CHAPTER 7
ETHICS, DIVERSITY, AND RESPECT IN MULTICULTURAL COUNSELLING

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Key Terms and Concepts		
• Absolutist approach • Aspirational ethics • Deontological position • Diversity • Ethic of caring • Ethical decision-making	• Ethnocentric • Moral framework • Prescriptive ethics • Professional codes of ethics • Relativist approach • Respect	• Social action • Social justice • Universalist approach • Utilitarian/consequentialist position

Personal Introduction

How did I become involved in ethics? Looking back, I was probably born into ethical thinking, even if it was not so named. My parents were concerned about poverty, poor distribution of goods, exploitation of western farmers, racism, threat of annihilation through wars, inadequate medical and educational services, unequal opportunities for women, the criminality of birth control – in other words, social justice for all.

I became a psychologist still believing that I had, and others should have, a commitment to help people build a better life. I never adopted the position that my employment with the provincial government was just a job that required conformity to directions from management if such direction was harmful to clients. My belief was that the vulnerable should always be protected.

I became involved in psychology organizations provincially, nationally, and internationally. The primary focus of my professional activities was ethics – respect, caring, fairness, and quality services for everyone. After contributing to the development of the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association [CPA], 1986, 1991, 2000), I focused on spreading the good concepts of the Code, because the Code offers more respect for all persons than many other codes. I have looked for commonalities in other professional codes and I have looked at how the Code applies in special situations and with non-dominant populations, such as ethnic groups, women, persons with disabilities, recovered memories, and employee assistance programs. When I present internationally, psychologists respond most favourably to the articulation of ethical principles and the ethical decision-making steps.

My mission now is to promote value-based ethical decision-making that truly respects and cares for all persons. Understanding diversity enables counsellors to be more competent and respectful in serving the needs of others. I have learned that, internationally, counsellors must respect people collectively, not just as individuals; that they must take care that the language of communication does not carry unintended meanings; and that issues of social injustice may be major determinants of individual problems. The climate of social activism and the struggle for social justice into which I was born are still with me. My life's journey has given me opportunities to promote aspirational and relational ethics – reaching for the stars, but accepting that what one contributes to the journey may be more important in one's lifetime and more realistic than achieving Utopia.

What is Multicultural Counselling?

Multicultural counselling is counselling across cultures. What then is the meaning of culture? In Chapter 1, Arthur and Collins broadly defined culture as including "ethnicity, national origin, gender, sexual orientation, age, ability, socio-economic status and social class, religion, and other salient dimensions of culture that are important for counsellor-client interactions" (p. vi). They also argued that everyone is a cultural being and that therefore every human interaction is a cultural one. Hence, the expression *culture-infused counselling* implies that the core of competent counselling is multicultural. Pedersen (2001) saw a paradigm shift from multicultural counselling as engaging only persons who are obviously different to counselling all clients in the context of multiple identities. If these views of multiculturalism were widely accepted and practiced, there would be less need for special ethical guidelines for cultural and diversity-based counselling.

The driving force for special ethical and practice guidelines comes from groups who have suffered from oppression, discrimination, and injustice because our general standards documents have not sufficiently guided actual practice. The vast majority of literature on multicultural counselling that has come from the United States has focused on ethnicity and, more specifically, on the treatment of the black and Hispanic populations. Slowly, people with other types of "diversity" are receiving attention.

In our helping professions, and the contexts in which we work, we are slow to adopt a broader conceptualization of multicultural counselling. Therefore, in discussing ethics and multicultural counselling in this chapter I will reference both general codes of ethics and diversity-specific guidelines.

What Do We Need to Know About Professional Ethics?

Ethical principles are intended to guide our professional relationships with other persons, peoples, and organizations. Certain assumptions are especially relevant to working across cultures and diversities. Some of these assumptions are listed below.

1. Professional ethics deals with human relationships more than with specific codes of conduct.
2. Genuine respect among professionals and those with whom they interact is the foundation of ethical relationships.
3. Formal codes of ethics do not define multicultural competencies, such as the knowledge (what), skills (how), judgment (when), and diligence (commitment) required in serving the well-being of others.
4. Counsellors may focus less on diagnosing, prescribing, and treating than on facilitating, clarifying, understanding, encouraging, and helping others gain more power and satisfaction in their lives.
5. Formal codes of ethics and other practice guidelines are helpful, but are not sufficient to ensure that counsellors are sensitive to diversity issues in all of their practice roles.

Respect, caring, and integrity are the moral foundations for professional ethics. If we have respect and caring for human beings, individually and collectively, we have no choice but to include all sorts of **diversity**, *such as ethnicity, gender, abilities, age, and sexual orientation*. Moral principles of respect and caring are **aspirational** in *striving for optimal levels of car*e, address relationships among persons and peoples, and supersede **prescriptive** *behavioural standards that define correct conduc*t. The helping professions have made progress in acknowledging respect and caring for diversity, but injustice, prejudice, and suffering continue to thrive.

Multicultural counsellors are faced with a responsibility to advocate for individuals and groups. They have a responsibility to contribute to a just society through the reduction and elimination of unjust discriminatory practices. Appropriate strategies for social action vary tremendously at any given time and place. **Social action** *to change harmful or discriminatory aspects of society may include disseminating research results that are relevant to social policy-making, lobbying for individual clients, working to revise policies and practices within one's own work setting, and participating in community-based and political or professional groups to advocate, recommend, or protest*. Strategies are chosen to enhance success.

> **Snapshot 1**
>
> **Vignette**
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> Mental Health Services hires an Asian-trained Vietnamese man to provide mental health services in the Vietnamese immigrant community in a large Canadian city. This man is a refugee himself, having barely escaped with his life, and is trying to obtain permission for his family to join him in Canada. He is deeply grateful for his job and for having a means of livelihood.
>
> After he has been on the job for six weeks his supervisor reprimands him for visiting families in their homes and attending their community social functions. She says that he is in a conflict of interest because he is not maintaining professional boundaries. Moreover, she says that he can see more clients in a day if they come to the office for appointments.
>
> The man is devastated. He has cultural respect for persons in authority, he cannot afford to lose his employment, and therefore he feels unable to defend his position. He also lives in the Vietnamese community. At the same time, he knows that, culturally, his people do not view mental health and illness in the North American way, and if he is aloof and not accepted, he cannot help them.
>
> He comes to you as an understanding friend and colleague. How can you help?

The main purpose of this chapter is to consider the implications of professional codes of ethics for multicultural counselling and to provide a framework for addressing practical ethical dilemmas that are encountered by counsellors. Although multicultural counselling is relevant to all counselling, in this chapter special attention will be given to Canadian guidelines for working with persons who are from non-dominant or dissimilar groups. Multicultural counselling will be discussed under five headings:

1. Historical, philosophical, and moral foundations.
2. Codes of ethics for counselling practice.
3. Guidelines for cross-cultural research.
4. Responsibility to society.
5. Future considerations.

Cultural Criticisms of Professional Codes of Ethics

Professional codes of ethics are developed by professional associations to guide their members in providing ethical and competent services in practice, teaching, and research. Criticisms have been levelled against current codes of ethics for not recognizing or respecting cultural differences and against professional associations for not punishing professionals who discriminate against those who are different. Quotes from a number of authors are provided in Snapshot 2 as examples.

Historical, Philosophical, and Moral Foundations

History

Professional codes of ethics appear to have two lines of parentage: regulatory and philosophical. Historically, the need to define rules for appropriate behaviour and to distinguish appropriate from inappropriate behaviour seems to have been a strong driving force. Some of the impetus for developing codes of ethics resulted from the exposure of horrific violations of decency and respect for humans in Nazi Germany, some from the definition of rights in the *Universal Declaration of Human Rights* (United Nations, 1948), and some from the rapid development of professional psychology post-World War II with the establishment of regulatory legislation (Sinclair, Simon, & Pettifor, 1996). Regulatory bodies operating in the context of

discipline value rules of conduct because, in adjudicating ethics complaints, it is easier to judge whether or not the rules have been violated. However, rules reflect cultural beliefs and, therefore, rules that are developed in one cultural context may be inappropriate in another context. The principle of respect for the dignity of persons and peoples is more universal. For example, a rule prohibiting professionals from accepting gifts may be seen as offensive and disrespectful in some cultures.

