

KATARZYNA SIKORA

Jagiellonian University

Institute of Psychology

## AUTHOR'S RESPONSE

In the discussion on my article, a number of important issues have been raised. Despite the variety of opinions, the participants in the discussion were unanimous about the fact that although defining client welfare is essential for professional ethics, it is more important to build a sense of professional identity and to make efforts to obtain accurate knowledge of the nature of the client as a person. Implementing ethical standards into the relationships between psychologists, namely between researchers and practicing professionals, seems to be an extremely important issue. In my response I try to indicate the possible directions of further reflection in this area.

**Keywords:** professional ethics in psychology, internal morality of psychology, client welfare, ethics code.

Answering the above remarks and comments, I would like to thank all the participants in the discussion: firstly, for taking up discussion on a topic so important – as it turns out, not only for me personally – and, secondly, for sharing their unique experience of practicing psychology. The variety of experience and the differences of opinion prove the richness of psychology as a discipline. These differences concerned both basic issues (relativistic vs. absolutist perspective) and specific ones (e.g., the appropriateness of the use of specific terms). However, it seems that, despite all those differences, some issues were raised unanimously, proving that psychologists are able – and willing – to speak with one voice.

THE CLIENT – THE PARTNER – THE PRINCIPAL – THE RECIPIENT?  
FOR WHOM/WITH WHOM DO WE WORK?

The most controversial issue proved to be – in the Polish version of the article – the term “recipient of the psychologist’s professional work.” I had decided to use the traditional term “client” in the English version, due to the fact that in the codes of professional ethics published in English the meaning of the term “client” is explicitly extended to include research participants, supervisees, psychology students, etc., while in the codes formulated in Polish the term “client” functions primarily in the field of psychotherapy. The introduction of the term “recipient” was meant to extend the group of people who are subjects of professional psychologists’ work to include not only research participants, but also students of psychology (the relationship between psychologist as a teacher and psychologist as a student), supervisees (the relationship between psychologist as a supervisor and psychologist as a supervisee), as well as broadly understood society as recipients of professional activities of psychologists. That last relationship cannot be reduced to the principal–contractor relationship described by Małgorzata Toeplitz-Winiewska. It is true that society allows psychologists to practice within it, that – still regarding the issue in terms of contract – it expects certain results of their activities. But is it the same relationship? Is *society* a principal in the same manner as the court ordering the psychological examination of a suspect, the employer ordering the recruitment of employees, or parents ordering a psychological examination of their child? It seems that psychologists, completing their mission to the community, are more autonomous than they would be in a standard contract – the autonomy being characteristic for public trust professions. I agree with Małgorzata Toeplitz-Winiewska that the principal–contractor relationship is inherently different from the relationship between the psychologist and his/her client, and that sometimes those two relationships come into conflict. I suppose that society can be considered as the psychologists’ *client*, but I still consider the term “recipient” more appropriate: society is a recipient of psychologists’ work in a way similar to that in which it is the recipient (not: patient) of physicians’ work. The latter benefit the society not only by individual doctors treating individual patients but also by increasing general health awareness, by establishing the standards of medical care, as well as by disposing of pseudoscientific theories of health and illness and opposing charlatans.

Reserving the term “client” for the specific interpersonal relationship, I introduced the term “recipient” to describe the variety of relationships in which psychologists are involved when performing their ethically charged job. I cannot

thus fully agree with Grzegorz Wiącek, who claims that the term “recipient” implies passivity, although I can understand the specific context of his professional work, where the issues of autonomy, associated with a range of agency available to his clients, are crucial. It seems to me that even in a really difficult situation the person with/for whom the psychologist works is “the client” in the sense referred to by Małgorzata Toeplitz-Winiewska – he/she is the person to whom the psychologist has obligations that take precedence over the interests of the contracting institution or third parties. The question of who is the client, posed by Grzegorz Wiącek, seems to be one of the most important questions in the ethics of the profession, and the first one that the psychologist has to answer when resolving ethical dilemmas. The situation becomes particularly difficult when the client’s severe disability makes it almost impossible for him/her to be a partner in the relationship with the psychologist. The cases from professional practice mentioned by Grzegorz Wiącek reveal fundamental conflicts of values, which have to be addressed before making decisions in specific situations.

