Ethical Dilemmas of South African Clinical Psychologists: International Comparisons

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This study asked a sample of 487 South African clinical psychologists to describe situations that they identified as ethically troubling. Forty-nine psychologists described 51 incidents that were categorized according to Pope and Vetter’s (1992) system. Psychologists most often described dilemmas involving confidentiality, followed by dual relationship dilemmas. These ethical concerns are presented and discussed in the light of current South African ethical codes and relevant professional literature.

Keywords: Ethics, ethical dilemmas, ethical decision making.

Recent years have been marked by a rise in the awareness of the complex ethical responsibilities of psychologists (Lunt, 1998). Ongoing research in this area will surely help to sensitize psychologists to the inherent complexity of professional practice. Accordingly, survey research has consistently shown that psychologists generally disagree on the most appropriate action in the face of hypothetical ethical vignettes (Chevalier & Lyon, 1993; Haas, Malouf, & Mayerson, 1986; Slack, 1997; Tymchuk, Drapkin, Major-Kingsley, Ackerman, Coffman, & Baum, 1982). Such diversity in decision making helps in identifying those professional situations that psychologists are facing without the benefit of clear ethical guidelines (Chevalier & Lyon, 1993). Yet, because these results are based on preselected hypothetical scenarios, they may fail to capture the complexity of actual situations psychologists face in their daily practice (Nicolai & Scott, 1994).

Subsequent research has thus focused on the direct solicitation of situations that psychologists and psychotherapists identify as being personally problematic (Antikainen, 1997; Colnerud, 1997; Lindsay & Clarkson, 1999; Lindsay & Colley, 1995; Odland & Dalen, 1997; Pope & Vetter, 1992; Sinclair, 1997). Such information can support efforts to refine generic professional regulations so that they are more congruent with the realities of practice—and are better able to help psychologists with ethical decision making (Lindsay & Colley, 1995; Wassenaar, 1998a). Such data may further guide the development of specific ethical guidelines to ease decision making in specific ethical areas and guide educative efforts at preprofessional and continuing education levels.

South African psychologists have generally failed to subject ethical issues to empirical scrutiny. Certain recent studies have, however, investigated psychologists’

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attitudes toward and practices regarding erotic and non-erotic physical contact with clients (Trent & Collings, 1997) and issues associated with client confidentiality (Peel, 1998; Voigt, 1995). Psychologists' preferred resolutions to hypothetical ethical vignettes and their primary reasons for these choices have been documented (Slack, 1997), as have complaints and inquiries received by South African psychological bodies (Louw, 1997a,b). The present study of situations reported by South African clinical psychologists comprises a partial replication of Pope and Vetter's (1992) study and aims to contribute to the international data on dilemmas experienced by psychological practitioners. International efforts to compare data have been coordinated by Sinclair (1997) and to date reflect data from Canada, Colombia, Finland, Great Britain, Norway, Sweden, and the United States. Such international comparisons reflect the growing globalization of professional issues in psychology, as expressed, for example, in the European Union's work to establish a Meta-code (EFPPA, 1996).

**Method**

A survey form and cover letters were posted to a random selection of clinical psychologists registered with the Professional Board for Psychology of the Interim South African Medical and Dental Council. Of the 487 (32% of registered clinicians) clinical psychologists chosen by random computer selection, 125 respondents completed and returned their surveys. This amounted to a 25.6% response rate. The invitation to describe an ethical dilemma formed part of a larger study investigating the choices psychologists make in the face of ethical dilemmas (Slack, 1997). Psychologists were asked to respond to the following statement in an "optional" category:

> It would be helpful if you could describe an important ethical problem you have encountered. Please include a description of the events, your analysis of the difficulty (e.g., which principles it involved), your attempts to resolve matters, your reasons for doing so, and the outcome or after-effects of your actions.

Respondents were asked to describe their primary work setting and the kind of work they conducted in psychology. Of the 125 respondents who returned their questionnaires, 76 did not volunteer ethical dilemmas. The remaining 49 respondents described 51 ethical dilemmas. This response represents about 3% of South African clinical psychologists.

**Results**

**Characteristics of Respondents**

55% of respondents who provided ethical dilemmas were female and 45% were male. Most respondents (84%) identified private practice as their primary work setting while academic settings comprised the second largest milieu (16%). The former group (84%) identified individual psychotherapy as the work they were most involved in, followed by assessment (37%), marital/couple therapy (20%), and academic work (14%). Those who did not respond with an ethical dilemma comprised the same percentage of males and females (45% and 55% respectively) and were similar to respondents in that their primary work settings were identified as private practice (78%) and academic settings (21%).