A philosophical foundation, or at least *an articulation of moral value*s, provides a **moral framework** *to guide ethical behaviour,* and is the second and sometimes more obscure line of parentage for professional codes of ethics.

 Snapshot 2

Criticisms of Professional Codes of Ethics

"For too long we have deceived ourselves into believing that the practice of counseling and the data base that underlie the profession are morally, ethically, and politically neutral. The results have been (a) subjugation of the culturally different, (b) perpetuation of the view that minorities are inherently pathological, (c) perpetuation of racist practices in counseling, (d) provision of an excuse to the profession for not taking social action to rectify inequities in the system" (Sue & Sue, 1990, p. 24).

"The five moral themes that are problematic in the care of persons with disabilities are (a) the temptation of paternalism, (b) disability as an anomaly for traditional ethics, (c) medical versus environmental models of disability, (d) possessive individualism and independence versus interdependence, and (e) submitting to the care of strangers" (Gatens-Robinson & Tarvydas, 1992, p. 28).

"The professional field of counseling has tended to emphasize moral rules without identifying underlying cultural assumptions. This has resulted in ethical guidelines that direct counselors toward their own *self-reference criteria* to judge others' behaviour in a *one size fits all* perspective, focus on catching and punishing the wrongdoer rather than reconciliation, blur the boundaries between ethics and law, and finally institutionalize Euro-American values such as individualism as criteria of Truth" (Pedersen, 1997, p. 246).

"...the code treats culture, ethnicity, race, religion, gender, marital status, sexual preference, etc. as add-ons to the essential humanity of the person rather than acknowledging the social cultural relationships within which our humanity and individuality are constituted.... The individualized character of the rights, such as 'privacy, self determination, and autonomy' espoused in the code, provides an inadequate foundation for work with peoples to understand persons as being part of, or constituted, through their membership of a group or groups" (Nairn, 1998, p. 243).

"Ideally, a code of ethics (e.g., APA Code) should serve as a guide to resolving moral problems that confront members of the profession...with the primary emphasis on protecting the public.... Realistically, however, what a code of ethics does is validate the most recent views of a majority of professionals empowered by their colleagues to make decisions about ethical issues. Thus, a code of ethics is inevitably anachronistic, conservative, ethnocentric, and the product of political compromise" (Bersoff, 1999, p. 1).

"In fact, ethical codes have many limitations, the most serious perhaps being that they tend to reflect the dominant culture's values at the expense of minority values" (Ridley, Liddle, Hill, & Li, 2001, p. 186).

"...a dominant response to the poor by the non-poor is that of distancing, and examples of such distancing in the form of exclusion, separation, devaluing, and discounting, which operationalize classist discrimination have been drawn from many areas" (Lott, 2002, p. 108).

"If psychologists consider themselves leaders in providing competent and ethical mental health services, they must address the needs of all underrepresented groups and assure that all are acknowledged and provided with opportunities to empower their lives – including persons with disabilities" (Cornish et al., 2008, p. 495).

When rules are formulated prior to identifying a philosophical foundation, people may act on what feels okay, but without explicit reflection on moral values. Under these circumstances, it is easier to be guilty of unintentional racism and discrimination against any number of people and conditions that are seen as different and hence inferior. Pedersen (1997) maintained that the lack of a moral philosophical foundation encouraged unintentional racism and a trivialization of cultural issues. **Ethnocentric thinking** *judges others according to one's own ethnic perspectiv*e.

Today, a few professional codes articulate their ethical principles and link their standards directly to these principles. Others articulate their ethical principles without directly linking them to their standards. Professional codes of ethics place their highest values on respecting and serving the interests of clients equally and without discrimination. This point of view is compatible with the **deontological position** of Emmanuel Kant (1724-1804), which states that *ethical decisions are based on moral imperatives of intrinsic rightness -* that *each person must be treated as an end and never as means to an end*.

This position runs contrary to the **utilitarian** or **consequentialist position** of Mill (1806-1873) and Bentham (1748-1832): *that the ethical decision is the one that brings the greatest good, happiness, or outcome for the greatest number, or the least harm, and that sometimes the end may justify the mean*s. Today, economic agendas and budget cuts may push us towards more utilitarian thinking to judge who is more deserving than others to receive services. A utilitarian approach has negative implications for persons from non-dominant groups who are perceived as different. Despite the so-called Canadian "safety net," such concerns are real. It has been argued in some quarters that torture of suspected terrorists is justified in order to protect the greater good of the general population.

A **prescriptive approach to ethics** that *defines minimal standards of behaviour focuses on avoiding harm* more than on aspiring to serve the best interests of consumers. For example, a professional's refusal to engage in community activities in order to avoid dual relationships may be seen as aloof and uncaring. Rather than refusing on the basis of rules that prohibit dual relationships, it may be more respectful and caring to recognize the inevitability or even desirability of some overlapping relationships and to guard against the potential harm that could occur.

A Moral Framework for the Helping Professions

Professional codes are gradually beginning to articulate a moral framework before launching into the behavioural standards, but this in itself does not remove unintentional bias. The literature is beginning to demonstrate a reaction against rule-oriented ethics (Gergen, 2001; Jordan & Meara, 1999; Ray, 2001; Swim, St. George, & Wulff, 2001), and various authors have proposed a number of new descriptors for professional ethics, such as process, relational, reflective, virtue, contextual, and client-centred. These approaches reject a solely rule content model and instead advocate, in varying degrees, an emphasis on moral values and shared relationships between professionals and others with whom they interact. Gilligan (1982) is credited with describing an **ethic of caring** that *emphasizes interpersonal relationships within a specific context rather than abstract principles*. O'Neill (1998) described two approaches to teaching ethics as the overriding approach (i.e., the search for the fundamental rule) and the moral dilemma approach (i.e., the focus on context in finding the best fit between competing principles and the interests of different parties). Eberlein (1987) described these approaches as the correct answer approach (i.e., obedience and compliance) and the problem-solving approach (i.e., professional judgment and responsibility). Clearly, ethical practice in multicultural counselling must *address human relationships and specific contexts and be constantly aware of what others see as their own best interests*. A relationship based on mutual respect and caring is the foundation for the *working alliance* in culture-infused counselling to support competent and beneficial counselling.

One might wish for a utopian world of common values of equality, respect, and caring for all persons. In such a world there would be no need for special attention to diversity. In our world, unfortunately, discrimination and lack of respect for differences continue to flourish. Although we espouse respect for all persons, peoples, and cultures, there are some moral limitations on what we can accept of allegedly culturally appropriate beliefs. Where there are limitations, we need to know where to draw the line and with what moral

justification. What is logically perceived to be seriously harmful to the dignity, safety, and well-being of persons and peoples is unacceptable, such as political terrorism, honour killings, genital mutilation, child sexual abuse, sex slavery, active euthanasia, infanticide, and widows burned alive on their husband's funeral pyre. **Respect** can be described as *an appreciation of the innate worth of all persons as human beings and the belief that they should be treated with dignity*.

Pedersen (1997) described the **relativist approach** as *accepting everything without a moral foundation*, while the **absolutist approach** says that *my way is the only way*. He recommended a **universalist approach** that *recognizes some values as universal in the interests of our common humanity and some values as specific to certain cultures*.

Snapshot 3

Limitations on Respect and Relativism

We may find that some actions are completely offensive and unacceptable to us even though they are allegedly culturally appropriate. Think of three examples that bother you. What is your ethical rationale for not accepting them? How do you distinguish between sound ethical reasoning and personal bias? What does your reasoning have to do with concepts of relativism, absolutism, and universalism as described by Pedersen (1997)?

Social Action

Multicultural counsellors recognize that individual, family, or group counselling will not solve problems of extreme poverty, unemployment, violence, genocide, suicide, drug addiction, crime, or corruption, and that members of oppressed, depressed communities should not be diagnosed as pathological on the basis of privileged White professional standards. *Fixing* social problems related to cultural groupings requires social action and local empowerment that is often seen as beyond the scope of training and practice of counsellors. Professional training of health service providers focuses more on fixing individual problems than on removing the social determinants of problems. However, times are changing with increasing emphasis on the responsibilities of professionals to engage in changing those aspects of society that discriminate against some groups of people (Feminist Therapy Institute [FTI], 1999; Toporek, Gerstein, Fouad, Roysircar, & Israel, 2006b). Social action may also involve empowering clients to address social issues that impact on their lives. If counsellors do not accept an obligation to improve social conditions, then the allegations that they help clients to adjust and conform to an unjust status quo may be valid.

