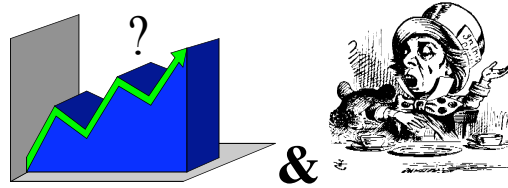


Research Methods and Data Analysis & Psychology of Atypical Behaviour



ETHICS

You might want to ask why we, as psychologists, should be interested in ethical issues. There are a number of reasons:-

- People and animals have feelings and sensations (they are sentient) and so are capable of reacting to pain, fear etc. Psychologists need to be aware of sentience and its implications at all times.
- People are thinking beings, therefore situations that are not physically threatening may still evoke feelings of guilt, stress, self-doubt etc. Psychologists often subject people and animals to situations which induce unpleasant feelings or sensations and need to think twice when intending to do so.
- Any attempt to induce any of the above feelings has the potential to be morally unacceptable

RESTRICTIONS

It could be argued that every psychology experiment is an ethical situation. This is mainly because in both laboratory and natural settings there is a difference in power associated with the role of the researcher and the role of the person/animal who is being researched: the researcher tends to have more power than the researched. The British Psychological Society (BPS) have developed some guidelines (e.g. BPS 1993: Ethical Principles for Conducting Research with Human Participants) which are intended to protect the rights and dignity of those who participate in psychological research. In these guidelines, the testing of human participants in research is referred to as a "privilege". This privilege is only retained if researchers abide by the principles. The BPS guidelines outline nine major principles that should be followed:-

1. **Consent:** you must make sure that all participants have agreed to take part in your study.
2. **Deception:** this is very common in psychology experiments, because it will often be the case that if participants know the aims of your research then it will affect the results. Sometimes, deception is minor and would have no great affect on the psychological well-being of participants, provided they are thoroughly debriefed. However, some deception is more serious (e.g. a study by Bramel, 1962, gave male participants false feedback about their emotional reactions to photographs of sexy men such that the participants were led to believe that their reactions indicated homosexuality!). If deception is to be used, because it's unavoidable, the BPS suggest that consultation should take place between the researcher and people with similar backgrounds to those who are going to take part in the study. This consultation will allow the researcher to find out if their method and aims are likely to upset potential participants. Also, in some cases it is possible to get permission to deceive: you can

ask your participants if they would mind taking part in a study which might involve deception. Whichever situation you decide on, a full debrief is vital.

3. **Debriefing:** all studies should include a full debrief for each participant, where the true aims and purpose of the study are revealed and every attempt is made to ensure that participants feel the same about themselves when they leave as they did when they arrived. Where participants have been seriously deceived, this responsibility is even more important and will involve time and effort.
4. **Withdrawal from an investigation:** at the start of the investigation, participants should be told that they can leave the situation at any time and that they can withdraw their data at the end of the investigation if they wish. They should not be made to feel that they are being difficult by doing this! So, no sighing, tutting and swearing as they request that their data, that you have just spent one hour collecting, should not be included in the study.
5. **Confidentiality:** all that happens, all the information you obtain in your study should remain between you and the participant. This means that when you are reporting on your study you should not include names, addresses and phone numbers. As an investigator, you should always guarantee the anonymity of participants. Of course, if there are clear dangers to human life (e.g. a participant in your study threatens to kill all those people whose name begins with K) then you can contravene the confidentiality rule.
6. **Protection of participants:** your study should not involve any physical or mental hazards to your participants. For example, deciding to carry out a study that looks at the effects of increasing doses of arsenic on reaction time is not a good idea, ethically speaking. Also, your participants have the right to privacy, so you should not carry out any procedures that invade their privacy. For example, if you want to find out about attitudes towards sex you should not ask the participant for their responses in front of an audience and you should make sure that they do not mind being asked about such a potentially sensitive subject!
7. **Observational research:** this might involve observing people in their natural environments, so you may not wish them to know that they are being observed and you may be unable to contact them afterwards. This is probably not a problem if the research is unobtrusive and when privacy is not being invaded (so undercover sex research disguised as a wardrobe is not allowed!). However, participant observation is a potential mine-field. For example, Humphreys (1970) investigated the behaviour of consenting homosexuals in a public toilet by acting as a "lookout". The people being observed were completely unaware of the study and of the fact that their car registration numbers were recorded in order to obtain more background information later on! Quite a no-no, definitely not ethical.
8. **Giving advice to participants:** if you discover that someone has a particular personality or have emerged as a psychopath from your research you should not presume to give them advice. You are not a clinical psychologist and they have not come to you for help. If they do ask for advice you should avoid telling them to do

something directly, but you could refer them to an appropriate source of advice.