All the type of work they conducted was similar in that the majority (84%) were involved with individual psychotherapy and assessment (39%), followed by marital (24%), and academic work (21%). It would appear that clinical psychologists who chose to report ethical dilemmas cannot be differentiated from those who did not choose to report dilemmas by work setting and the type of work conducted. As mentioned by Lindsay and Clarkson (1999), it is difficult to interpret the nonreporting of ethical dilemmas by respondents; it is unclear whether these respondents did not identify ethical dilemmas in practice, whether they in fact did identify them and resolved them with ease, or whether they simply chose not to contribute them to the study.

The 51 ethical dilemmas supplied by respondents were analyzed and allocated to one of 23 categories used in a previous study by Pope and Vetter (1992). This categorization system allows dilemmas to be sorted into categories according to the ethical issue raised by the dilemma or the professional context in which the dilemma occurred. These categories are as follows: confidentiality; blurred, dual, or conflictual relationships; payment sources, plans, settings, and methods; collegial conduct; sexual issues; questionable or harmful interventions; research, academic/training, competence; medical issues, assessment, ethics and codes/committees; publishing; supervision; advertising and representation; termination; ethnicity; treatment records; helping the financially stricken; industrial-organizational psychology; forensic psychology; school psychology; and miscellaneous (Pope & Vetter, 1992).

This system was adopted to allow comparisons across international studies. Table 1 presents the percentages of ethical dilemmas reported in each category.
Table 1
Categories of most frequently reported ethically troubling incidents: An international comparison.

<table>
<thead>
<tr>
<th>RANK</th>
<th>NPA</th>
<th>SPA</th>
<th>FPA</th>
<th>CPA</th>
<th>APA</th>
<th>SA</th>
<th>BPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Confidentiality (26%)</td>
<td>Confidentiality (30%)</td>
<td>Confidentiality (21%)</td>
<td>Confidentiality (30%)</td>
<td>Confidentiality (18%)</td>
<td>Confidentiality (29%)</td>
<td>Confidentiality (30%)</td>
</tr>
<tr>
<td>2</td>
<td>Collegial Conduct (10%)</td>
<td>Dual Relns. (18%)</td>
<td>Dual Relns. (13%)</td>
<td>Dual Relns. (12%)</td>
<td>Dual Relns. (17%)</td>
<td>Dual Relns. (14%)</td>
<td>Research (10%)</td>
</tr>
<tr>
<td>3</td>
<td>Dual Relns. (8%)</td>
<td>Payment (8%)</td>
<td>Miscellaneous (9%)</td>
<td>Payment (8%)</td>
<td>Collegial Conduct (11%)</td>
<td>Payment (14%)</td>
<td>Payment (12%)</td>
</tr>
<tr>
<td>4</td>
<td>Sexual Issues (7%)</td>
<td>Collegial Conduct (8%)</td>
<td>Quest. Intvn. (8%)</td>
<td>Quest. Intvn. (6%)</td>
<td>Research (6%)</td>
<td>Academic/Training (8%)</td>
<td>Collegial Conduct (10%)</td>
</tr>
<tr>
<td>5</td>
<td>Quest. Intvn. (6%)</td>
<td>Medical Issues (5%)</td>
<td>Assessment (5%)</td>
<td>Academic/Training (5%)</td>
<td>Forensic Psychology (5%)</td>
<td>Sexual Issues (8%)</td>
<td>Collegial Conduct (7%)</td>
</tr>
<tr>
<td>N =</td>
<td>131</td>
<td>161</td>
<td>106</td>
<td>217</td>
<td>703</td>
<td>51</td>
<td>263</td>
</tr>
</tbody>
</table>

Key: NPA = Norway; SPA = Sweden; FPA = Finland; CPA = Canada; APA = America; SA = South Africa; BPS = Britain; N = number of dilemmas elicited; Dual Relns. = nonsexual dual relationships; Quest. Intvn. = questionable intervention

(in rank order) for South African psychologists with corresponding data for Norwegian (Odland & Dalen, 1997); Swedish (Colnerud, 1997), Finnish (Antikainen, 1997), Canadian (Sinclair, 1997); US (Pope & Vetter, 1992) and British (Lindsay & Colley, 1995) psychologists. Results suggest that confidentiality, dual relationships, and payment issues present as the most pressing for South African clinical psychologists.

