

JERZY MARIAN BRZEZIŃSKI
Adam Mickiewicz University, Poznań
Institute of Psychology

ON TWO KINDS OF “RECIPIENTS” OF PROFESSIONAL ACTIONS UNDERTAKEN BY PSYCHOLOGISTS

In the article, the author introduces a distinction between two types of recipients: individuals (institutions) seeking the assistance of a practitioner psychologist, and practitioner psychologists, who use the results of the work of research psychologists in order to make their assistance ethical and effective. The article stresses the role of methodological awareness (as important as ethical awareness). The central idea of the paper is R. Rosenthal's thesis: “Bad science makes for bad ethics.”

Keywords: methodological awareness, ethical awareness, psychologist, human participant, integrity, ethical standards.

Ethics codes, whose aim – as intended by their creators and by professional corporations of psychologists (e.g., APA, BPS, or PTP) – is to regulate, on the ethical plane, the services provided by psychologists to “recipients” (to use the term introduced by the author of the discussed article) see only “simple” relationships:

Relationship I: (1) **practitioner psychologist** providing certain services and (2) the **recipient (individual or collective)** of these services: diagnostic (e.g., testing the ability to work as a driver), assistance (e.g., providing psychotherapeutic services), or expert (e.g., determining the degree of mental disability in cases of invalidity pension applications; acting as an expert witness).

Relationship II: (1) **psychologist as a researcher** and (2) **human participants** (further referred to as HPs). Admittedly, the psychologist as a researcher does not provide – not directly, at any rate – any services to HPs (e.g., does not subject HPs to psychotherapy at their clear request), except when this is included in the study scenario. Anyway, the aim is to obtain a result that, when seen as part of a larger whole, will serve to confirm or falsify a research hypothesis.

Still, I think there is one more relationship, a more complex one, that has to be distinguished – and to this relationship I would like to devote a few words:

Relationship III: (1) **psychologist as a researcher**, whose scientific achievements give meaning to and distinguish from shaman's the work of (2) the **practitioner psychologist**, who enters into a kind of “direct” contact with (3) the **recipient** of his/her services. Let us emphasize that it is the “quality” (validity, reliability) of the psychological theories and pseudo-theories (e.g., Bert Hellinger's family constellations) as well as diagnostic methods (psychological tests and pseudo-tests, such as the *Leopold Szondi Test* [sic!] or *Charles Koch's Tree Test* [sic!]) developed by the research psychologist has decisive influence on the quality of services provided by practitioners to their direct recipients.

The practitioner can therefore be said to act in a double role. The first role is that of a recipient of specific products of generations of psychologists as researchers, whose achievements in the field of science (in this case: psychology) formed him/her as a practitioner. It is their accomplishments that allow him/her, precisely as a practitioner, to act not only effectively but also ethically. What is more, full-time university studies should make him/her immune to scientific rubbish such as NLP and teach him/her to know better than to include it in the professional portfolio. When assimilating psychological theories and mastering in practice the diagnostic and assistance methods developed on the basis of these theories, he/she is ready to undertake ethically acceptable professional activity. I write: “is ready to,” since despite familiarity with the achievements of contemporary psychology (and sometimes even in defiance of them), a psychologist may – driven by motivations other than scientific (e.g., to become rich, to satisfy some of his/her needs, to be popular, etc.) – consciously perpetrate various kinds of abuse. A psychologist may also – as everyone of us is subject to the law of Gauss's curve (IQ in the population of psychologists has normal distribution, too) – misinterpret a theory or wrongly use a correct diagnostic or assistance method. Finally, scientific rubbish may be hidden under the cover of science (cf. Witkowski, 2009). And, what is worse, the scientific status may be granted to them by a pseudoscientific training institution or a third-rate college (for a country as small as ours, we have more than enough of those).

