
PEER-REVIEWED ARTICLE

How practitioners perceive ethics in psychology: The pilot study

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ABSTRACT

Mental health helping practices are often regulated via ethical rules. In some countries those rules are imposed via legal regulations, in others they are imposed by professional communities and are not state enforced. Surprisingly, empirical studies of ethics are somewhat limited. Also, ethics are often defined as ‘statements from the ethical codes’. However, obviously, written rules are perceived and followed by real people. So, the question is how these real people actually perceive what was designed and written as ‘norms’. The research question of this study is: how is ethics subjectively perceived by helping professionals (psychologists)? The pilot study was conducted on a sample of 89 practicing psychologists (data were collected Feb–Jun 2021) who were asked to evaluate ethical ‘norms’ from three ethical codes using 10 criteria. This showed that, after factorization, psychologists ‘divide’ norms into two groups: those protecting the wellbeing of the professional community or protecting the wellbeing of the client.

KEYWORDS: psychological ethics; ethical rules; ethical codes; ethical values; subjective ethics; psychological society

INTRODUCTION

Sometimes among psychologists one can meet the belief that codes or rules themselves insure professionals from ethical misdeeds. However, experience shows the contrary. For example, ethical codes have been changed by people, who, by virtue of their position in the psychological community, had to 'protect' the 'ethicity' in order to receive 'benefits' from cooperation with some agencies (see, for example, Hoffman, 2015; Kryuchkov, 2021).

The literature shows that ethics in applied psychology and psychotherapy have become a crucial topic since the beginning of the 21st century—for example, the Hoffman report, its perception (see, for example, Kryuchkov, 2021), and the general discussion around ethical issues and ethical status of so-called operational psychology (see, for example, Staal & DeVries, 2020; Soldz et al., 2017; Williams & Kennedy, 2011).

The growing popularity of online psychology services and telepsychology also sets ethical questions for practitioners and researchers (see Centivany, 2016; Gavin & Rodham, 2015; Gamble et al., 2015; Stoll et al., 2020).

Generally, as noted by Hillner (2000), psychology does not exist in a political or social 'vacuum'. Both construction and application of psychological knowledge are 'morally stipulative endeavors' (p. 38). This has led to the growing number of papers dedicated to ethics in psychology, discussions, and some research. Unfortunately, though, there is not an overwhelming amount of empirical studies on the subject. For example, Linstrom (2009) explores the effectiveness of moral development and training of Master's-level counseling students on the use of an ethical decision-making model in making ethical decisions. Using ethical dilemmas and the DIT-2 test, she, unfortunately, does not satisfactorily answer the question if ethical decision-making models really work. Ieva (2010), in her dissertation, examines the links between social-cognitive development, locus of control, and ethical and legal knowledge of the school counselors. With co-authors, Ieva also examines ego development, legal and ethical knowledge, and ethical decision making of school counselors, finding associations between high ego maturity and high ethical and legal knowledge scores (Lambie et al., 2011).

Lloyd-Hazlett and co-authors explore perceptions of client referrals among student counselors. Using the semi-structured qualitative interview as a primary method, the authors discovered nuanced understandings of competence, values, referral processes, responsibilities of supervisors, and learning environments (Lloyd-Hazlett et al., 2017). Lloyd-Hazlett and Foster (2017) study the connection between professional ethical identity development and moral and intellectual development. Using the DIT-2 test, the authors found that moral development was the most significant predictor of professional ethical identity development.

Interestingly enough, Tsai (2013), in their thesis dedicated to the impact ethical education has on counseling students, demonstrates that students who received varied forms of ethics education and in different demographic information groups did not demonstrate significant differences in the degree of their moral development and sophistication of ethical reasoning. Boccio (2021), in her study exploring school psychologists' ethical decisions, finds that the use of a formal decision-making model did not result in better ethical resolutions. Perry (2020), researching the factors affecting school counselors' ethical decision making, discovered a statistically significant negative relationship between ethical decision making and a construct she called 'global belief in a just world', as well as a significantly positive relationship between ethical decision making and coursework.

Of special interest was research dedicated to ethics in its formal form—ethical codes. As noted previously, 'external' ethics are external in relation to the person (Kryuchkov, 2021). Many authors are considering different ethical codes, such as the American Psychological Association (APA) Code of Ethics, the Canadian Psychological Association (CPA) Code of Ethics, and some others. For the purpose of this study, articles dedicated to ethical codes were reviewed.