**Discussion**

This section presents the content of the ethical dilemmas reported within each category. These are discussed in the context of South African ethics codes (Steere & Wassenaar, 1985; Wassenaar, 1998a) and relevant theoretical literature. In addition, the four largest categories of ethical conflict identified by South African psychologists are compared with international results.

The reliability of all the international comparisons is limited by the low rate of return for all studies: 51% (Pope & Vetter, 1992); 28% (Lindsay & Colley, 1995); 19.2% (Sinclair, 1997); 33% (Antikainen, 1997); 61% (Colnerud, 1997); 37% (Odland & Dalen, 1997). Also, direct comparison of the South African data with the international studies is limited by the relatively small size of the South African sample. Results must, therefore, be considered as tentative and any implications of the data as suggestive. Furthermore, the fact that the South African sample consisted exclusively of clinicians and excluded research, educational, and counseling psychologists compromises comparison with the international samples.

It is, furthermore, possible that researchers have not coded dilemmas in the same way. As dilemmas often present at the interface of multiple ethical issues (e.g., confidentiality concerns within a dual relationship) and may arise in many contexts (e.g., academic, school), they lend themselves to multiple categories. Although most researchers acknowledge that the coding system is imperfect, this system has been adopted in all previous studies (Antikainen, 1997; Colnerud, 1997; Lindsay & Clarkson, 1999; Lindsay & Colley, 1995; Odland & Dalen, 1997; Pope & Vetter, 1992; Sinclair, 1997) to facilitate international comparison.

In most previous studies, no interrater reliability information was presented (Antikainen, 1997; Colnerud, 1997; Odland & Dalen, 1997; Pope & Vetter, 1992; Sinclair, 1997). The present authors adopted the same approach as Lindsay and Colley (1995) and Lindsay and Clarkson (1999) in that dilemmas were analyzed by the two authors independently, and the few resulting discrepancies were resolved by discussion. It is clear that methodological issues need to be addressed more directly in the interests of reliability and validity of data.
Confidentiality dilemmas were consistently dominant for APA (Pope & Vetter, 1992) and BPS members (Lindsay & Colley, 1995), British psychotherapists (Lindsay & Clarkson, 1999) as well as for members of the SPA (Colnerud, 1997), CPA (Sinclair, 1997), and FPA (Antikainen, 1997). These data, therefore, suggest close similarities between the ethical concerns presented in the practice of South African clinical psychologists and their international colleagues.

Nonsexual Dual Relationships

Dilemmas surrounding (nonsexual) dual relationships comprised 14% of incidents reported by South African clinical psychologists.

Psychologists reported conflicting obligations inherent in dual professional roles, for example, concern that the confidentiality of service recipients may be compromised by their role as organizational employees in law enforcement/military institutions (Johnson, 1995). They appeared aware of ethical obligations to clarify their role (Steere & Wassenaar, 1985), but experienced a lack of guidance in how exactly to resolve these dilemmas. They also described concerns with dual professional and nonprofessional roles, for example, concern that social contact with current clients may be harmful to them. They appeared aware that such situations are ethically dubious, but were unclear how to evaluate and manage them.

Dilemmas concerning the maintenance of clear professional boundaries formed the second largest category for APA members (Pope & Vetter, 1992), and for members of the Canadian (Sinclair, 1997), Finnish (Antikainen, 1997), and Swedish (Colnerud, 1997) psychological associations, as well as for psychotherapists in Britain (Lindsay & Clarkson, 1999). While BPS members indicated that this issue comprised only 3% of dilemmas (Lindsay & Colley, 1995), most of the dual-relationship dilemmas described by these respondents (concerns about the legitimacy of their interventions largely due to restrictions placed upon them by the role of an organizational employee) appear to have been included in the category of "Questionable Intervention." These data, therefore, suggest similarities between South African clinical psychologists' ethical concerns and concerns of the broader psychological community.

Payment Issues

12% of the dilemmas reported by South African clinical psychologists involved payment issues. These dilem-
mas included concern over requests from clients that amounted to an abuse of medical aid schemes, and the effects of nonpayment on the therapeutic relationship.

For American (Pope & Vetter, 1992), Finnish (Antikainen, 1997), and Norwegian (Odland & Dalen, 1997) respondents, such concerns comprised the third highest ranking. The similarity of these concerns may point to the long history of professionalization in these countries. While tentative, the data from the South African sample may reflect a similar professional trend. In comparison, the low rate of payment issues reported by BPS members and Swedish psychologists probably reflects the relatively small (but growing) number of privately practicing psychologists in those countries (Lindsay & Colley, 1995; Persson, 1995).