In today's multicultural society, cultures intermingle and we cannot assume that individuals fully represent values from their place of origin. Therefore, it is important to recognize those cultural characteristics that are important to the individual or family. In addition, individuals may simultaneously adopt two sets of values, one relevant to their "diversity"-community and another consistent with the mainstream society in which they are living. It is inappropriate to assume that persons of colour are recent immigrants or that new immigrants must have problems in our culture, as if they are deficient in some way. However, it is very appropriate for the counsellor and client to share information on values and beliefs that are relevant to the counselling situation.

Political Implications

The discussion so far has focused on ethical and moral issues around respect for diversity in multicultural counselling. All issues of equality, oppression, marginalization, or discrimination have strong political components. Groups may analyze issues of power, and they may struggle for power in order to achieve equality. Controversies around Aboriginal land claims are a combination of fighting for moral issues and for power against what has been perceived as an abuse of White power. A Maori woman in New Zealand told me that she had no concern for the rights of other ethnic groups until the Maori people first achieved equal power

with the dominant White Europeans. Feminist activists fight for power against a perceived male patriarchy in order to achieve equality. The personal *is* political.

Most of us can accept the concept of respect and equality for diverse populations on an abstract moral level or when it is to our own advantage. Resistance increases when positions of privilege and power are threatened by the disenfranchised wanting to increase their social standing. For example, allegations are made in many countries that the poor in immigrant groups contribute to crime, welfare dependency, violence, and unemployment, while those who are successful take away *our* jobs or buy up *our* real estate. A psychologist at an international congress told me that their psychologists have traditionally avoided addressing professional ethics because to do so would necessitate embracing an ethnic-devalued minority group as well as taking a politically risky position of protesting against human rights violations by government. I do not expect to see this observation documented in the published literature.

Snapshot 4

Ethics and Power

Aboriginal groups in Canada demand ownership of large tracts of land. Employment equity laws require employers to actively recruit women, Aboriginal people, persons with disabilities, and persons of colour. What are the ethical arguments for these actions? What are the political arguments? What is the relationship between ethics and politics? What is your personal stand on these issues?

Codes of Ethics for Counselling Practice

Codes and Guidelines

Professional associations develop **codes of ethics** *to guide their members in providing ethical and competent services that serve and protect the public interest*. However, revisions to codes of ethics tend to be slow to catch up in addressing concerns of the day. This delay is seen in the development of guidelines for addressing diversity, for addressing recovered memories, for conducting research involving humans, and for providing services over the Internet. The American Psychological Association (APA) is often seen as a model for developing professional standards, including codes of ethics. It has also been seen as using codes of ethics to protect psychologists more than to protect the public (Bersoff, 1999). The APA was established in 1892, proposed its first code of ethics in 1953, its first *Guidelines for Research with Human Subjects* in 1973 (APA, 1973), and its first *Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations* in 1991 (APA, 1993).

The first statement in these guidelines on diverse populations consists of an admonition to educate clients to the processes of psychological interventions. This statement appears to reflect a policy of assimilation into mainstream processes rather than listening and respecting cultural differences. APA (2000) adopted *Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Client*s. Instead of using active verbs on what professionals *shall*, *will,* and *will not* do, this document uses more tentative phrases like *are cognizant, are aware, are knowledgeable, strive to understand, are encouraged to recognize, and make reasonable efforts*. One wonders if the weaker terminology indicates that the guidelines are not intended to be enforceable standards.

Pedersen (2001) believed that psychology and counselling are in a difficult process of making a paradigm change that focuses on multicultural perspectives. The APA strengthened its commitment to cultural diversity in 2002 by approving *Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists* (APA, 2003b). In addition to culturally sensitive practice, psychologists are encouraged to use organizational change processes to support culturally informed

organizational (policy) development and practices. Educational materials on ethics in multicultural counselling that reference American codes are increasingly available (e.g., Cory, Cory, & Callanan, 2003; Pack-Brown & Williams, 2003). However, Olkin and Pledger (2003) and Cornish et al. (2008) maintained that the APA does not recognize disabilities as a diversity and until it does it is not a truly a multicultural profession.

Pettifor (2001a) predicted that the articulation of moral principles and the use of a value-based decision-making process would promote greater respect and caring for non-dominant groups. Since 1986, the *Canadian Code of Ethics for Psychologists* has been on the leading edge among professions in defining a philosophical foundation for its code of ethics and in linking all standards to those ethical principles. The European Federation of Psychology Associations (EFPA) *Metacode of Ethics* (1995), the Psychological Society of Ireland *Code of Professional Ethics* (1999), the Canadian Association for Music Therapy *Code of Ethics* (Kerry & Sargent, 1999), the New Zealand Psychological Society (NZPS) *Code of Ethics* (2002), and the Vocational Rehabilitation Association of Canada (VRAC) (formerly the Canadian Association of Rehabilitation Professionals) *Canadian Code of Ethics for Rehabilitation Professionals* (2002) have followed suit.

In recent years, other associations have articulated their philosophical principles at the beginning of the code, but have made no attempt to link them to the specific standards that follow. This includes the APA (2002a), the Canadian Counselling Association (CCA) (2007); the Canadian Institutes of Health Research (CIHR), Natural Sciences and Engineering Research Council (NSERC), and Social Sciences and Humanities Research Council (SSHRC) (1998 with 2000, 2002, 2005 amendments). The advantage of making this linkage is that standards can be evaluated in terms of compliance with or demonstration of the longer lasting ethical principles and values.

Many professional codes of ethics are not explicit in articulating their ethical principles, although values may be implicit in their standards of behaviour. The disadvantage here is that it is more difficult to evaluate the rules in terms of demonstrating the overarching ethical principles. For example, we may believe that we respect and care for persons of other cultures, but our rules on obtaining informed consent, maintaining confidentiality, or avoiding dual relationships may not be seen in these cultures as demonstrating respect and caring. Where the moral framework is hidden, the criticisms that professionals are imposing dominant culture values, are unintentionally racist, or are trivializing cultural concerns are more likely to be valid.

Snapshot 5

Confidentiality

Agency rules define the actions that are expected of employees in order to comply with the standard that personal client information is fully confidential. The standard of confidentiality is considered one way to show respect for individual clients. Think of a specific agency and its rules regarding confidentiality of individual client information. Do the rules of this agency actually ensure confidentiality according to the standard? Are the rules and the standard of individual confidentiality respectful of the beliefs of all ethnic groups? Think of some examples where the rules may not be culturally appropriate.

It is important from a cultural perspective to have ethical principles that are both named and defined. The *Canadian Code of Ethics for Psychologists, Third Edition* (CPA, 2000) names the ethical principles as Respect for the Dignity of Persons, Responsible Caring, Integrity in Relationships, and Responsibility to Society. Some codes name the principles as Autonomy, Beneficence, Nonmaleficence, Fidelity, and Justice. The *Canadian Code* defines respect as the positive valuing of human beings, which is more than simply accepting the decisions and wishes of the client or refraining from discriminatory behaviour. The *New Zealand Code* (NZPS, 2002) goes further in requiring psychologists to respect the dignity of persons and peoples and to be sensitive

to their welfare and rights. This Code includes a commitment to social justice in its principle of Responsibility to Society. It also references the *Treaty of Waitangi* (the 1840 treaty between Queen Victoria and the Maori chiefs) as the basis of respect and equality between Maori and non-Maori in New Zealand. The principle of autonomy, defined as the promotion of individualism, independence, and self-determination (Corey et al., 2003), is grounded in Euro-North American thinking and is more restrictive than respect as a positive valuing of human beings.