Parsonson (2020) questions the importance of teaching ethical codes to psychology graduate students. Though the response rate of her survey was low, qualitative analysis showed differences in teaching approaches between American and Canadian professors teaching ethics (especially in the issue of teaching different codes or international codes) and as a result allowed the author to pose the question if the codes should be taught 'not as absolutes, but from a philosophical as well as rule-bound perspective?' (p. 7).

Clark (2012) deconstructs the CPA Code of Ethics, discovering some biases reflected by this code and offering to drop the ranking of values offered by the code for the psychologists to base their decisions on. Hilbig et al. (2022) discuss the deception of research participants. They identify a gap in the ethical codes and offer to redesign the codes to fix this flaw. Tudor (2011, 2017) analyzes ethical codes and general regulations of psychology as a profession in New Zealand and reveals a lack of acknowledgement of people's subjectivity and internal attitudes to the formal regulations.

Generally, codes often become the subjects of theoretical proceedings, though rarely become material the empirical studies. This research employs ethical codes as the object of the study, which brings some novelty and topicality to these proceedings.

The main purpose of the present study is to explore how ethics is subjectively perceived by psychologists. In this research, the claims of Tudor (2017) are somewhat addressed, trying to explore actual subjective attitudes towards formal papers.

So, the question is, how do professionals really perceive written ethical rules? The deeper question is—what makes us behave 'ethically'? Some authors divide ethics into external (written) and internal (internal attitude), speculating that internal ethics are the real core that

define the behavior (see Kryuchkov, 2022), while others offer more value-based codes as the way to increase 'ethicity' (see Clark, 2012). Some authors believe that the hermeneutics of love could form the ground for research and practice (see McInerney, 2016; Robbins, 2016). The main purpose of this article is to explore how practitioners perceive the 'external' ethical rules 'given' to them. External means that these rules are external in relation to the perceiving subject—the practitioner does not construct this rule, they are provided (supplied) with them by some 'external' authority. Do practitioners follow the rules just because 'laws are laws' or do they specifically 'relate' to the ethical rules given to them, classifying them in certain way or 'evaluating' them?

This is especially important because, as Peter Schmid once claimed, 'Psychotherapy is political or it is not psychotherapy' (Schmid, 2012, p. 95). In other words, since psychotherapists should (according to Schmid) and actually *do* raise their voice in society, within the broader context of 'wellbeing' including the wellbeing of society as a whole, the question of 'how do therapists (psychologists, practitioners, etc.) perceive ethical rules?' becomes crucial. What makes one person behave ethically and others not? If the political culture of psychotherapists and counselors as well as the wellbeing ('saneness') of the whole society is at stake, the questions such as 'do practitioners really perceive ethical rules seriously?' and 'how do practitioners relate to ethical rules?' become critical.

The formulation of the research question is somewhat similar to the purpose of this research: how is ethics subjectively perceived by psychologists? More specifically, how are ethical rules represented in the psychological structure of practitioners? Thus, this study is exploratory research. The methods and sample are described in the following section.

METHOD

Sample

The sample was collected through social networks using the snowball method. Participants were invited via posts in the groups of professional psychologists. The sample consisted of Russian-speaking professionals, although the countries of origin and residence of participants were not controlled. It is important to note that in the country where the research was conducted, psychological practices are not regulated, as well as being not well-distinguished in terms of 'labels'. The only regulated area is medical psychotherapy, which is conducted by medical doctors. Even though non-medical 'therapeutic' practices are open as professions for people with different educational backgrounds, historically counselling, therapy, coaching, psychotherapy, and counselling psychology are considered as fields of 'applied psychology' (furthermore, the abovementioned practices are not very well distinguished between each other), and so, in this research, the sample was collected among psychologists. The level of

education, other than it being psychological (some people receive degree in psychology as their second degree), was not controlled. Also, how practitioners define their job (as psychology, counselling, coaching, etc.) was not specified, because they are mostly understood as synonyms, although approaches that the participants represented were controlled.

Data were collected through Google forms between February and June 2021. The sample consisted of 89 responses, though seven people did not sign the informed consent or left blank responses, and so the final sample consisted of 82 people.