The main ethical problem revealed here is best conveyed in Robert Rosenthal's succinct sentence (1994, p. 128): "Bad science makes for bad ethics." I shall yet return to this ethical snag. Plainly speaking, practitioner psychologists are – such is my impression after a few decades of academic work – very prone to all kinds of novelties and, unfortunately, very naive. The state is partly responsible for this, since it fails to cope with the overabundance of "higher" education institutions offering (one is tempted to write: selling degrees) full psychological education (five years of uniform graduate studies) as well as – starting from this year – bachelor's degree education (!) and is unable to cope with the access of nonprofessionals (such as the so-called bio-energy therapists – see the very rich offer available in the Internet, e.g., sending energy over a distance) to the practice of the profession of psychologist. How many years has it been since PTP and major universities started their struggle for a legal protection of the profession of psychologist as a profession of public trust? All this makes the practitioner psychologist a recipient not only of strictly scientific theories proposed and tools developed by academic psychology but also (to an increasingly large extent) of "trendy rubbish" (a term borrowed from the above-cited Witkowski, 2007). This must evoke concern.

Katarzyna Sikora feels lost and confused in "the forest of psychological practices" (to paraphrase Umberto Eco's vision of a wandering reader who has got lost while roaming the forest of literary fiction). She writes:

“. . . Given the variety of concepts of good in ethics, it is difficult to determine what client welfare means in psychology. The situation is also complicated by the diversity of forms that psychologists' work takes and by the variety of theoretical paradigms of psychology itself, manifesting itself especially in the area of psychological practice. In this situation, even if codes are not the only sources of knowledge concerning the psychologists' understanding of client welfare, they are still the sources in which the concept is most clearly formulated” [p. 604, emphasis by J. M. B.]

I know, of course, that ethics codes (e.g., APA, 2010; EFPPA, 1995; IUPS, 2008) draw the attention of their addressees (psychologists) to the fact that they should respect the dignity of the recipient of professionally provided psychological services and that this responsibility is also (I would say, more forcefully: above all) connected with the scientific justification of such activity – with the capability of practitioner psychologists to reflect on the scientific justification of what they do in the name of helping others, with full readiness not to undertake actions that lack sufficient grounding in contemporary psychological theories and in contemporary instruments (let me draw attention to the pseudotests flooding psychological practice, for how is it possible that a person with a master's degree

in psychology reaches – here and now! – for *Terman's Test*, advertised in the Internet?). It is in this spirit that I interpret two (except: **2.1 Respect for a Person's Rights and Dignity** and **2.4 Integrity**) out of four *Ethical Principles* (cf. EFPPA, 1995):

2.2. Competence

Psychologists strive to ensure and maintain high standards of competence in their work. They recognize the boundaries of their particular competencies and the limitations of their expertise. They provide only those services and use only those techniques for which they are qualified by education, training or experience.

2.3. Responsibility

Psychologists are aware of the professional and scientific responsibilities to their clients, to the community, and to the society in which they work and live. Psychologists avoid doing harm and are responsible for their own actions, and assure themselves, as far as possible, that their services are not misused [emphasis by J. M. B.].

My opinion is this: practitioner psychologists, the “providers” of particular services, are dependent to an extent larger than we think on scientific theories and the diagnostic and assistance methods based on them – also because all their intentional actions with regard to the recipients of their services are heavily charged with the ethical factor. I also think that, starting from the first year of full-time graduate (and only graduate) studies in psychology, it is necessary not only to stress respect for human dignity and human rights (which is the content of Principle 2.1 of the EFPPA code cited above), but also gradually shape ethical as well as methodological awareness as the curriculum content is successively introduced (cf. Brzeziński, 2012, 2013). Especially the latter awareness, which I believe to be unjustly overshadowed by the former, deserves much greater attention both from those psychologists who work in direct contact with the recipients of their services and from those who may be called “providers” of higher-order services, from the level of creating scientific (!) foundations (and justifications) for the activity of practitioner psychologists.

