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CLIENT WELFARE
IN PSYCHOLOGISTS' ETHICS CODES
– A VOICE IN THE DEBATE

The point of departure for the remarks made in my text is Katarzyna Sikorska's paper, opening a debate on ethical issues involved in the profession of psychologist. The paper itself is, in my opinion, a solid presentation of these issues as they appear in international and Polish codes. Against this backdrop, my remarks concern the situation in Poland. They describe this situation as advanced disintegration of the community of Polish psychologists caused by the weakness of Polish Psychological Association (PTP) and by the failure to take into account the cultural rootedness of most treatments used in psychologists' work. The latter remark refers to the failure to take into account both the cultural identity of clients and the cultural rootedness of products imported into the country.

Keywords: professional ethics, ethical code, cross-cultural psychology, assertiveness training, individualism.

The Editorial Board of *Psychological Annals* invited me to a polemical debate with the lead paper, authored by Katarzyna Sikora. The subject of this debate is ethical issues in professional codes in psychology. I find the article to be a competent report on the evolution of thinking about professional ethics in psychology worldwide, and also in the Polish context. The paper is informative, especially the part that refers to the Universal Declaration of Ethical Principles for Psychologists, adopted by IUPsyS in 2008 – a document which is not sufficiently known in Poland.

The author has carefully avoided promulgating controversial arguments or even presenting her personal position on the issues she has covered. This is why the paper does not provoke polemics. If I were to make any critical comment, it would be about the lukewarm style of her paper; and hence I doubt it has sufficient potential to stir up debate among Polish psychologists. It would be a loss though, since the importance of ethical matters should be highlighted as much as they are marginalized among us. The current situation is like this because the professional community is largely disintegrated and Polish Psychological Association (PTP) has no sufficient authority to represent it and articulate its needs efficiently.¹

PSYCHOLOGY IS NOT CULTURALLY NEUTRAL

My subsequent remarks will be dedicated exclusively to the cultural context of performing the role of a professional psychologist. The reason for this is my own field of work and also relevant passages in the Universal Declaration that Sikora refers to:

Whatever the starting point of ethical discourse in psychology may be, the issues of multiculturalism cannot be avoided. The basic question here concerns the possibility of establishing a universal set of ethical standards, independent of the culture in which psychologists work (p. 11).

Let me start with the idea expressed in the title of this section: contrary to other professions aiming at the improvement of human life quality, psychology is not culture-free. In medicine, the diagnosis and treatment of flu or malaria, for instance, are the same for Africans and Europeans, even if the incidence of those diseases differs largely between the two continents. It is an entirely different matter in psychology, where the criteria for what is considered a problem are cultural, not naturalistic. I will elaborate on this position in two points: (i) the cultural discrepancy between the psychologist and the recipient of his or her services; (ii) the cultural characteristics of psychological treatment methods.

¹ I attempted to address the weaknesses of PTP in the first version of this commentary, but since it needed to be shortened for reasons of space allotted, the topic has been skipped.

Psychologist–client cultural discrepancy

Let me start my remarks by referring to the process of acculturation, which affects millions of individuals and their families settling in Europe as immigrants. Multiple problems of adaptation are unavoidable; some of them are family-related.

Thus, we (psychologists) are confronted with a wide range of family types: from polygamous marriages and extended families among immigrants to recomposed families, one-parent homes, and unmarried couples in the postmodern European society. The spectrum of gender roles and intergenerational relations is also very broad. The liberal system of bringing up children is restricted to the minority of humans known as WEIRD² people (Henrich, Heine, & Norenzayan, 2010). An authoritative or authoritarian model of parents–children relations dominates in Arab-Muslim families (Filus, 2011) and in a majority of cultures beyond the West. Family collectivism (familism) is one of the essential differences between WEIRD culture, which psychologists and their tools belong to, and the rest of the world (House et al, 2004; van de Vliert, 2011; Boski, 2009, ch. 4).

There is little chance for psychologists to practice outside their WEIRD world; it is much more likely that they encounter immigrants and their family adaptation problems where professional intervention may be necessary. To become professionally efficient and ethically responsible, the European psychologist of our times must abandon his or her ethnocentric, liberal view of what is “normal” and assume an ethnorelativist orientation; that is a new lens which will enable the psychologist to view problems from the perspective of his or her clients (Bennett, 1993; cf. Boski, 2009, ch. 14). This is not to say that solving problems according to the standards of the immigrant’s culture of origin is recommended. The context of acculturation necessitates a negotiated process of adaptation. What is incorrect is an explicit or implicit evaluative perspective on differences, using such prejudicial terms as: authoritarian, patriarchal, male chauvinism, sexism, fundamentalism, etc. It is quite possible that shaping an ethnorelativist orientation in a psychologist’s professional make-up is even more difficult than initiating a similar change (though in the reverse direction) among immigrants: it requires a reexamination of many assumptions instilled in the course of her/his former education and training. Without such multicultural

² This acronym expands to Western - Educated - Industrialized - Rich - Democratic and refers to about 17% of the global human population, to which psychological knowledge and practice are restricted.

competence, the work of a certified psychologist may bring more harm than good by violating the principle of *primum non nocere* and the Universal Declaration of Ethical Principles.

The above comments refer mainly to the professional practice of psychologists in Western EU countries, where immigrants are counted in millions. In Poland the problem is still far-fetched and there is time to take preventive measures.