Jerzy M. Brzeziński rightly points out that in the codes of professional ethics two relatively simple professional relationships dominate: psychologist–client (in diagnosis and therapy) and psychologist–human participant (in research). He proposes, however, to complicate these relationships by arranging them in a chain: psychologist as a researcher – practitioner psychologist – client/recipient. This arrangement reveals a very important relationship between two groups of psychologists, namely researchers and practitioners. The practitioner psychologist can be considered in this perspective as the recipient of the researcher’s professional work, using the results of that work to provide the highest quality of service to his/her clients. This relationship, the first one in the chain, is no less ethically charged than the second one; contributing to the development of psychology as a science and supporting its application is an ethical demand, and so is the demand that practitioners apply the achievements of scientific psychology in their work. At this point, however, I would like to make this chain still more complex: it is worth taking into account that also the psychologist as a researcher can, at least sometimes, make use of data supplied by practitioners, and that clients have nowadays gained relatively easy access to the scientific literature, which means they may be familiar with and take advantage of researchers’ achievements. This is where yet another demand appears, both ethical and methodological: research results should be communicable, also at the level of popular science.

In his polemic response, Jerzy M. Brzeziński paints a rather pessimistic picture of the relationship between the communities of psychology as a science and

psychology as professional practice. It is hard to disagree with him about the fact that the life of *fashionable nonsense* is longer and the range of its impact larger than one might wish, and that the showcases of Gresham's *museum chronicling the history of simple-minded assessment practices* (cf. Gresham, 1993, p. 185) remain empty. But here the question arises: why are practitioner psychologists so readily influenced by charlatans? Is it not the internal breakdown of psychology, including scientific psychology, that is responsible for this, at least partially? Is it not so that human behavior and human mental processes are explained much like Ijon Tichy's (Lem, 1982, p. 16) "hundred and forty seven mysterious gravitational vortexes," whose existence is explained by six astrophysical theories, each in a different way? Is it not tempting in a situation like this to profess faith in one Great Explanation, whatever it may be?

What measures can be taken to prevent the spread of "pseudopsychology"? I agree that strengthening the control over professional practice, acquiring professional self-governance (mentioned by Adam Niemczyński), and developing not only general but also specific codes of professional ethics (as postulated by Andrea Ferrero) would be desirable. What seems more important to me, however, is the question of the psychologists' sense of professional identity: the question of whether or not the internal diversity of the discipline precludes a sense of community resulting from the discipline's unity of goals and values. This issue emerged several times in the discussion, and it seems to me to be the most important one from the point of view of professional ethics.

#### THE QUESTION OF THE MISSION OF PSYCHOLOGY WHERE ARE WE HEADING?

Adam Niemczyński is optimistic in his assessment of code definitions of client welfare. He is satisfied with their pragmatic usefulness, which is where I do not fully agree with him. In most of the world's psychological codes of ethics there is no definition of client welfare. I agree, however, that the definition included in Polish Psychological Association's Code of Professional Ethics for the Psychologist may be, and in fact probably is, pragmatically useful. On its basis, any psychologist facing an ethical dilemma may not only ask themselves the question of whether the proposed solution benefits the client or not, but also refine this question thus: will my decision serve to resolve the client's difficulties, to improve the quality of his/her life, to foster the development of the client's individual potential and to help improve his/her contact with other

people? If so – it is beneficial for the client. It seems that such – hardly excessive – elaboration of the main ethical standard in psychology can be of help for an individual psychologist in an ethically difficult situation; it can be a form of support provided by the professional group. Surely, that will not solve his/her problem – but is that the purpose of codes? In the end, psychologists – with all the support from their professional colleagues – must resolve their dilemmas by themselves. So, although I fully sympathize with Agata Celińska-Miszczuk's concerns that defining client welfare always carries the risk of subjectivity, reductionism, and error, I am at the same time afraid that similar risks result from a lack of more detailed definitions. I agree that overrigid definition may limit the psychologist's independence, but the lack of it exposes the client to the psychologist's arbitrary conduct. Let us note that ethical standards concerning controversial issues, such as *APA Guidelines for Psychological Practice With Lesbian, Gay, and Bisexual Clients* (APA, 2011), are accompanied by a commentary about psychologists not being absolutely obliged to follow them!