The median age of the participants was between 36 and 55 years old. Specific ages were not asked for in the form, only the intervals. Four participants were between 18 and 24 years, three participants were 25–29 years, 11 participants were 30–35 years, 25 participants were 36–44 years, 30 participants were 45–55 years, eight participants were 56–64 years, and one participant was in the 65+ years group. Fifty-six participants identified themselves as female, 25 as male, and one participant declined to report their gender.

Most of the participants had education in the field of psychology. Twenty-two participants had a 'specialist' degree (joint 5–6 year degree, equal to a Master's degree), one participant had a bachelor degree in psychology, 21 participants had Master's degrees in psychology, seven participants completed studies in doctoral programs, five participants had a doctoral degree, 17 participants completed long-term postgraduate training programs in psychology, five participants completed short-term programs (up to one year), and four participants did not have any psychological education.

A question about practical training (not general psychology but counselling and therapy, as in the country where the research was conducted practical training is usually separate postgraduate education) allowed participants to choose 'all applicable'—long-term courses (more than a year), short-term courses, etc. Eighty participants took long-term courses, including 50 participants that took courses that were at least two years long.

Generally, participants were evenly distributed among therapy modalities. Nine participants reported that they did not follow a specific modality, while others were distributed among 19 different approaches. Thirteen participants reported belonging to psychodynamic approaches, 10 participants to gestalt therapy, nine to cognitive-behavioral (CBT) and client-centered approaches each, eight to family therapy, and seven to existential approaches. The other represented approaches included, for example, narrative therapy, body therapy, and psychodrama.

Sixty participants reported as working as private practitioners in counseling psychology, nine reported working in a state agency, four reported working in a privately owned agency (psychological center), five reported working as private psychologists but not counseling psychologists, and four reported working as psychologists in non-psychological organizations (e.g., business).

The study also controlled for the job experience of the participants. Twenty-six participants reported working for more than 15 years, 19 reported working 3–6 years, 12 reported working 1–3 years, 11 reported working 6–10 years, nine reported working 11–15 years, and five reported working for less than one year.

Sample limitations

Firstly, the sample consisted of Russian-speaking participants. National and ethnical origins of participants were not controlled. Gender identification was specified in a limited manner (female/male/do not want to report). Social and economic status (income) was not controlled for, nor was the participant's geography.

Also, as it was mentioned above, the sample mostly consisted of psychologists, excluding medical doctors and social workers, etc. (the presence of degrees other than in psychology was not controlled for). There was not any distinction made between different 'labels' of practical psychology—such as counseling, counseling psychology, coaching, etc.—because in the country where the research was conducted, they are mostly understood as synonyms and are not regulated.

Finally, the vast majority of participants were private practitioners, and so, potentially, the sample does not represent the agency-employed psychologists well.

Methodology

The methodology was ethically approved by the author's advisor and psychology department mentors. Research was conducted using Google forms. Participants were asked to assess, via Likert scales, 19 rules or principles (the actual wording depended on the specific code from which the rules had been derived) from the ethical codes (of three 'multimodal' professional associations—associations that do not belong to a specific approach but encompass professionals from different approaches under an umbrella of 'practical psychology', 'counselling', or 'mental health'). The codes chosen belonged to the three biggest multimodal associations in the country where the research was conducted.

Examples of ethical principles offered for evaluation were:

- The provision of psychotherapeutic services must be carried out at the highest professional level. Psychotherapists accept responsibility for the possible consequences of their actions and make every effort to ensure that their services are used appropriately.

- The psychologist proceeds from respect for personal dignity, human rights and freedoms proclaimed and guaranteed by the Constitution and international documents on human rights.
- Psychotherapists develop trusting relationships with those they work with. They are aware of their professional and scientific responsibility to society and the specific communities in which they work. Psychotherapists maintain professional standards of behavior, clarify their professional roles and responsibilities, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest to avoid misuse and harm. Psychotherapists cooperate, consult, and collaborate with other professionals and institutions to the extent necessary to serve the interests of those with whom they work. They care about the ethical conformity of the scientific and professional conduct of their colleagues. Psychotherapists tend to give away part of their professional time with little or no compensation or personal gain.
- Psychotherapists seek to benefit those with whom they work and take care not to cause harm. In their professional activities, psychotherapists seek to protect the wellbeing and rights of those with whom they interact professionally and other affected individuals. When conflicts arise between the obligations or tasks of psychotherapists, they try to resolve these conflicts in a responsible way to avoid or minimize harm. Since the scientific and professional judgments and actions of psychotherapists can influence the lives of others, they are aware of this and are prepared to take action against personal, financial, social, organizational, or political factors that may lead to the abuse of their influence. Psychotherapists strive to be aware of the possible impact of their own physical and mental health on their ability to help those with whom they work.