Psychology's concept of responsible caring requires an active concern for the well-being of others, which means more than being competent or deciding what is of benefit and what is of harm. In addition, responsible caring requires a greater concern to protect the welfare of those in more vulnerable positions than those who are less vulnerable. Responsible caring is a commitment that is a characteristic of the professional and requires that knowledge and skills be applied in the service of others. *Others* includes all sorts of diversity and is not intended here to have racist implications. Hertzspring and Dobson (2000) recognized the Canadian psychology code's two principles of Respect for the Dignity of Persons and Responsible Caring as requiring psychologists to act in diversity-sensitive ways.

Snapshot 6

Sex Therapy

You have established a private practice limited solely to sex therapy. After a couple of years, you accept unmarried couples as clients, despite some vigorous criticism from a few individuals in the community. You discover that there is a need for therapy for gay and lesbian couples, but you anticipate that you will again receive widespread public disapproval from this community if you accept gays and lesbians as clients. How do you resolve this dilemma?

Adapted from Vignette #66, *Companion manual to the Canadian code of ethics for psychologists* (3rd ed.), by C. Sinclair and J. Pettifor, 2001. Ottawa, ON: Canadian Psychological Association.

The *Canadian Code of Ethics for Psychologists* (CPA, 2000) also serves as an umbrella document for more specific guidelines, such as the *Guidelines for Non-Discriminatory Practice* (CPA, 1996/2001a), *Guidelines for Psychologists Addressing Recovered Memories* (CPA, 1996/2001b), *Guidelines for Ethical Psychological Practice with Women* (CPA, 2007), and *Ethical Guidelines for Supervision in Psychology: Teaching, Research, Practice, and Administration* (CPA, 2009). In these documents, the four ethical principles of the *Canadian Code* are described as they apply to each topic and are followed by more specific standards. The guidelines support competent practice in serving clients and should also reduce the likelihood of disciplinary complaints being made against practitioners. Special guidelines are contained within a consistent moral framework through linking them to the ethical principles.

Many codes of ethics seem to limit their attention to diversity on admonitions to be competent and not to discriminate on the basis of age, colour, ethnicity, and so on. This has the appearance of being a minimalist legal interpretation of rights, as in the *Canadian Charter of Rights and Freedoms* (Department of Justice Canada [DJC], 1982), rather than an ethical commitment to respect and serve.

The *Feminist Therapy Code* (FTI, 1999) has special significance for ethical considerations because the philosophy and guidelines address the issues of power and oppression. The philosophy is outlined in the preamble rather than listing the moral principles.

> [Feminists believe in] the equal worth of all human beings, a recognition that each individual's personal experiences and situations are reflective of and an influence on society's institutionalized attitudes and values, and a commitment to political and social change that equalizes power among people.... Thus, a feminist analysis addresses the understanding of power and its interconnections among gender, race,

culture, class, physical ability, sexual orientation, age, and anti-Semitism as well as all forms of oppression based on religion, ethnicity, and heritage. (p. 1)

Substitute *multicultural counsellor* or *rehabilitation counsellor* for *feminist therapist*, and the standards are equally relevant.

In addressing diversity, the *Feminist Therapy Code* is more proactive than other codes in respecting people, monitoring one's own attitudes, empowering others, not abusing power, and actively working to change the oppressive aspects of society. While this code is rarely mentioned outside of feminist circles, it seems ready-made to assist professionals in infusing cultural diversity into professional practice.

Both CPA (2007) and APA (2007), in their guidelines for working with women, expanded their scope of services from therapy and counselling to all psychological services with women. The Canadian guidelines are linked to the four ethical principles of the *Canadian Code of Ethics for Psychologists*. Pettifor and Malone (in press) discussed the historical evolution of the Canadian guidelines from a focus on specific abuses to fostering respect, equality, and quality in services.

Snapshot 7

The Charter

Fundamental Freedoms

Everyone has the following fundamental freedoms:
(a) freedom of conscience and religion;
(b) freedom of thought, belief, opinion, and expression, including freedom of the press and other media of communication;
(c) freedom of peaceful assembly; and
(d) freedom of association.

25. The guarantee in this Charter of certain rights and freedoms shall not be construed so as to abrogate or derogate from any Aboriginal, treaty, or other rights or freedoms that pertain to the Aboriginal peoples of Canada...
27. This Charter shall be interpreted in a manner consistent with the preservation and enhancement of the multicultural heritage of Canadians.
28. Notwithstanding anything in this Charter, the rights and freedoms referred to in it are guaranteed equally to male and female persons.

From *The Constitution Act,* Department of Justice Canada, 1982, retrieved October 30, 2003, from http://laws.justice.gc.ca/en/const/annex_e.html#guarantee

Questions

1. To what extent does the Charter protect persons belonging to non-dominant groups from active discrimination?

2. To what extent does the Charter guarantee all Canadian citizens equal access to health, education, and social services?

3. What do professional codes of ethics offer in addition to the Charter of Rights and Freedoms?

Psychological Testing

Abuses of psychological testing with different ethnic, racial, cultural, gender, and language groups have been a major concern in the profession. The ethical concerns regarding harm to individuals from the inappropriate use and interpretation of tests has led to formal guidelines and practice standards for conducting psychological testing. Issues relative to testing and diversity are included in many national and international documents (American Educational Research Association, APA, and National Council on Measurement in

Education, 1999; CPA, 1987; International Test Commission, 2000; Turner, DeMers, Fox, & Reed, 2002). Issues pertaining to assessment in multicultural counselling are expanded upon in Chapter 8.

Ethics and the Law

Ethics and the law share the goals of regulating behaviour and protecting society. The laws of the land and professional ethics are usually complementary (Ogloff & Olley, 1996). Ethics and the law are sometimes in conflict. Psychologists and counsellors do not have privileged communication and therefore must disclose confidential information when so ordered by the courts. Reporting child abuse is mandatory regardless of whether the counsellor thinks that it is in the family's best interests. The law may be in conflict with Aboriginal beliefs about how justice is administered. Gay and lesbian couples may be prohibited from marrying or adopting children.

It is important to know the law as it affects one's practice and the lives of clients. Counsellors can help clients deal positively with situations in which the law impinges on their lives. Counsellors must keep clients informed about relevant legal matters and the choices that are available to them.

Snapshot 8

Reporting Child Abuse

You have a contract to provide mental health counselling for five days a month to a group of First Nations communities. In your work you become aware of children who have been sexually abused. In accordance with provincial law, you report the abuse to the proper authorities. Subsequently, social workers, police officers, and the courts become involved. One of the chiefs takes you aside and asks that you not make any further reports to the authorities "because the White system is racist, abusive, and disempowering to the Aboriginal people." He implies that your contract will be cancelled if you continue to report. How should you respond?

Adapted from Vignette #89, Companion manual to the *Canadian Code of Ethics for Psychologists* (3rd ed.), by C. Sinclair and J. Pettifor, 2001, Ottawa, ON: Canadian Psychological Association.

Ethical Decision-Making Steps

Professional codes of ethics generally do not provide **ethical decision-making** steps *as a process to assist professionals in taking a rational approach to resolving ethical dilemmas*, the exceptions being the codes of the CPA (1986, 1991, 2000), the Canadian Guidance and Counselling Association (1989; CCA, 1999), the Canadian Association for Music Therapy (Kerry & Sargent, 1999), the NZPS (2002), and the VRAC (2002). The above-mentioned codes have been influenced by the *Canadian Code of Ethics for Psychologists*.