Collegial Conduct

10% of the South African responses described dilemmas involving the unethical conduct of colleagues, such as misrepresenting their training and registration category to potential clients and unprofessional behavior, such as the subtle coercion of patients, or conducting “rushed” interventions. While many respondents were aware of the route to lodging a formal complaint against their colleagues in the event of a clear breach of the code, many described concern at how to approach colleagues effectively in the event of conduct that was less clearly a breach. Most described this scenario as so aversive as to be consistently avoided.

In total, 27% of the 51 dilemmas comprised situations in which the (mis)conduct of colleagues was observed and described, or the reporter perceived him/herself to be in a dilemma due to the behavior of colleagues. These dilemmas were accommodated in the primary categories of sexual issues, competence, and questionable interventions. When accommodated in the collegial conduct category, these dilemmas comprise the second largest category of dilemmas reported by clinical psychologists in this study, which corresponds to the ranking identified by Odland and Dalen (1997).

In most other studies, collegial conduct concerns were ranked highly. For the Swedish sample such concerns provided 8% of dilemmas (Colnerud, 1997), for Norwegian psychologists such issues provided 10% of reported dilemmas (Odland & Dalen, 1997), and for the Canadian sample these dilemmas showed an incidence of 11% (Sinclair, 1997). These dilemmas, however, comprised only 4% and 7% of incidents described by the APA (Pope & Vetter, 1992) and BPS membership (Lindsay & Colley, 1995), respectively. These results suggest that South African respondents may consider these concerns as troubling as their international counterparts.

The remaining categories contained such a small number of dilemmas that conclusions cannot be drawn from them. These were concerns about sexual issues; concerns about the safety and legitimacy of treatment approaches used by colleagues and referring psychologists (questionable intervention); the issue of moving beyond designated areas of expertise (competence); concerns about ethics committees and ethical codes; academic or training issues; and medical issues. Categories were created to accommodate dilemmas concerned with consent and reporting practices; however, the number of vignettes in these categories was negligible.

Conclusions

Although based on a relatively small sample, the general trend in this data suggests that South African clinical psychologists have ethical concerns that are consistent with international research. Specifically, confidentiality, dual relationships, payment issues, and collegial conduct concerns are most troubling for the South African clinical psychologists who responded to our queries.

The results suggest that confidentiality concerns for South African professionals mirror those of their professional colleagues in every country sampled. Dual-relationship concerns for South Africans seem to reflect those of Swedish, Finnish, Canadian, and American respondents, and payment issues those of Norwegian, Finnish, and American psychologists. These results strongly suggest that certain ethical problems may be endemic to psychology (Colnerud, 1997), and tentatively suggest that the ethical issues prominent in other nations are also troubling for South African clinical psychologists.

Overall, the South African sample seemed more similar to the APA sample than to the BPS sample, perhaps indicative of our longer history of professionalization and increased focus on private practice.

Relevance

Previous research on this topic has been regarded as useful to the planning of ethics education for psychologists and the updating of ethical guidelines to ensure that they are more relevant to the practice realities of psychologists (Lindsay & Colley, 1995). In this regard, for
example, efforts to revise the 1992 APA ethical code (APA, 1992) are currently in progress (APA, 1998). In South Africa, there is presently no single uniformly endorsed ethical code. It has been recommended that the EFPPA Metacode (EFPPA, 1996) and the ASPPB (ASPPB, 1991) code be considered as draft documents by the Professional Board for Psychology, which is currently engaged in a process of transforming professional psychology in South Africa. It has also been suggested that the APA (1992) and CPA (1991) codes be considered by the Psychological Association of South Africa (Wassenaar 1998a, 1998b). This revision of professional regulations and ethical codes should take into account empirical data as reviewed and reported above as well as current transformational issues in South African psychology. These developments to some extent mirror the processes currently underway to standardize training, licensing, and ethical codes in the European Union (Lindsay, 1996; Lunt, 1997; Pulverich, 1997).

The data from the present study and the literature reviewed suggest a number of implications for ethical guidelines and ethics training for psychologists. Confidentiality dilemmas suggest that specific ethical guidelines regarding confidentiality with minor clients (children and adolescents) and with multiperson (family and marital) interventions (Lakin, 1986, 1994; Marsh & Magee, 1997) would benefit psychologists who may be struggling to address the exact parameters of confidentiality with these populations. Similarly, guidelines for responding to subpoenas would assist psychologists who may be faced with this legal scenario (APA, 1996).