Each principle had a title (offered as it was written in the code from where it was derived) such as 'honesty', 'online therapy', 'responsibility for client', etc.

The abovementioned principles (rules) were offered for evaluation using 10 criteria:

1. Relevance/irrelevance
2. Feasibility/non-feasibility
3. Agreement/disagreement
4. Congruence with own values/incongruence
5. Reasonableness/unreasonableness
6. Clarity/non-clarity
7. Universality/specificity
8. Justice/non-justice
9. Usefulness/unusefulness
10. Helpful at work/unhelpful at work.

The criteria were developed by a group of four experts in both scientific and practical psychology (two with PhDs, two with Master's, and all experts had additional training in practical psychology and counselling).

Statistical analysis was performed using SPSS 17.0. The 19 rules evaluated by 82 people using 10 criteria as a result produced a three-dimensional system (rules/people/criteria). So, for the purpose of factorization, 19 ethical rules evaluated by 82 people using 10 criteria were converted into 820 'cases' (rule/criteria).

Exploratory factor analysis was used for statistical analysis of the data received. Put simply, in exploratory factor analysis it is presumed that variables are parts or functions of the common 'factors', and therefore variables can be associated with factors (or 'invest into' factors) (see, for example, Coolican, 2018). In other words, variations in observed variables mainly reflect the variations in unobserved (underlying) variables—factors.

RESULTS

Primary factor analysis resulted in five factors with little statistical power. When limited to two factors using promax rotation, the results were as follows. Two factors were identified, the first of which at the extreme point included three principles related to the good of the client—'confidentiality', 'good faith', 'responsibility to the client'. It is interesting that this factor also included (not at the extreme, but with statistical significance) the principle of 'online therapy' included in one of the codes. This could be explained by the high relevance for psychologists due to the issues of ethical regulation of online work in the era of COVID-19. Since online therapy had become more widespread by the time the data were collected (February–June 2021), it seems that professional regulations related to online therapy became more relevant for practitioners than they had been previously.

Other factors include principles mainly aimed at the benefit of the psychotherapeutic community—'honesty' (but formulated through respect for the 'law' and the constitution, as per the examples above), 'responsibility to the professional community', and 'research activities'.

As a result, the general interpretation of these data are ethical rules are perceived subjectively as either protecting the wellbeing of the professional community (Factor 1) or protecting the wellbeing of the client (Factor 2).

DISCUSSION

As the general research question of this study was ‘how is ethics subjectively perceived by the helping professionals?’, the results of this study quite plainly identify the division between ethical rules directed to the protection of community wellbeing (in general, though including professional community) and rules, and directed to the protection of the wellbeing of the person (client). In other words, practitioners ‘evaluate’ the formal rules and ‘put’ them into one of the two categories. This study did not try to address the question: ‘why practitioners follow/do not follow the rules’, though the results can be useful in exploring the question of ‘how do practitioners relate to specific rules, and if they follow them, for what good?’. Whose interests is the practitioner trying to protect by following a certain rule? The results at least give some grounds for reflexivity on ‘whose wellbeing do I try to protect?’.

This division lies somewhat parallel to the division between internal and external ethics offered by some authors (see, for example, Kryuchkov, 2021). Furthermore, as some authors make the division between ‘community and society’ as community based on ‘*communitas*’, having hermeneutics of love as the fundamental position, the presupposition on which any community action could be based, and society as ‘*socius*’ based on ‘*proprius*’—appropriation and ‘owning’ the hermeneutics of suspicion (see da Frola & Fernandes, 2020; Kryuchkov, 2018; McInerney, 2016)—the division of ethics on those protecting the ‘community’ (society in this sense) and ‘person’ seems valid. Some ethical rules are designed to protect ‘*proprius*’—the formal structure and power of society—and the formalized structures, ‘prestige’, and professional image of the ‘profession’, to protect the ‘brand’ of psychology as a helping practice. At least, those norms are perceived this way. The other norms are perceived as encompassing the wellbeing of those who are the main recipients of psychological help and care—the clients. Clients are those to whom practical psychology owes its main purpose and very existence.