The problem is not, as Sikora writes (p. 604), that “The situation is also complicated by the diversity of forms that psychologists' work takes and by the variety of theoretical paradigms of psychology itself, manifesting itself especially in the area of psychological practice” [emphasis by J. M. B.]. The “diversity of forms” of work, if it stems from recipient's needs that are scientifically justified and individualized according to the profile of recipient, should not only present

no problem for psychologists well-prepared for their work (graduate studies + postgraduate studies + in-service training courses run by certified institutions, not by swindlers or confidence tricksters) but would even be recommended. So, this is not where the problem lies, and consulting vague codes will not solve anything. As regards psychology having "multiple paradigms" – this should not surprise us. The multiplicity of paradigms, if it is grounded in the scientific method and not in shamanic declarations pretending (words, words, words...) to be scientific, is a normal thing in science. The professional functioning of the psychologist should be based on the following triad: PSYCHOLOGICAL THEORIES (plural!), METHODS, and PRACTICE. Therefore, practice not grounded in scientific theory (such as Bert Hellinger's family constellations, to use that example again) is wrong, irresponsible, and simply unethical (in the sense explained by Rosenthal's words cited above, for instance). Likewise, the so-called Szondi "Test," which does not have *theoretical validity* (as defined in Cronbach & Meehl, 1955), should be excluded from diagnostic practice instead of being recommended for use by individuals with psychological qualifications or sold in Poland by a store under the auspices of a professional and scientific psychological institution (the same refers to *Ch. Koch's Tree "Test"*).

Psychologists' awareness of the limits of their competence means, first of all, accurate awareness of their own methodological competence – after all, this is the very foundation and their "scientific conscience." In this context, it is necessary to quote the words of the great philosopher Kazimierz Ajdukiewicz (1965, p. 175):

The norms of correctness of a scientific procedure that are formulated by methodology are not imposed by it on learned specialists. Methodology reads these norms from the practice of specialists, who approve of certain moves in scientific work and disapprove of others, rejecting them as failed. However, when evaluating their own scientific conduct and that of others, specialists evaluate it in accordance with these norms, though they do not realize them clearly enough to give a verbal report. In other words, learned specialists have a scientific conscience formed by practice but they not always clearly realize the principles that guide the voice of this conscience. Codifying the principles of this scientific conscience is the task of methodology [emphasis by J. M. B.].

Accurate awareness of the psychologist's cognitive "capabilities" was captured in *the principle of rational acknowledgment of beliefs*, formulated by Ajdukiewicz (1958) and also known as *the strong rationality principle*. Most generally speaking, the principle says that the researcher's degree of conviction in propagating a given statement should be proportional to the reliability of its justification, which in turn will depend on the reliability of the method that the researcher

has used in the procedure of confronting the statement with empirical facts. And this is what constitutes the greatest problem for our practitioners, resorting, to put it mildly, to scientifically questionable methods.

Finally, there is one last reference. The ethical character of the psychologist's work stems not only from his/her physically illustrated attitude towards the recipient (various kinds of abuse in psychologist–recipient relationships), but – especially in the case of the “provider” of scientific justifications for professional actions undertaken by the practitioner psychologist – also from what was aptly expressed by Rosenthal (1994, pp. 127-128):

Obviously, research that is unsafe for participants is ethically questionable. However, I propose that perfectly safe research in which no participant will be put at risk may also be ethically questionable because of the shortcomings of the design. . . . Poor quality of research design, poor quality of data analysis, and poor quality of reporting of the research all lessen the ethical justification of any type of research project.

In my opinion, the positive/negative role of the psychologist who provides scientific justification for the activity of the practitioner psychologist is too weakly stressed. Practitioner psychologists detach themselves from the scientific background and, what is worse, they get taken in by charlatans of all descriptions, who quite effectively put on masking colors. Regrettably, the psychologist as a researcher loses this battle against charlatans all too often.

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