Let me therefore refer to another domain of our work, closer to academic activities. In the last few years, our universities have been changing into international institutions. At the Warsaw campus of SWPS, the number of international students has nearly reached 500. This presents a huge challenge and work opportunity for cross-cultural psychologists facilitating their cultural adaptation.

We know from the literature and experience, for instance, that East Asian students are less active in class, which is considered – in our cultural context – a deficit. These differences have a long history; their roots date back to antiquity. What I am referring to is Socratic vs. Confucian learning styles. The former is based on dialogue, where partners debate an issue using rational/logical arguments. The latter assumes the dominant role of a teacher-master and a long process of diligent skill acquisition by his student (Tweed & Lehman, 2002). The passivity of East Asian students stems from these cultural assumptions. Moreover, their performance quality deteriorates with active public participation (Kim, 2002). Psychologists working with international students should acquire such essential knowledge rather than embark on common sense encouragement to become more active during classes.

In these examples, moral and competence issues are interwoven. A lack of cultural competencies leads to unintentional mistakes which affect recipients adversely. It is an open question whether ignorance should be regarded as a factor in apportioning blame or not. In any case, the following metaheuristic is advisable: *“If you have no knowledge or competence on the cultural embeddedness of individual or group psyche, refrain from a simple extrapolation of the rules that you would apply in your work with people with whom you share a similar cultural programming.”*

*The cultural characteristics
of imported psychological treatment methods*

“Contact a physician or pharmacist before treatment. Inadequate application of this drug may be hazardous for your health or life” – this is the required formula for any product distributed on the pharmaceutical market. Leaflets must

also inform about all known side effects and conditions in which application is not recommended. I know of no cases of a similar warning being formulated by psychologists about the outcome of their services.

A more detailed discussion of assertiveness training (AT) follows, since it has been very popular in Poland during the last two decades (more on this in: Boski, 2009, ch. 14).

Assertive life and communication style is defined by the following elements: setting and maintaining psychological barriers that block others and hinder their efforts to transgress the psychological boundaries of the self; clearly signaling to partners our feelings and preferences regarding their behavior; the ability to manifest personal displeasure and unwillingness to comply with expectations, requests, and other forms of social influence; manifesting self-esteem and setting own conditions for social interaction (Król-Fijewska, 1993).

Assertiveness is a crystal clear marker of cultural individualism. A person is conceived here agentically, as active in pursuing her/his individual goals; others may obstruct these activities and invade privacy. One's self ought to be protected against such intrusion with a warning sign posted at the property: "trespassing will be prosecuted." Assertiveness leaves no room for communal feelings, and cooperation is restricted to business relations. Assertiveness is incompatible with humane orientation and such values as politeness (Boski, 2009, ch. 7).

In the context of Confucian culture, where social harmony and fitting in take precedence over self-enhancement, assertiveness is considered to be a sign of social immaturity (Rothbaum et al., 2000); similar conclusions can be drawn from numerous studies by Steve Heine (2005).

No one has assessed the effects of the wave of assertiveness trainings practiced in business companies and administration in Poland. It seems, however, that they have not contributed to any increase in trust and cooperation spirit, so deficient in our society. The central phrase learned during the training: "*I understand such is your opinion but it is not mine,*" is considered to be an instigation or provocation of conflict.

Conditions limiting the applicability of AT should be clearly formulated in and enforced by an ethical code. Here is how I see them:

1. The social behavior of AT participants may cause consternation in their partners, unaccustomed to such novel, assertive conduct;

2. In a social group composed of people who have gone through the AT experience and those who have not, there may be difficulties in task performance if integration is needed. The current organizational culture may be strained;

3. The boundary between assertive expression of one's position and verbal aggression is fluid, particularly when work (life) conditions become objectively difficult;

4. AT brings negative social consequences when the central values to be maintained are: social harmony, politeness, and subordination to authorities.

It should be remembered that any psychological training is a cultural product, usually based on an implicit axiology embedded in a particular culture. For AT and – more broadly – for interpersonal sensitivity training, it is the axiology of radical individualism (cf. Jedliński, 1997), a conviction that striving to achieve personal goals is of paramount value, which should be strengthened and supported by professional psychologists, who facilitate their clients' self-actualization. A majority of trainings available on the market are American products, no less than *McDonald's* sandwiches. It is usually assumed that they may be consumed and digested, as psychological nutrition, by all people around the world, offering not only a *Happy Meal* but also a *Happy Life*.

Adequate cultural knowledge suggests a different position: **AT or interpersonal training is a product of American culture, destined for use within that culture; transferred across the borders, it becomes a method aimed at the Americanization of other cultures and their people.** It is the ethical responsibility of psychologists to reflect on this truth and – at the very least – to ask the recipients of their services if they would like to become Americanized that way.

When the introduction of psychological trainings and of some psychotherapies that originated in a different cultural context is left without a deep reflection on the underlying values, it is a sign of carelessness and ethical irresponsibility; it violates IUPsyS Universal Declaration of Ethical Principles. Katarzyna Sikora has rightly turned our distracted attention to the ethical problems that deserve quiet and systematic group reflection, detached from busy everyday life. There is no convenient climate for such challenges in Poland today. Psychologists operate on a competitive market where getting contracts and clients is their priority. The lead article is written in a neutral, academic style and, as such, not very likely to be the cat set among the pigeons. My goal was to bring the discussion to more down-to-earth matters. This may increase the chance of stirring a debate, though skepticism remains.

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