Before looking at alternative decisions for action it is necessary to identify the ethical issues from the perspective of principles and values rather than only from that of rule compliance. Dilemmas usually involve a conflict between principles and rules or between interested parties. Value-based decision-making is more likely to address diversity than a strictly rule orientation. The third edition of the *Canadian Code of Ethics for Psychologists* has added some features to the ethical decision-making steps that make it more compatible to considering the needs of diverse populations (Sinclair & Pettifor, 2001):

- *The nature of the involvement of various partie*s. Identification of ethically relevant issues and practices, including the interests, rights, and any relevant characteristics of the individuals and groups involved and of the system or circumstances in which the ethical problem arose…

- *Self-awareness*s. Consideration of how personal biases, stresses, or self-interest might influence the development of or choice between courses of action…

- *Systemic problem*s. Appropriate action, as warranted and feasible, to prevent future occurrences of the dilemma (e.g., communication and problem-solving with colleagues; changes in procedures and practices). (pp. 33-35)

The ethical decision-making steps provided by the VRAC (2002) allow for collaboration with persons with disabilities and other involved parties in arriving at decisions:

> Develop alternative courses of action remembering that you do not have to do this alone. (Where feasible, include interdisciplinary team members, clients, and others who may be affected by the decisions to share in the process. If the situation is difficult, consult with your professional association or other trusted professionals to maintain objectivity and increase your options for action.).… Act, with an individual or collective commitment, to assume responsibility for the consequences of the action (A collective commitment, as may occur within a multidisciplinary team, requires that someone be assigned the responsibility for follow-up.). (p. 3)

Snapshot 9

Disability and Marriage

Betty is a 25-year-old woman with a disability who lives in a supported living situation and is 6 months pregnant. The baby's father is David, her boyfriend of 2 years. You are a rehabilitation career counsellor who assists Betty in maintaining employment. Her mother asks to see you, and you assume that it will be about how Betty's pregnancy affects her work situation. However, you soon find that her mother wants your assistance in preventing Betty from marrying David and in convincing Betty to be sterilized after the birth of the child. What are your counselling goals?

The *Feminist Model for Ethical Decision-Making* (Hill, Glaser, & Harden, 1995) emphasizes awareness of one's own emotional and intuitive reactions in resolving an ethical dilemma. It is intended to supplement, not to replace, the rational approach recommended by other professions. The increasing emphasis on the awareness of professionals of their own attitudes, feelings, biases, and early socialization is intended to achieve greater recognition and appreciation of persons with diverse beliefs, circumstances, and oppressions.

Regulation and Enforcement

Ideals may be inspired, but not enforced. However, criticisms are made that the professions do not enforce respectful, competent, non-discriminatory practice by their members and that they do not punish those who are guilty of unfair discrimination against persons of ethnic origin, or women, or persons with disabilities. Regulatory bodies are sometimes perceived to be negligent or deliberately protecting their members, contrary to the public interest.

In reality, regulatory bodies are limited in their ability to enforce high standards of practice. A regulatory body has the authority to use sanctions only against serious violations that have been reported, and it must abide by strict procedures to ensure that discipline hearings are fair and legally defensible. Behavioural standards or rules generally define acceptable behaviour specifically enough that it is clear when an individual has not obeyed the rules.

Increased respect and caring for diverse populations will not be achieved through disciplinary measures. Many professionals believe that diversity-sensitive practice is more likely to be achieved through education and *the promotion of optimal levels of practice that focus on positive interpersonal relationships and demonstrate respect and caring for all humans*. This **aspirational focus** is expected to enhance the quality of care provided.

Ethical Guidelines for Cross-Cultural Research

Criticisms of Ethical Guidelines and Practice in Cross-Cultural Research

Critics maintain that much cross-cultural research is neither respectful nor understanding of the culture under observation, and that research reports may be inaccurate and offensive.

Snapshot 10

Vignette

You are a graduate student who wishes to conduct a qualitative study designed to explore and understand the experiences of physical and sexual abuse experienced by Aboriginal women living on a Canadian Indian reserve. You have taken graduate courses in research design, statistical analysis, and qualitative methods. You intend to publish your results and to make recommendations to the federal government on how to deal with the problem of violence against Aboriginal women.

What cultural issues must be addressed relative to informed consent, risk/benefit analysis, deception or "incomplete disclosure," confidentiality, and publication credits?

Snapshot 11

Criticisms of Cross-Cultural Research

"The researcher cannot escape the moral and ethical implications of his/her research and must take responsibility for the outcome of his/her study. He/she should guard against misinterpretations and take into account cultural factors and the limitations of his/her instruments" (Sue & Sue, 1990, p. 25).

"Members of racial and ethnic minority groups understandably are wary of research comparing characteristics of their communities with those of members of White middle-class society" (Grisso et al., 1991, p. 762).

"People such as the homeless, runaways, unassimilated ethnic minorities, prostitutes, intravenous drug and crack users, dual-diagnosis mentally ill persons, and persons with alcoholism are involved in many problems that require research.... Many researchers...typically lack the cultural sensitivity required to adapt methodological and ethical principles to these settings" (Sieber, 1994, p. 372).

"One of the sources of inaccuracy in some areas of research has been the tendency to consider the male of the species as the norm and the female of the species as a deviation from the norm…. A considerable number of other identifiable groups in society have suffered the consequences of having been excluded from research samples and of having been misrepresented when included...persons with disabilities...the elderly...the very young...the economically disadvantaged, and...members of non-dominant cultures" (Stark, 1998, p. 205).

"Scientists as moral agents must integrate their caring and understanding of participant perspectives with a realistic sense of their own competencies to take responsibility for ethical decisions" (Fisher, 2000, p. 134).

"Several sources of reactivity were found. These include rigid protocol, differential treatment, non-Native researchers, threats to composure, lack of inherent social value for the participants and over publishing. In addition to these evident sources of reactivity, researchers need to show sensitivity about the simple workload on participants that are unfamiliar with testing and are working in their second language" (Darou, Kurtness, & Hum, 2000, p. 51). These authors discussed reasons for the James Bay Cree to eject psychology researchers from their land.

"Current ethics regulations, although critical, often disregard the unique ethical challenges that scientists confront in research with diverse ethnic populations" (Carpenter, 2001, p. 34).

Cross-Cultural Research Issues

The main purpose of research is the pursuit of scientific knowledge. Integrity in scholarship requires researchers to be competent, objective, and honest; to recognize the work of others; and to be open to sharing their work with the scientific community. The protection of human participants from harm is an important

requirement in the process of pursuing scientific knowledge and is implemented by addressing informed consent, confidentiality, avoidance of risk, and, where feasible, the avoidance of deception. All of these concerns can be addressed in traditional research guidelines and still be lacking in respect for the different beliefs and the best interests of research participants.

Volumes of literature address how science should be conducted in both methodology and relationships with human participants. The concept of fully informed consent may be based on respect for individuals, but the signed consent form by an uninformed participant is neither respectful nor ethical.

Some cultures require consent from the governing bodies before considering consent from individuals. Today's codes do not prohibit but instead place restrictions or conditions on the use of deception and incomplete disclosure in order to balance respect for the research participants with the need to obtain data on important research questions. Honesty and a lack of deception are important in maintaining public confidence in funding research. Some cultural groups are distrustful of researchers. One strategy that is respectful of participants is to include them in planning and conducting the study, and to obtain their approval of the findings, including their consent, before making the report public.

Snapshot 12

Vignette

A government department has contracted you to conduct an empirical program evaluation of the effectiveness of a service program (such as an Aboriginal child welfare program, or a rehabilitation program for adults with acquired brain damage, or a career training program for the chronically unemployed). You are careful to fully respect guidelines for conducting research and you believe that it is respectful and helpful to establish a local advisory committee. At the conclusion of your study you make several recommendations for improving the effectiveness of the program. You check with the participants on the accuracy of your findings and you seek their approval to submit your report to the funding body. To your surprise they tell you to either change your findings or scrap the whole thing. They believe that you are providing grounds for the government department to discontinue their funding.

What are the key issues involved in who makes decisions about the results and dissemination of research? How should you proceed in negotiating what results, if any, can be distributed to the funder of this research and to the public? What steps could you take to protect the concerns raised by the research participants and their community?

Social justice concerns and protests of diverse populations have surfaced more frequently and more loudly in recent years. The denial of voice and of benefits of research for some non-dominant groups has led to recommendations for increased collaboration, benefits for participants and for society, promotion of social change for a just society, and attention to the uses and abuses of power. Various cultural groups believe that they are under-represented and misunderstood and suffer discrimination from insensitive, uncaring researchers. Changes to respect greater diversity, in both scientific methodology and in relationships between researchers and human participants, come gradually.

Historical Influences in Social Sciences Research

Science in modern society has often replaced older authorities as a respected source of knowledge and moral authority for decision-making. Yet scientists may be untutored in responding to ethical concerns intrinsic to their research and ideas or to the possible social applications of their work (Appleyard, 1992). House (1993) maintained that the perceived authority of science has come about as a result of the breakdown of traditional structures under advanced capitalism and the belief that science will contribute to the American dream of continuing progress and a better quality of life for all citizens.

