national level and at the same time as an affiliated or accredited institute on an international level. The latter would be expressed in the fact that there is, for example, a European or international company that develops and controls the training curricula and awards accreditation to local or regional institutes after a qualified examination of a corresponding application.

What should be done in such a case? How does one deal with a possible collision between ethical guidelines and possible impact on the accreditation/license?

Finally, professional ethical guidelines in the sense of ethical goals can only have a concrete effect if concrete criteria have been formulated for achieving these ethical goals. These can be of a general nature (e.g., prohibition of sexual relations with patients/clients). However, these should always be formulated concretely enough; they must make sense in relation to the corresponding professional context and must be achievable or feasible. If one understands the role and function of professional ethics in this sense, then a constant review, redefinition, and alteration is required in order to be able to adjust to the changing social and professional reality in a process-oriented manner. What was frowned upon or even prohibited some time ago or earlier within the framework of professional ethics can change over the course of time into a reorientation in line with social development. Here is an example: In the past, the therapist may have shaken the patient’s hand to greet him/her during the first conversation, and only shaken his/her hand a second time to say goodbye in the last therapy session. However, today, there are quite different forms of greeting. Some do it like the therapists used to; others perhaps greet each other with a hug. Some say "Du" (the German salutation for friends and family); others stay with the "Sie" in the mutual address (the official salutation for business and public).

Ethics in the field of "helping work" therefore consists of indispensable, unchangeable, and fixed codices (e.g., no sexual relationship) and others that have grown out of the concrete social and cultural development in each case.

Thirdly, there are codices that have a scenic and processual effect in individual cases.

Beauchamp and Childress have formulated six ethical principles, which belong to the fixed, to be fixed, not changeable, and basic ethical principles. They serve as basic orientation. In addition to the "principles of respect for autonomy, care, equality and justice, truthfulness, confidentiality, this also includes the principle of non-harm” (Schleu, 2018, p.16). In this respect, the requirements of professional law and professional ethics go beyond the rules of the Penal Code.

The principles formulated by Beauchamp and Childress must be concretized and weighed against each other in individual cases. Thus, for example, the principle of damage avoidance in the sense of refraining from harmful interventions may conflict with the principle of social welfare. Interventions could play a role as harmful interventions, which should of course be avoided, especially in the case of "intervening therapies". However, damage can also be caused in economic terms by the fact that psychotherapies last longer than professionally indicated. Such relationships are tantamount to dependency relationships, which are not only a malpractice, but also a violation of ethical principles.

Epilog

Becoming a psychotherapist is a personal career choice. The activity relates to the concrete needs/problems of the client and takes place within the framework of professional diagnostics and indication. This activity is also embedded in a legal as well as organizational-institutional framework.

Professional ethics shapes the character of the respective "helping work" in the
therapist-client or client-consultant-relationship, or in the relationship of colleagues within the organization. In addition, ethics determines the role, function, and meaning of the activity carried out in the organizations/institutions developed within the framework of the profession.

Finally, ethos characterizes the personal attitude/conviction of the people working in the field of "helping work".

The current debate about professional ethics and the concrete implementation/application therefore currently represents a central and significant challenge for each individual. To face this challenge is a permanent characteristic of one's own professional activity. It accompanies one concretely, every day in the therapy/consultation process. Nevertheless, it also corresponds to an implicit demand within the field of "helping work" to live together with others in discourse.

Only if it is possible to develop a consistent theory independent of the founder of the school, which then triggers its own dynamic of development according to its implicit logic, can the school develop further on the subject level.

That is why psychotherapeutic organizations are considered the best in the relationship with the founder; only if it is possible to "kill" the founder, will the former students become adults and capable of learning (Simon, 2008, p. 193). Psychotherapists should not lose sight of this dynamic. To face it processually seems to be both a categorical imperative (Kant, 2011) and an ethical one (von Foerster, 1993).

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