Psychologists may benefit from clear guidelines regarding legal obligations to protect third parties from threatened harm (Monahan, 1993; Monahan & Steadman, 1996). Educatve efforts that are focused on how to recognize the features of the situations that trigger an obligation to protect (such as “foreseeable” harm to an identifiable victim), options available to psychologists (such as warning victims, treatment intensification, hospitalization) and procedures for exercising such options in a way that protects clients throughout such a process may be of assistance. Psychologists may benefit from education concerning legal obligations to report child abuse with attention to features that dictate an obligation to report (such as directly attending to the child in question) and procedures for meeting such obligations that minimize harm to clients.

Dual relationship dilemmas indicate that ethical guidelines should sensitize psychologists to factors specific to the professional role (such as specific role-responsibilities and role-expectations) that are likely to be compromised through any other interaction. Such guidelines may help psychologists to assess the potential harm to clients posed by any dual relationship (Sonne, 1994).

Payment dilemmas indicate that psychologists may benefit from education in this area (Koocher, 1994; Peterson, 1996). Psychologists may benefit from attention to billing practices, procedures that support frank discussion of nonpayment or extended payment plans, and relationships with third-party reimbursers (Koocher & Keith-Spiegel, 1998).

Descriptions of collegial conduct dilemmas suggest that ethical guidelines explicitly including the concept of “extended responsibility” (CPA, 1991, p. 8) may sensitize psychologists to their obligation to approach colleagues. Additionally, ethical guidelines that include a reciprocal obligation to cooperate with a colleague’s attempts to informally address improper conduct may remedy the current imbalance in responsibility for peer monitoring (Weinberger, 1988). Education concerning the role nonethical considerations (such as expediency) can play in compromising the ethical course of action may be of benefit to psychologists (Koocher & Keith-Spiegel, 1998).

In certain instances, the ethical dilemmas detailed by respondents contained references to the difficulties psychologists experienced in interpreting guidelines in such a way that they could be confident that their behavioral choices reflected the spirit of these regulations. These psychologists appeared cognizant of a lack of “criteria for interpretation” (Vasquez, 1996, p. 99) that would allow them to apply these guidelines to their specific situation accurately and consistently.

While not directly supported by the design of our study and others in this area, it is our view that psychologists could benefit from a code of ethics that undertakes to make explicit the reasoning underpinning ethical guidelines. This would enable psychologists who are faced with a unique situation not specifically addressed in ethical codes to apply the reasoning underlying valued ethical principles to the presenting situation in a consistent manner (Petitfor, 1989, 1998; Seitz & O’Neill, 1996; Sinclair, 1996, 1998). This conceptual approach is the one specifically embraced by the Canadian Psychological Association’s code of ethics (CPA, 1991; Sinclair, 1998). As the reasoning underlying statements made in the code is delineated, statements arise on which professionals can base their decisions (Seitz & O’Neill, 1996). This conceptual approach to regulations may provide interpretive criteria for psychologists attempting to extrapolate from imprecise guidelines to specific situations (Vasquez, 1994).
The CPA (1991) code also contains explicit guidelines on how to resolve complex situations. Psychologists are encouraged to reconcile competing alternatives by selecting a course of action that "loads" strongly on the principle to be given precedence—respect for persons—which delineates confidentiality and consent issues stemming from client autonomy (Seitz & O'Neil, 1996). Recent attempts to explore the utility of codes in decision-making and resolving dilemmas support this conceptual approach (Pettifor, 1997, 1998). A code of ethics structured like the CPA code has intuitive appeal and could be borne in mind by those charged with increasing the practical utility of ethical codes (Wassenaar, 1998b).

In conclusion, it is hoped that the data derived from studies of psychologists' ethical dilemmas in practice will contribute to the development of ethical codes that are clear, practical, and educative. From such codes education programs can be developed which can assist psychologists in their practice. Although based on a small sample, the data from this study conform largely with other international studies, which show that situations involving confidentiality and dual relationships require particularly careful documentation and educational elaboration. Such documentation and education should also be subjected to evaluations examining their impact on the awareness and practices of psychologists. The comparative data also serves to remind us of the universal complexities inherent in psychological work. To this end, on the basis of the current comparative findings, the authors are currently developing a study examining ethical dilemmas in relation to the practice contexts in which they occur.

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References