Małgorzata Toeplitz-Winiewska proposes that the very term “good” (whose Polish equivalent refers both to the philosophical idea and to person's benefit, thus corresponding to both “good” and “welfare”) should be deleted, as I understand it, from the literal formulation of ethical standards, justifying this with the defense of the client's independence. If the psychologist is to be the one to decide what is good for the client, this does actually violate the client's autonomy. We should, however, keep in mind that psychologists are guided also by other standards, of which the neutrality principle (the neutrality of the psychologist as a researcher, a diagnostician, an expert, and a therapist) is one of the most important. The modern understanding of this principle (cf. Marchewka & Sikora, 2013) seems to protect the client's autonomy without at the same time violating the psychologist's independence. It is worth noting that the client's autonomy is one of the aspects of his/her freedom – one of the basic human rights, determining the direction of concern for human welfare. So, maybe, it is not worth deleting the concept of benefit from ethics codes after all, as this concept refers to the fundamental ethical principle of benevolence (cf. Lazari-Pawłowska, 1969), which underlies the ethics of public trust professions?

However, if we abandon the term “client welfare” or abandon attempts to define it, what basis can we find for professional ethics? The polemicists mentioned some possibilities, which can be summarized as follows: the basis of professional ethics should be (1) a strong sense of professional identity and (2) accurate knowledge of the client's nature. Instead of considering what is good for our clients, we should strive to know who we are and who the clients are. Invoking

norm 25 of the Polish Psychological Association, Agata Celińska-Miszczuk proposes that psychologists should focus on “accurately determining the nature of the subject of the welfare” provided by psychologists, i.e., of the client as a person. Focusing on understanding the nature of the client as a person will allow us to see, what kind of good is accessible to him/her. The question arises: how to accomplish this? Psychologists do not aspire to possess full knowledge of human nature – it is rather the domain of philosophy, perhaps even, more broadly, a matter of worldview, including the beliefs regarding the very existence of a single, unchanging human nature. However, our discipline also contributes to the knowledge of the human being – so the postulate of gaining the most accurate knowledge is not only of methodological but also of ethical nature.

What may self-knowledge mean in the context of professional identity? Adam Niemczyński proposes the correct identification of psychology’s mission as the basis for professional identity. Asking about psychology’s mission means asking what kind of good it protects in a way similar to that in which medicine protects health and in which law protects human rights and social harmony. It is not surprising, that psychology, still a relatively young discipline, tries to follow other professions, especially medicine, which is perceived as more united in its strivings (Adam Niemczyński) and more ready to precisely formulate its standards and norms due to their naturalistic character (Paweł Boski). Regardless of whether such characteristics are actually possessed by medicine (cf. controversies concerning PAS – physician-assisted suicide, physicians’ assisting in carrying out the death penalty, or even plastic surgery and cosmetic medicine – all arising from differences in the understanding of the purpose of medicine), medical ethics can provide some inspiration for psychologists, as the reflection on the goals of medicine already has its tradition (cf. Callahan, 1996).

The question of the goals of medicine is one of the crucial questions of medical ethics. Fletcher (1954) defined medicine as “a moral activity” due to the inequality of power and knowledge between the doctor and his/her patient, the suffering of the latter and the necessity of trust in the process of diagnosis and treatment, in which potentially hazardous procedures and substances and frequently used. Pellegrino (1981, 1999) introduced the distinction between external objectives (goals) and internal objectives (ends) of medicine. Goals define the discipline, while ends stem from the position of the discipline in society. The goals and ends of medicine define the discipline’s distinct, internal morality, which sometimes (seemingly?) disagrees with the general morality of the society. Caring for what is good for the patient (read: for health), the doctor may make him/her suffer (e.g., by applying a painful procedure) or protect the patient’s