Historically, the social sciences were based on the rigorous methodology of the natural sciences designed to produce uncontaminated factual knowledge on the nature of human behaviour for the ultimate betterment of humankind. Scientists aimed to discover laws that could be generalized in order to understand, predict, and control human behaviour. Personal beliefs and values were considered detrimental to conducting research because they introduced bias. Concern for the rights or well-being of the research subjects was often seen as an impediment to achieving scientific excellence. In the context of value-free science, scientists argued that social implications and human applications of research findings were not their responsibility. This approach is not compatible with a study of differences among peoples or the experience of belonging to a diversity-specific group in society.

Scientific and academic psychology has a much longer history than professional psychology, but the development of ethical principles for the conduct of research is more recent. External events contributed to changes in thinking about the values of science and the principles and rules for governing the conduct of research. Nuclear scientists faced a moral crisis when their science resulted in dropping atomic bombs on Japan in 1945. The discovery of atrocities committed in the name of science in Nazi Germany resulted in the development of the 1946 *Nuremberg Code of Ethics in Medical Research* for the adjudication of Nazi war crimes in human experimentation (Mappes & Zembaty, 1991). It is the first known code of ethics to incorporate the concept of informed consent, and is perhaps the first major challenge to the beneficence of the professions (Sinclair, 1993). The trust of the public in research diminished as reports of abuse of human participants in medical and social sciences surfaced in North America. Abuses in research involving both fraud and harm to human participants have regularly come to the public's attention over the past 50 years.

What did the post-World War II codes of research ethics address? The *Nuremberg Code of Ethics in Medical Research* (Mappes & Zembaty, 1991) addressed the importance of informed consent, protecting subjects from harm, and competence of researchers. The *Declaration of Helsinki* (World Medical Association, in Mappes & Zembaty) emphasized informed consent, competence, and a definitive statement that "the interest of science and society should never take precedence over considerations related to the well-being of the subject" (p. 213). The concerns following World War II were primarily for the protection of human subjects from harm, and informed consent was seen as the major means of protection, since competent subjects would not consent to be harmed.

Contemporary Codes Addressing Ethics in Research

Clearly, there is an evolution or revolution underway to expand the ethics of research (objective fact-finding and logical analysis) to include more proactive respect for the experiences of research participants and more proactive responsibility for the welfare of society. Both of these thrusts are value laden. Today, methodological changes in the study of social behaviour are more likely to include observations in natural and cultural surroundings and advanced correlational methods. These and other changes are seen as more respectful of participants and more relevant to the pursuit of knowledge. The ethic of responsibility and caring in relationships has been proposed as an alternative to the ethic of simply ensuring individual rights (Gilligan, 1982). Social action research and participatory action research have given research a social and political agenda to assist participants in improving the quality of their lives.

Although professional codes of ethics apply to practice, research, and teaching, a large number of guidelines have been formalized for conducting research. Examples are described below in terms of their relevance for cross-cultural research.

The APA's (1982) *Ethical Principles on the Conduct of Research with Human Participants* was first adopted in 1973 and revised in 1978 and 1981. The introduction to the *Ethical Principles in the Conduct of Research with Human Participants* reflects the perceived conflict between the scientist's obligation to expand knowledge for the sake of ultimate human betterment and an ethical requirement to not violate the rights of human participants. Many of the principles attempt to balance what are seen as conflicting responsibilities, such as the potential value of the research for human knowledge on the one hand and, on the other, the cost to the research participants. While there are admonitions to respect values of informed consent, avoidance of

harm, and avoidance of deception, room is left to justify violations in the interests of the potential greater good. The discussion and ambivalence around the rights of human participants appear to be based on responses from a wide range of consultants who feared that stringent adherence to respecting the rights of research participants would restrict them from conducting valuable research.

The *Ethical Principles of Psychologists and Code of Conduct* (APA, 2002a) does not specifically address cross-cultural research. The general principles of (a) Beneficence and Nonmaleficence, (b) Fidelity and Responsibility, (c) Integrity, (d) Justice, and (e) Respect for People's Rights and Dignity clearly apply to both scientific and professional activities. The following statement appears under the section on competence.

> Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of age, gender, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of services or research, psychologists have, or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services. (pp. 1063-1064)

The meaning of *establishes* in this context is unclear. However, psychologists are expected to recognize and respect human differences and to be competent in offering their services.

Ethics in Research with Human Participants (Sales & Folkman, 2000), published by the APA, appears to recognize special populations as only those that are legally incompetent; lack resources, such as persons who are homeless; are stigmatized, such as gay men and lesbians; or are institutionalized, such as prisoners and some people with mental disorders. Social Responsibility, as a principle in the 1991 code, does not appear in the 2002 revision. The APA guidelines appear to fall short of even a basic range of diversities discussed in the literature.

The *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (CIHR et al., 1998 with 2000, 2002, 2005 amendments), which was developed by Canada's three major federal research funding agencies, contains a chapter on *Context of an Ethics Framework* that, if applied, would serve diverse populations much better in the future than has been the case in the past. The chapter on moral framework discussed the importance of context, relationships, and commitment to social welfare. The Guiding Ethical Principles are (a) Respect for Human Dignity, (b) Respect for Free and Informed Consent, (c) Respect for Vulnerable Persons, (d) Respect for Privacy and Confidentiality, (e) Respect for Justice and Inclusiveness, (f) Balancing Harms and Benefits, (g) Minimizing Harm, and (h) Maximizing Benefit. A subject-centred perspective entails an active involvement by research subjects and ensures that their interests are central to the project or study and that they will not be treated simply as objects. The *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (CIHR et al., 1998) states:

- Good reasoning requires thought, insight and sensitivity to context, which in turn helps to refine the roles and application of norms that govern relationships. (Section G, ¶1)
- Beyond a keen appreciation for context, effective guiding principles also depend on procedures and policies for their implementation. (Section G, ¶5)
- An ethic of research involving human subjects should include two essential components: (1) the selection and achievement of morally acceptable ends, and (2) the morally acceptable means to those ends. (Section B, ¶1)

This document addresses the inclusion in research of women, Aboriginal persons, and those who are legally incompetent to consent, but does not otherwise discuss multiculturalism. Medical research and procedures for research ethics boards are given a great deal of attention. As of February 2009, this document is under review.

The *Canadian Code of Ethics for Psychologists, Third Edition* (CPA, 2000), places its highest value on respect for the dignity of persons and recognizes that as power differentials increase between psychologists and others, psychologists must accept a greater responsibility to protect the rights of vulnerable persons. The *Canadian Code* is explicit in requiring psychologists to be knowledgeable and self-aware of their own potential biases, as well as to take particular care to protect against misinterpretation and misuse when reporting the results of any work with vulnerable groups. The code recommends that psychologists be proactive, value-based, self-aware, and socially responsible for their actions.

All of the principles that apply to professional practice also apply to teaching and research. The steps for an ethical decision-making process are equally relevant for research and practice.

The Social Science Federation of Canada's *Ethical Decision-Making for Practicing Social Scientists: Putting Values into Practice* (Stark [-Adamec] & Pettifor, 1995) is a unique document in the evolution of guidelines for social scientists. In clearly articulating three overarching values to guide the activities of social scientists of various disciplines, it emphasizes integrity in relationships as essential to conducting good research and to contributing to social action. The three overarching principles are:

I. Integrity in scholarship and teaching. The conduct of social science involves the competent and responsible search for new knowledge and the accurate dissemination of this new knowledge. (p. B: 1)

II. Integrity in relationships. The conduct of social science is a social process involving relationships with others. In these relationships social scientists take care to demonstrate respect for individual and cultural differences, and respect for the dignity and rights of others. (p. B: 2)

III. Responsibility to society. Social scientists are engaged in a social contract with society. Society can reasonably expect to receive benefits in exchange for supporting the social sciences. (p. B: 2)

Steps for a problem-solving or an ethical decision-making process are provided to demonstrate adherence to principles and values in resolving ethical dilemmas. The last step of the decision-making process in the Canadian Code of Ethics (CPA, 2000) is to evaluate the systems within which the ethical issue arose, with a view to identifying and removing conditions that facilitate or reward unethical behaviour. This step recognizes that, while individuals are considered responsible for their own decisions, societal attitudes and organizational practices may encourage and reward unethical behaviour. Counsellors have a responsibility to attempt to change harmful aspects of society.