What seems important is that such division is an internal one—it is the difference in perception. The practitioner attributes different rules that they perceive into one of the two categories. The actual deeds of practitioners nor the decision-making process were studied, though it is valid to surmise that in ethical decision-making processes practitioners rely on such a division they made, more than on the actual ‘text’ of the rules.

The results seem fundamentally important, because they to some extent show the structure of ethics (professional ethics) in real psychologists’ perceptions. It provides a basis for future research of relationships between ethical rules and personality of psychologists, as well as with work efficacy.

This study’s results led to the inquiry of how and what for the ethical rules written in codes are being created. In other words, who are the ‘stakeholders’ that get benefits from such rules? Who and what do we, as a community of professionals, protect in designing such rules?

Furthermore, it seems that one of the potential implications of this study for practice is the ‘questioning’ of the ‘norm’. The abovementioned ‘proprius’ is constructed through the system of written and non-written rules, and it is important to ‘question’ at least written rules and one’s own disposition toward these rules. The very disposition and one’s own ‘position’ also should be questioned—justifications of one’s own ethical deeds could (should?) be put under question.

As noted previously, ‘ethical deeds are suprasituational. They rarely satisfy the “here-and-now” goal; and, even if they do (i.e., the decision not to resist an oppression in order to get benefits), still it is an action within the “larger context”, which encompasses situational conditions and the full being of a person. What is much more important, from the suprasituational point of view, is that there is a person who bears responsibility for their own ethical deeds—neither ‘code’, nor governing body, nor colleagues’ (Kryuchkov, 2021, p. 7). The results of the present research demonstrate that practitioners perceive (or evaluate) ethical rules (at least, written rules) basing such evaluation (perception) on two major factors. In other words, each rule is being ‘questioned’—is this rule for the good of the client or for the good of the society? This study did not research actual ethical decisions, although it is believed that the discovery of such factors brings some novelty and can serve as an instrument for scrutinization of one’s own ethical deeds and values (what are my values ‘good for?’).

Somewhat addressing Tudor’s (2017) inquiries, this research goes beyond formally written rules exploring real psychologists’ attitudes and perceptions. In other words, ‘codes and laws are not the panacea’ (Kryuchkov, 2021, p. 4). This seems especially important since applied psychology becomes more and more political not only in terms of involvement into social life but also since the therapeutic position itself becomes ‘politically’ manifest. However, it is useful to ‘question’ the grounds upon which values, rules, and principles (including ethical principles) are standing. It seems obvious, that as a political process, psychotherapy ‘serves’ different stakeholders. For a practitioner, it is crucial to be aware of whose wellbeing the practitioner serves when making ethical decisions.

The results do not belong to nor test a specific modality or school of psychotherapy. Although, it is believed that they are relevant and potentially useful for training in any psychotherapy school. While ethics are often being taught as a set of ‘rules and codes’, even within the more humanistic approaches, disclosure of the internal representation of formal ethics can foster future practitioners’ own reflexivity.

LIMITATIONS OF STUDY AND FUTURE DIRECTIONS

The main limitation of this study is its sample. This study is a pilot study, and so the results must be verified on a broader sample. In future studies, the number of participants should be

extended, as well as their demography, and variations that could depend on participants' demographical, gender, and/or social status. While most authors recommend at least 100 participants for exploratory factor analysis (Kyriazos, 2018), statistically significant factors were found in this pilot study. Of course, the sample needs to be extended for future explorations.

Another important limitation is that this study does not show the relationships between any approach preferred by practitioners and their ethical perception. Future studies will test the results from the sample consisting of professionals belonging to certain approaches, such as on specific samples of cognitive-behavioral (CBT) and client-centered (CCT) therapists, for example, to check the effect of the approach's philosophy on the perception of ethics.

One more direction for future studies is the phenomenological study of psychologists' perception of ethical rules through an interview, which can help to explore the inner structure of such perception, as well as connection, between ethical rules and personality.

Finally, decision-making processes could be researched using ethical cases and dilemmas in order to test if practitioners follow the division of ethical rules into rules directed at community wellbeing and rules directed at wellbeing of the clients, in a real decision-making process.

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