well-being by not providing the patient with adequate information about his/her real state of health (the therapeutic privilege). Ethical distinctiveness is ascribed to professions of public trust (cf. Galewicz, 2010), not only to medicine, but also to law (cf. Fuller, 1969). The right to establish their own ethical standards is possible in the contract perspective – mentioned in my article – but is founded on the fundamental principle of non-maleficence in professional relationship, also inherent in the oldest rule of therapeutic professions: do no harm. Professional identity provides some kind of moral framework, comprising the awareness of purpose, the undertaking of specific responsibilities, and – which is no less important – developing specific personal characteristics, referred to as professional virtues (Miller & Brody, 2001, p. 582).

What kind of good does psychology protect? What kind of evil does it conquer, what kind of pain does it remove? What are the goals of psychology? Adam Niemczyński argues that personal integrity can be the common goal, unifying the particularistic goals of different “psychologies.” I admit that, to some extent, I concur with such an understanding of the goals of psychology, but I cannot help feeling that it is more easily applicable in the area of psychological practice than in psychology as an academic discipline. Another question is whether psychology is the only discipline upholding the integrity of the person? Could not similar goals be claimed by philosophy, religion, or even art? Regardless of these concerns, I agree with Adam Niemczyński that the issue of professional identity can serve as basis for building professional ethics. Reflection on this issue should start with reflection on the goals and ends of psychologists’ work.

#### THE ADVISABILITY OF UNIVERSALIZING THE STANDARDS OF PROFESSIONAL ETHICS IN THE CONTEXT OF CULTURAL AND GENDER BIAS

In the course of the discussion, also the question of advisability of universalizing professional standards has been raised. Is the universalizing of the standards the right way of determining what is good for clients? I think that universalizing is not the way to establish one rigid interpretation of client welfare. Psychologists unanimously declare that caring for the client’s welfare means, above all, respecting human rights – this declaration is not unambiguous enough to allow various understandings of what is good for the client. Andrea Ferrero notes that good and evil as philosophical categories practically do not appear in ethics codes. Their place is taken by the concept of welfare (or well-being). Paweł

Boski is pessimistic about the possibility of establishing universal standards of professional ethics – due to the cultural, not naturalistic, character of psychological standards. I cannot fully agree with him. Joint declarations of psychological organizations – despite all their weaknesses, mentioned in my article – already exist (e.g., UDEPP or the Mercosur Protocol), and their contents are consistent with one another. This means, at least, that psychologists are able to communicate over cultural boundaries to establish the ethical foundations of their work, even if those *declarations* are their only joint actions. I agree that the wider the range of applicability of a document is, the more vague and general its formulation becomes. But is this an argument for abandoning such attempts? I do not think so. Professional ethics – let us refer again to Miller and Brody's definition – means not only accepting specific duties (which can be expressed in the form of norms and standards), but also sharing specific goals and values, and developing specific professional virtues.

I do not, therefore, perceive the universalizing of standards as a wrong path in defining client welfare; I see it as one of several possibilities. I do not think, either, that focusing on standards distracts our attention from the person with whom or for whom we work as psychologists. Ethics codes, as has already been mentioned in my article, play the role of declarations of standards of conduct, the role of a contract between the professional group and society. In any area of life, the letter of contract alone will not guarantee its ethical implementation, nor can it replace care for the partner or commitment to fulfilling the contracted duties; finally – a contract is of no use where there are no personal qualifications for its implementation.

Finally, I would like to raise the issue of cultural and gender bias, which drew the polemicists' attention. I tried hard to take cultural differences into account and maintain objectivity, but I have to admit to committing several errors. First, throughout the article I consistently used the East-West division of cultures, although it would have been equally appropriate – as pointed out by Andrea Ferrero – to refer to the North-South dimension. Focusing on the East-West polarization resulted in my omission of a document so important as the Mercosur Protocol. I would like to thank Andrea Ferrero for drawing my attention to it.