In reviewing the nearly 100 vignettes of real-life dilemmas submitted by social scientists (Stark [-Adamec] & Pettifor, 1995), integrity in relationships seemed to be the essential ingredient both in ensuring good scholarship and in contributing to the welfare of society. Many of the vignettes involve abuse of power and oppression or exploitation of those without power. Social justice is an underlying concept throughout the document.

Diversity-Specific Guidelines

Persons with disabilities

Social science literature addressing the needs of persons with disabilities is limited, although the social construction theory of disability describes social psychological barriers as more handicapping than biological and medical conditions. Gatens-Robinson and Tarvydas (1992) suggested five problematic moral themes within the disability context:

• *The temptation of paternalism.* It is tempting for professionals to believe that they know the client's needs best and therefore to show little respect for client wishes and autonomy…

• *Disability as an anomaly for traditional ethics.* Because persons with disabilities are perceived as less capable of rational decision-making, they are denied rights and privileges that are normally accorded competent adults…

• *A medical model versus an environmental model of disability.* The medical model emphasizes fixing the object, disorder, deficit, or symptom more than enhancing the quality of life of persons within the natural community…

• *Possessive individualism and independence versus interdependence.* Independence is unrealistically valued in society for all persons, which results in a devaluation of those who must depend on others.

• *Submission to the care of strangers is too often viewed as charity beyond any moral obligation.* To be recipients of charity diminishes the value of persons with disabilities. (pp. 28-32)

According to these authors, research and practice in the field of disabilities should be based on (a) contextual deliberation, (b) non-hierarchical deliberations, (c) skilled communication with persons with disabilities as an essential prerequisite in addressing moral issues, and (d) movement away from impersonal interaction to more inclusive, person-centred types of interaction.

All of these observations and guidelines represent ways of showing genuine respect for the dignity and self-determination of persons with disabilities and a consideration of their quality of life within communities.

Snapshot 13

Research or Not?

You are working part-time as a data analyst to assist Dr. Scubby in his investigation of two different intervention approaches with persons with adult onset of brain injury. The clients are randomly assigned to two treatment groups on an ongoing, open-ended basis. Since this project appears to you to be research, you question why it has not received a research ethics review and why the clients have not been told and have not consented to be research participants. You also have questions about the adequacy of the research design. You are told that it is really just an internal quality assurance program, so it does not require review, and it makes no difference to the clients because no one is denied treatment and they might not understand anyway. You should just do your data analysis and not worry about these things. Later, Dr. Scubby presents the results of the study at a professional conference as research and publishes an article with no discussion of methodological limitations or of ethical implications. Do you have any further responsibilities?

First Nations/Cree

Darou et al. (2000), on the basis of their experience with the James Bay Cree in Northern Quebec, offered advice to researchers working with Aboriginal persons. The following suggestions are abridged from their discussion:

1. Be patient and accepting.
2. Be flexible, because you can never completely understand the cultural context.
3. Try to recuperate gracefully from your cultural gaffs. Do not pretend to be Native.
4. Learn something about the culture and the language.
5. Do not conduct research unless you have been invited and you have a clear and relevant purpose.
6. Obtain a local advisory committee, prepare culturally sensitive instruments, and provide feedback.
7. Consider non-experimental designs.
8. Remember that outside researchers put a great deal of strain on the community in terms of time, space, finances, and other sometimes scarce resources.
9. Put something valuable back into the community.
10. Share results with the community, debrief all parties, and seek approval from local authorities for publication.
11. Do not interfere with Native politics. (pp. 51-52)

All of these observations and guidelines represent ways of showing genuine respect for the culture, dignity, and self-determination of Aboriginal peoples and of correcting the errors of past researchers. Brant Castellano (2004) described the ongoing initiatives to develop codes of ethics for Aboriginal research that reflects Aboriginal culture worldview and the struggle for self-determination.

Feminist research guidelines

The purpose of feminist research is to provide knowledge that will promote equality in society. Issues of power and control influence all stages of the research and therefore must be addressed in every project. Freyd and Quina (2000, p. 119) provided guidelines for the ethical conduct and dissemination of scientific research

that will minimize the power differential, respect the experience of participants, and serve their interests. Muzychka, Poulin, Cottrell, Miedema, and Roberts (1996) provided a guide to conducting feminist research. *Feminist Research Ethics: A Process* (Canadian Research Institute for the Advancement of Women, 1996, pp. 9-33) provided 189 questions that feminist researchers are asked to consider in conducting research. *Science Free of Sexism: A Psychologist's Guide to the Conduct of Nonsexist Research* (Stark-Adamec & Kimball, 1984) described the many ways that sexist bias can result in invalid research. It also provided a checklist of questions to guide researchers in conducting nonsexist research. Research guidelines have been developed for the protection of other special populations that may be subject to discrimination, such as *Ethical Principles for the Conduct for Research in the North* (Association of Canadian Universities for Northern Studies, 1982) and *Ethical Standards for Research with Children* (Society for Research in Child Development, 1990).

The diversity-specific guidelines for researchers emphasize showing respect for others through courtesy, honesty, understanding, egalitarianism, collaboration, sharing at all points in the research, benefit for the research participants, and seeking approval of reports or publications. The specific guidelines describe the characteristics that are essential in being respectful of other populations and the characteristics that are essential to remedy research abuses of the past. Generic codes of ethics are based on moral principles that apply to all situations and types of professional activity. However, generality may lead to ambiguity in addressing diversity-specific situations and thus may not be seen as a deterrent to unintentional discrimination against a variety of marginalized persons or to a trivialization of diversity issues. Some researchers still fear that being too considerate of research participants will be a barrier to conducting their studies, while others believe that not to do so invalidates the research. The theme of research across cultures is picked up again in Chapter 9.

Social Justice and Responsibility to Society

When the powerless and the poor are excluded, social justice is extremely limited. In Rawls' (1971) description of **social justice**, *(a) each person has an equal right to the most extensive basic liberty compatible with a similar liberty for others and (b) social and economic inequalities are arranged so that they are both (i) to the greatest benefit of the least advantaged (difference principle) and (ii) attached to offices and positions open to all under conditions of fair opportunity.*

House (1993) maintained that scientists and evaluators are reluctant to recognize the relevance of social and economic class in their findings of difference because to do so would question the fundamental tenets of American society of liberty, equality, and the good life for all. Instead, they tend to identify deficiencies in individuals, programs, expectations, or other external factors, thus devaluing others and placing blame on individuals rather than criticizing society. O'Neill (2004) maintained that how one defines a problem (individual or societal) determines what data one collects and what conclusions one makes.

By the 1960s and 1970s, there were many challenges to the concept that science was value-free as a source of knowledge and truth. Social science research, modelled on the experimental rigor of the natural sciences, faced a crisis of relevancy and credibility. Questionable research procedures were often rationalized in terms of potential long-term benefits to society (Dunbar, 1992), which should be no surprise, considering the ambivalence that scientists had about principles for the protection of human participants.

Demands for social justice come from many sources. The thrust of identity politics is the belief by many social groups (for example, those based on gender, sexual orientation, disability, and ethnicity) that they must strive to be liberated from the oppression and injustice they experience in society because of their specific identity (Heyes, 2002). Within this context, science is challenged to respond to the full diversity of human nature and to adhere to the ethics of respect and caring for all persons (Sampson, 1993b). Generalizable laws of human behaviour may not respect diversity except as deficiency.

In the last 10 years, another crisis has arisen for society: the challenge of balancing and adjudicating the allocation of resources to meet the social, health, and educational needs of the population. Research funding is also affected by budget cuts. Marginalized persons are more likely to suffer from restricted services. To some

extent, the term "special interest group" has become a negative descriptor regarding the needs of non-dominant or minority groups instead of a call for respect of differences. Professionals may have difficulties caring for the most vulnerable when human values and virtue conflict with economic priorities and political agendas (Pettifor, 1996).

Snapshot 14

Diversity Implications for Access to Health, Education, and Social Services in a Climate of Economic Restraint and Privatization of Services

What do politicians mean when they say that they or the public must make *hard* decisions? Does this mean setting priorities about who will benefit and who will suffer by restricting services?