9. **Monitoring of colleagues in the profession:** this affects you as well as psychology professionals because if you see someone in your group acting in a way that is unethical in carrying out some research you should advise them not to (provided they would not react by punching you on the nose!)

One of the most important sections of the Principles, as far as you are concerned, is:-

"In all circumstances, investigators must consider the ethical implications and psychological consequences for the participants in their research. The essential principle is that the investigation should be considered from the standpoint of all participants: foreseeable threats to their psychological well-being, health, values or dignity should be eliminated."

PROBLEMS WITH ETHICS

- Even if the BPS guidelines are followed, there is a traditional masculine dominated approach in the power relationship between researcher and researched and the idea is that this difference in status and power will create a social and emotional distance between the researcher and the researched. This means that the subject may be treated more as an object. In contrast, feminist research requires the researcher to become actively involved in the research process, taking the perspective of the participants. This means that they are not detached investigators but become an integral part of the whole process. If a more feminist perspective is taken it should reduce problems of the experimenter "being in charge" which could involve deception and some lack of consent in the experimental situation (e.g. Milgram's 1963 experiment).
- Deception does play a part in many psychology experiments, particularly those in the area of social psychology. Milgram (1992) suggests there may be good reasons why the participant is being deceived; some social psychology experiments could not be carried out unless the participant is ignorant of the true purpose of the experiment. Milgram calls this kind of deception "technical illusion"(!) and suggests that this is justified if the deception is, in the end, accepted and endorsed by those who have been deceived. Christensen (1988) suggests that participant will tend not to mind as long as the deception is mild. However, whatever the arguments in favour, the fact remains that if the participant is deceived they cannot give their informed consent to take part in the experiment and ethically the experiment will be on shaky ground. Alternatives to informed consent includes presumptive consent (where the views of a large number of people about the acceptability of an experimental procedure are obtained) and prior general consent (where consent could be obtained from people who might be asked to participate in an experiment where they might be deceived).
- There are limitations to compromise solutions regarding deception and it is therefore important that the experimenter spends a lot of time after the experiment carefully explaining its true purpose, asking the participant if they would like to withdraw their data and making sure that the participant is in the same psychological (and physical!) state when they leave as they were when they arrived.

- Many psychology experiments, it could be argued, are inherently unethical because psychologists are trying to find answers to questions which themselves often stem from all kinds of prejudices. Most of the time the psychologists will not be aware of these prejudices but this does not absolve them of the "crime". Research questions are often shaped by the values of the researchers and the methodologies available. This means that not only might the questions themselves be skewed but the laboratory experiment itself may be extremely limited in the kinds of questions that it allows psychologists to investigate.

ADVANTAGES GIVEN BY PSYCHOLOGICAL RESEARCH

- With all these criticisms in mind, it might lead some to suggest that research in psychology is such an ethical minefield that it is not worth doing! However, Brehm (1992) argues that not only are psychologists obliged to protect the welfare of individual participants, they are also obliged to carry out socially meaningful research, which has the potential to change people's lives for the better. Aronson (1992) also argues that psychologists are under an obligation to use their research skills to advance our knowledge and understanding of human behaviour for the ultimate aim of "human betterment".
- Taking the example of deception, this "human betterment" argument could be used to justify deception if the short-term deception of a participant leads to the benefit of people in general. Nevertheless, most researchers would agree that deception should not be used unless it is essential to do so and that when it is used the debrief given to participants should be very thorough.
- Psychological research can be used to make people more aware of the influences that affect our behaviour, making it more likely that we will act differently (presumably in a better way?) armed with that knowledge.