It was even more interesting for me to discover that my academic interests in client welfare definitions formulated in the codes of professional ethics may have been – at least to some extent – conditioned by cultural factors. In the Polish language, the same word, *dobro*, is used to describe a person's benefit and the philosophical idea of good – perhaps it was on that basis that I expected some clear philosophical concept of *good* where only *welfare* was mentioned.

Gender bias affecting codes of professional ethics seems to be another important problem. Andrea Ferrero's description of terminological problems occurring in the Spanish language can be successfully applied to the Polish language, in which masculine forms of common nouns (including *psychologist* – Polish: *psycholog*) also refer to both masculine and feminine genders. In my own experience as an academic teacher, I often feel some confusion describing as *psychology students* (masculine in Polish) a group consisting in at least 70% of women. There is, it seems, one more problem in referring to Polish female psychologists – the only widely used feminine form of the noun *psychologist*, *psycholożka*, sounds like a diminutive, and is sometimes interpreted as carrying a shade of contempt. This may result in some women practicing professional psychology prefer the masculine form when naming their profession. I think it can be rationally presumed that, although the feminine form is widely used and will probably replace the respectable *pani psycholog* (*woman-psychologist*, in Polish the first of the two words is feminine and the second is masculine), plenty of time will pass before it is adopted in official documents of Polish psychological associations.

The allowed length of response text does not allow me to address more fully the important issues raised in the discussion. I am glad that the “lukewarm style,” of which my article has been accused by Paweł Boski, did not prevent polemicists from pointing to some important issues that deserve to be followed up, both in theoretical discussion and in research. I think that further reflection on the client welfare issue should start from an even more fundamental question: the question of the values and goals of psychology. The analysis of ethical and professional standards should be accompanied by the identification of ethical dilemmas faced by psychologists and by becoming acquainted with their unique professional experience. By taking up that challenge, we can abandon the commands and prohibitions of *technological ethics* (cf. Tischner, 1993) and turn to the ethics of shared humanity, based on the experience of another human being, on the unique meeting in which, I hope, the good, whatever it is, can be recognized.

#### REFERENCES

- American Psychological Association (2011). *APA guidelines for psychological practice with lesbian, gay, and bisexual clients*. Retrieved Dec 20, 2013, from <http://www.apa.org/pi/lgbt/resources/guidelines.aspx>

- Callahan, D. (1996). The goals of medicine: Setting new priorities. *Hastings Center Report*, 25, 1-26.
- Fletcher, J. (1954). *Morals and medicine*. Princeton: Princeton University Press.
- Fuller, L. (1969). *The morality of law*. New Haven: Yale University Press.
- Galewicz, W. (2010). W sprawie odrębności etyk zawodowych. In W. Galewicz (Ed.), *Moralność i profesjonalizm. Spór o pozycję etyk zawodowych* (pp. 9-119). Cracow: Universitas.
- Gresham, F. M. (1993). "What's wrong with that picture?" Response to Motta and al.'s review of human figure drawings. *School Psychology Quarterly*, 8, 182-186.
- Lazari-Pawłowska, I. (1969). Etyka zawodowa. *Etyka*, 4, 58-80.
- Lem, S. (1982). *Dzienniki gwiazdowe*. Cracow: Wydawnictwo Literackie.
- Marchewka, K. & Sikora, K. (2013). Poza tabula rasa. Współczesne rozumienie postulatów neutralności światopoglądowej psychoterapeuty. *Psychoterapia*, 4, 67-78.
- Miller, F. & Brody, H. (2001). The internal morality of medicine: An evolutionary perspective. *Journal of Medicine and Philosophy*, 26(6), 581-599.
- Pellegrino, E. (1999). The goals and ends of medicine: How are they defined? In M. J. Hanson & D. Callahan (Eds.), *The goals of medicine: The forgotten issue in health care reform* (pp. 55-68). Washington, D.C., Georgetown University Press.
- Pellegrino, E. (1981). Being ill and being healed. Reflections on the grounding of medical morality. *Bulletin of NY Academy of Medicine*, 57(1), 70-79.
- Tischner, J. (1993). Sztuka etyki. In J. Tischner, *Myslenie wedlug wartosci* (pp. 383-393). Cracow: Znak.