Identify a specific service in the area of health, education, or social services. Is it privately or publicly funded? Then think about the diversity of persons requiring services.

Questions

1. How will economic restraints generally affect citizens' access to services?
2. How much should access to services depend on what *I want, I need, I deserve*, or *I can pay?*
3. Will economic restrictions affect persons of some types of diversity more than others? Why or why not?
4. Will economic constraints affect the nature of your counselling clientele?
5. Will economic constraints affect primary prevention and social planning for the alleviation of social problems?
6. What social action strategies are appropriate for multicultural counsellors to embrace?

What Does the Future Hold?

Over the past decade or so there has been significantly increased attention paid to multicultural counselling in the professional literature, in professional training, and to standards for accreditation of training programs. As society becomes increasingly multicultural, and non-dominant populations become increasingly visible and vocal, there seems to be a greater acceptance of diversity in some domains of professional practice and greater rejection in others. Training, continuing education, publications, and conference presentations on competent and ethical multicultural counselling are still needed.

Some professionals are recommending that consumers of services should share in the development of codes of ethics, especially since they are the ones most affected by the nature of the services received. In a workshop on Ethics of Respect and Caring sponsored by a *Persons with Developmental Disabilities Board*, consumers, family members, service providers, and administrators were asked what it means for them to be respected and what it means for them to respect others. While each group endorsed the principle of respect for others, each felt that they were not sufficiently respected, understood, heard, or considered important by the others (Pettifor, 2001b). The direct exchange of views contributed to a better understanding. Whether or not consumers and other stakeholders are involved in the development of codes of ethics, there may be more dialogue in the future on what the ethical principles mean, and such dialogues will hopefully promote greater respect and understanding in practice.

A great deal of attention has been given in North America to defining competencies in multicultural counselling. Attempts are made to define the components of the knowledge, skills, and attitudes that are required. Competencies are not defined in codes of ethics, although adherence to ethics codes requires counsellors to be competent in their professional activities. Incompetent practice is unethical because it does harm. Collins and Arthur (2005) proposed the *working alliance* as an organizational construct to integrate core multicultural competencies. Various components of an effective counselling or therapeutic relationship

(including competencies) have been proposed in the past, such as empathy, genuineness, trust, honesty, caring, and respect. All of these characteristics of good relationships contribute to the working alliance. If we extend the concept of cultural beings to all individuals and their individual identities, then what we propose about multicultural counselling can be applied to all counselling; there should be no need for special guidelines for special populations. Culture would be infused in all counselling. However, as long as non-dominant groups of people are treated unequally and marginalized there will be a need and a demand for special training and guidelines.

Two current issues in psychology may have an impact on multicultural counselling. The movement for professionals to adopt only empirically supported interventions must be monitored. If the professions, funders, and employers are rigid in requiring interventions that have been empirically matched to diagnostic categories, multicultural counsellors may face ethical dilemmas on to how to provide relevant services for clients. The inappropriate use of interventions could become a potential source of harm. The evidence used for supporting interventions must be relevant to non-dominant populations with their own cultural beliefs and living styles. Secondly, psychologists obtaining prescription privileges could be a benefit for professionals and clients, but it could also be a mistake if socially determined problems become *medicalized*, either for the convenience of professionals or because of insensitivity to culture and social issues.

International Association Codes of Ethics

Most of the literature on multicultural counselling addresses cross-cultural counselling within European and North American societies and therefore discusses the application of the values of Western societies. International associations, however, often develop ethical guidelines to guide members living and practicing anywhere in the world. These associations include the International Association of Educational and Vocational Guidance (2001), the International Association of Marriage and Family Counselors (2002), the International Association of Psychiatric Rehabilitation Services (2000), the International Federation of Social Workers (2002), the International School Psychology Association (Oakland, Goldman, & Bischoff, 1997), the World Medical Association (1994), and the World Psychiatric Association (2002). These guidelines all discuss such basic issues as respect for individuals (including informed consent, privacy, and confidentiality), competence, client well-being, and conflict of interest.

Some international ethical guidelines emphasize multicultural competency. For example, the International Association of Marriage and Family Counselors (2002) requires that members do not impose personal values on families, that members become multiculturally competent, and that they use indigenous healing practices when appropriate. The International School Psychology Association (Oakland et al., 1997) expects its members to respect the cultural environments within which they work and to provide appropriate ways to serve diverse populations.

Although international codes of ethics support non-discrimination and respect for diversity, few speak to responsibility to society or provide guidance when the cultural beliefs of clients, families, and communities are in sharp conflict with the requirements of professional codes of ethics. For example, respect for autonomy and self-determination of individuals is not desired in cultures that value interdependence and the collective good of families, communities, or nations or that see religious authority as more important than Western science in resolving problems. The international professional association-approved ethical guidelines appear to be strongly dominated by Western values, while still attempting to recognize and respect diversity. However, unintentional racism and trivialization of cultural differences are not yet things of the past.

In July 2008 the *Universal Declaration of Ethical Principles for Psychologists* was adopted by the International Union of Psychological Science (2008) and the International Association of Applied Psychology. This unique document, based on research and world-wide consultation, provides a moral framework of ethical principles that appear to be near-universal. The four overarching principles are described as: Respect for the Dignity of Persons and Peoples, Competent Caring for the Well-Being of Persons and Peoples, Integrity, and Professional and Scientific Responsibility to Society. Specific standards of behaviour to accompany each principle are deliberately not provided because how these principles and values are demonstrated in practice

will be determined differently within the various cultural, regional, and political groups. The description of the Principle of Respect has been expanded beyond the usual definition in western codes of ethics:

> *All human beings, as well as being individuals are interdependent social beings that are born into and are a part of the history and ongoing evolution of their peoples. The different cultures, ethnicities, religions, histories, social structures, and other such characteristics of peoples are integral to the identity of their members and give meaning to their lives. The continuity of peoples and cultures over time connects the peoples of today with the peoples of past generations and the need to nurture future generations. As such, respect for the dignity of persons includes moral consideration of and respect for the dignity of peoples.* (International Union of Psychological Science, p. 2)

Despite signs of greater acceptance and understanding across cultures worldwide, political, economic, religious, and racial differences still underlie some of the worst violence, terrorism, genocide, and killing that the world has known. Science and technology have been used to augment the power to kill. Mutual respect among peoples calls for peaceful ways to address differences. Respect is the cornerstone of professional ethics.

Chapter Summary

The principles of good multicultural counselling should be the same principles for all counselling. However, multicultural counselling has traditionally addressed counselling with a range of persons from non-dominant or dissimilar groups in society. Respect, caring, and integrity are the moral foundations for professional ethics. Criticisms abound that professional codes and practitioners do not fully respect diverse populations. A review of recent revisions of ethics codes as they address multicultural counselling indicates an increased awareness and acceptance of differences. At the same time, some aspects of society are neglectful or oppressive. Ethical practice includes a responsibility to work for the betterment of society and the elimination of oppressive conditions. In addition to considering multicultural counselling within Euro-North American cultures, international professional associations are attempting to develop ethical guidelines that are appropriate across cultures worldwide. The challenges and the commitments are great.

Conclusion

Ethical guidelines must continue to evolve to reflect how we apply moral principles to our lives, and our lives must include those who are presently marginalized in society. The mainstream codes of ethics are good as far as they go, but they require proactive interpretation and implementation. Critics see them as falling short of meeting egalitarian and social justice aspirations. Ethical guidelines tend to lag behind progressive thinking in society. It is my contention that if we look at moral principles as the guiding lights for our interpretations, applications, and rules for conducting research and practice, then ethical principles and values should lead the way rather than follow.

To lead, we must address the diversity of people in all aspects of society with genuine respect and caring. Community psychology, feminist practice, and social construction theories of disability show significant leadership for developing more appropriate guidelines for professionals working cross-culturally. They address issues of power and oppression in society rather than limit attention to individual pathology and thus blame the *victim*. The counselling profession has been a leader in promoting multicultural sensitivity and practice. The *Universal Declaration of Ethical Principles for Psychologists* may be the next major accomplishment in including all persons and peoples as respected members of the human family. Culture may indeed need to be infused in all counselling.