PSYCHOLOGISTS AS PRACTITIONERS

Of course, not all psychologists are researchers, some are practitioners too. The practitioner role refers to the work of clinical, educational and occupational psychologist who work in applied settings and who very often will be aiming to change behaviour in some way. There are additional ethical guidelines that apply to these psychologists because the relationship between the practitioner and client is very different in many respects from the relationship between the researcher and the researched. In particular, the practitioner is attempting to change something, presumably for the benefit of their client, while the researcher is merely trying to find out more about what the researched is already like. The major ethical issues involved in this area of research are:-

- ***Informed consent***

The patient is likely to be in a vulnerable state and so may not be able to make informed judgements as to the suitability of a particular form of therapy and may not understand the procedures involved. This means that they may think they are consenting but may question how informed their consent is. However, most patients seem to gravitate towards the therapy and therapist they feel most comfortable with and they can withdraw as soon as they wish.

- ***The influence of the therapist***

There will almost inevitably be some subtle coercion that can operate (particularly on hospitalised patients) to accept the treatment recommended. There has been a long-standing debate about the acceptability of behaviour therapy as it is seen as manipulative and demeaning and is seen by some as one of the main therapies that has a strong influence on the patient. However, Wachtel (1977) argues that all therapists, whatever their persuasion, influence their patient if they are at all effective. The crucial issue is the nature of the influence and there are four crucial questions that need to be asked:

- (1) Is the influence exerted in a direction that is in the patient's interest?
- (2) Are some good ends being achieved at the expense of others?
- (3) Is the patient fully informed about the kind of influence that the therapist wishes to exert?
- (4) Is the patient's choice being excessively influenced by a fear of displeasing the therapist rather than by what he/she would prefer?

- ***Behavioural control***

Methods based on operant conditioning can be applied to almost all areas of life and involve a great deal of behavioural control. Such therapists will often subscribe to Skinner's view that freedom is only an illusion. Wachtel (1977) believes that operant conditioning techniques such as Token economies are so subject to abuse that their use is highly questionable. The main ethical question involved is one of power: the patient is relatively powerless and the therapist has the power.

- ***The abuse of patients by therapists***

The criticisms of psychotherapy have mainly focused on the imbalance of power in the therapeutic relationship and the idea is that individuals who seek help need to be protected from the therapist's constant temptation to abuse, misuse, profit from and bully (Masson, 1988). Holmes (1994) agrees that individuals need protection, but feels that exploitation and abuse are not confined to psychotherapy: many others (e.g. lawyers, doctors, priests) are also in a position where there is imbalance of power. So, he argues, psychotherapy should abide by codes of ethics but should not be condemned totally.

- ***Confidentiality and privileged communication***

Obviously, the therapist is in a position to hear some very sensitive and sometimes damaging information about individuals. The most important thing for the therapist is to keep all information gained completely confidential.

Knowledge check

1. Define consent.
2. Why do you feel it is important to avoid deception?
3. Give an example (other than the one on the handout) of an experiment where deception might be OK and an example of an experiment where deception would be ethically unacceptable.
4. Produce an appropriate debrief for an experiment where participants have been asked to memorise a list of words and then recall them under two conditions, mnemonic and no mnemonic.

5. What should you avoid when participants have asked for their data to be withdrawn from your study?
6. Under what circumstances could you contravene the confidentiality rule? Give a possible example (other than the one on the handout).
7. Describe the ethical principle protection of participants.
8. Outline the major ethical problems with observational research.
9. What should you do if one of your participants asks you for advice?
10. If you found that one of your fellow students was carrying out an experiment on human babies where every time they cried he gave them an electric shock, what should you do?
11. What is the "essential principle"?
12. Make up an investigation that contravenes at least 5 of the above principles and ask the person sitting next to you to criticise it on ethical grounds. Give them marks out of 10 for their criticisms and ask them to give you marks out of 10 for the ingenuity of your design!
13. What are the main advantages of psychological research?
14. Why is it difficult to obtain informed consent from patients in a clinical situation?
15. What are the crucial questions that need to be asked concerning the nature of the influence of therapists?
16. Why do you think it is important for the therapist to keep all information gained completely confidential?