CODE OF ETHICS

THE INTER-REGI0NAL SOCIETY OF JUNGIAN ANALYSTS

The members of the IRSJA have agreed upon the following Code of Ethics:

This code governs all analysts, affiliate members, and training candidates of the Inter-Regional Society of Jungian Analysts (IRSJA). Analysts, affiliate members, and training candidates[1] must conduct themselves according to the highest ethical standards in their professional work and must hold the interest of their patients and consumers[2] to be paramount. The responsibility to maintain professional ethical standards is central to being an analyst.

Breach of any of the following ethical rules constitutes serious misconduct and may result in suspension or expulsion from the IRSJA.

Each IRSJA member and candidate must comply with the laws of the jurisdictions in which they practice.

The IRSJA code is based on the ethics code of the International Association of Analytical Psychology (IAAP). We acknowledge and thank our colleagues for their contributions.

The provisions of the IRSJA code are not to be construed as creating any legal liability, either civil or criminal.

1. Responsibilities of Analysts in Relationships with Patients

A. At the start of treatment, analysts must state clearly in writing to patients the terms and conditions of treatment, such as meeting times, frequency of sessions, fee arrangements and cancellation policies. Analysts must maintain these terms and conditions.

B. Financial dealings must be restricted to matters concerning professional fees.

C. Analysts must refrain from holding dual professional roles with patients such as faculty advisors, individual or group case consultants, clinical supervisors, employers, etc.

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[1] For the purpose of this document, the term "analyst" shall include all certified analyst members and affiliate members of the IRSJA and all training candidates enrolled in the IRSJA Analyst Training Program.

[2] The term "consumers" refers to all persons who receive the professional services of an analyst, including Jungian Analysis, psychotherapy, instruction, clinical consultation, clinical supervision and other services related to analytic training, regardless of whether these services are provided for a fee, on a pro bono basis or through the analyst's volunteer work.

D. If the analyst's spouse or domestic partner is also an analyst, the spouse/partner must not provide professional services to their spouse's patient, such as faculty advisor, individual or ongoing group case consultant, clinical supervisor, employer, etc.

E. When an analyst treats a minor with a parent present, the analyst must take reasonable steps to clarify in writing to all involved that the minor is the patient.

F. During treatment, restraint must be exercised in any social contact with a patient and/or the patient's spouse, partner, or family members. After treatment concludes, analysts must remain aware of the possible continuation of transference feelings and use discretion in social contacts.

G. Confidentiality and the preservation of patients' anonymity are of primary importance. When publishing or presenting clinical material, analysts must disguise patients' names and identifying information. Analysts must obtain a patient's written consent prior to publishing the patient's exact material. Exceptions to confidentiality may occur in the event of a lawsuit, to comply with a court order, when the law requires a breach of confidentiality, as in the case of child or elder abuse, or to warn of danger to the patient or to others.

H. Analysts must not engage in sexual relationships with patients or take any sort of personal advantage that transgresses professional boundaries. Terminating analysis or psychotherapy in order to engage in a sexual relationship is unethical.

I. Analysts are encouraged to seek alternatives to providing concurrent individual analyses to spouses, significant others or members of the same family, and/or to providing couples or family therapy concurrent with the individual analysis of one or more closely related individuals.

Analysts providing concurrent analyses or psychotherapies must give careful attention to avoiding conflicts of interest, and they must consider whether potential transferences or countertransference could adversely affect the patients or their treatment.

Analysts must obtain written informed consent prior to beginning concurrent therapies, which must identify risks that may be associated with concurrent therapies, including potential issues with boundaries, confidentiality, and triangulation.

2. Responsibilities of Analysts in Relationships with Training Candidates

A. Case Consultants, clinical supervisors, and control analysts must not, in any way, take advantage of their greater authority in their relationships with training candidates who are receiving their services.

B. Analysts must not become sexually involved with, exploit, or take any advantage of training candidates whom the analyst has evaluated, graded, or recommended for advancement. Analysts who have had close personal relationships with candidates in the past must recuse themselves from all forms of evaluative roles with those candidates. Analysts must exercise caution after teaching, consulting or supervisory relationships have ended due to the possibility of ongoing unresolved transferences which may have arisen.

C. Analysts with ongoing involvement in the training of IRSJA candidates must consider that a sexual relationship with a training candidate may affect others in the training cohort, even if the analyst is not working professionally with the candidate with whom they are partnered. Analysts are encouraged to report any current or previous familial, sexual, or close social relationships with candidates to the IRSJA Director of Training (DOT) and follow the DOT's recommendations.

3. General Personal Responsibilities

A. Analysts must not claim to possess qualifications which they do not possess.

B. Analysts must give proper credit and reference to the contributions and publications of colleagues. Analysts must not plagiarize.

C. Analysts must not continue to practice if they become seriously or persistently impaired, whether by alcohol or other substance use, by a physical or psychological illness, or by any severe stress that would impair their ability to exercise adequate skill and judgment.

D. If an analyst is convicted of a criminal offence or is found to have engaged in unethical professional behavior by a professional body or licensing agency, it is their duty to inform the President of the IRSJA of the legal, professional, or licensing decision, together with the relevant facts.

4. Responsibility to Report and Appear Before the Ethics Committee

A. It is the responsibility of IRSJA members to seek help and report their own unprofessional conduct to the IRSJA Ethics Committee. Self-reporting will neither relieve the member of responsibility for any misconduct nor preclude remedial recommendations or disciplinary actions by the IRSJA Ethics Committee.

B. When an IRSJA analyst has evidence of a colleague's misconduct it is their responsibility to inform the IRSJA Ethics Committee, except in cases where patient confidentiality must be maintained. When a member of the IRSJA becomes aware of the unethical or unprofessional behavior of a colleague, they should first address the behavior in question

with the colleague, and if warranted, encourage consultation or further personal analysis. If the analyst cannot address their colleague directly and/or needs to maintain a patient's confidentiality, they may contact the IRSJA Ethics Committee Chair.

C. When an analyst is asked to respond to a formal ethics complaint to clarify a possible breach of ethics, refusal to meet with the IRSJA Ethics Committee and cooperate in good faith could itself be the basis for a separate charge of unethical behavior. Non-compliance could be grounds for Ethics Committee action, including a recommendation of suspension or expulsion from membership or training in the IRSJA.

Adopted April 24, 2026